Talking Sex and Sexuality in the Classroom:

A Critical Summary of Sex Education and the Curriculum

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During the adolescent years there is an emergence of questions regarding sexual desires, the construction of sexual identity and the changes that are happening to youngsters bodies and minds during this time in their lives. It is a common belief that having open conversations in respect to sex education will encourage young learners to engage in teenage sexual activity; It was this idea that encouraged the dominance of abstinence-only education within the school system (Stranger-Hall & Hall, 2011, p. 1). In the article *Abstinence-Only Education and Teen Pregnancy Rates: Why We Need Comprehensive Sex Education the U.S.* (2011), scholars Kathrin F. Stranger-Hall and David W. Hall argue that there is a need for comprehensive sex education program within schools. It offers students age appropriate and medically true content including information on sexuality, safe sex practices, contraception, STD’s and abstinence (Stranger-Hall & Hall, 2011, p. 9). This article will be connected to two articles that describe important topics that are often left out of sex education programs – consent education and LGBTQ2+ information. Stranger-Hall and Hall (2011) looked at 48 individual state laws and policies in regards to sex education while comparing them to the teen pregnancy, abortion and birth data in the respective state. They asked the question “what is the quantitative evidence that abstinence-only education is effective in reducing US teen pregnancy rates?” (p. 1).

The scholars kept in mind some of the factors that could potentially effect the correlation study; including, socio-economics, educational attainment, ethnic composition and Medicaid waivers for family planning (Stranger-Hall & Hall, 2011, p. 2-3). They selected 48 states and retrieved sex education laws/policies, teen pregnancy, abortion and birth data (Stranger-Hall & Hall, 2011, p. 2). The state sex education laws and policies data was organized into 4 levels in respect to the emphasis each state placed on abstinence: (0) no specific mention of abstinence, (1) covers abstinence within a comprehensive sex education program, (2) abstinence promoted if any sex education program present (including STD education), (3) abstinence-only until marriage (Stranger-Hall & Hall, 2011, p. 2). The levels each state had present in their sex education program was the following: 21/48 were level 3, 7/48 were level 2, 11/48 were level 1, and 9/48 were level 0 (Stranger-Hall & Hall, 2011, p. 4). The teenage pregnancy rates came from the 2005 national reports and the data was “reported as number of teen pregnancies, teen births or teen abortions per one thousand female teens between 15 and 19 years of age” (Stranger-Hall & Hall, 2011, p. 2). 11 out of 48 states that had a level 1 (comprehensive with mention of abstinence) sex education program resulting in the lowest pregnancy levels at 56.36%, while level 3 (abstinence stressed) had the highest at 73.24% (Stranger-Hall & Hall, 2011, p. 4). Despite common belief, abstinence education does not encourage abstinence behaviour, but may even support the opposite. The lack of correct sex education may cause students to make uneducated, and potentially dangerous, decisions.

The main goal behind sex education, and frankly Stranger-Hall and Hall’s study, remains focused on the reduction of teen pregnancy rates; in turn, pushing the societal heterosexual values on the students regardless of their sexuality. The LGBTQ2+ community is often left uneducated and silenced within the conversation, which is discussed by Michelle L. Estes in *“If There’s One Benefit, You’re not Going to Get Pregnant”: The Sexual Miseducation of Gay, Lesbian, and Bisexual Individuals. Sex Roles* (2017). Societal values, political beliefs, religious standpoints and teachers feelings or bias in regards to the LGB community are all reasons as to why a program may have left out LBG topics within sex education. (Estes, 2017, p. 617). She interviewed 10 women and 4 men between the ages of 19-25 about what they remember learning about sex education whether from their parents, at school or other (Estes, 2017, p. 617). The participants said that the sex education classes they received at school were not beneficial to any of the students, but particularly for the LBG individuals as the class was largely heteronormativity focused: Referring to heterosexuality being the norm and the dominating form of sexuality within the conversation (Estes, 2017, p. 615). This idea outlines the beliefs underlying the abstinence-only courses, which value waiting to engage in sexual activity until marriage.

From leaving students uneducated in proper decision making skills to using their emotions to influence abstinence behavior, “such as romantic notions of marriage, moralizing, fear of STDs, and by spreading scientifically incorrect information” (Stranger-Hall & Hall, 2011, p. 9), there are many ethical problems surrounding abstinence-only education. Malachi Willis, Kristen Jozkowski and Julia Read discuss the lack of consent education within *Sexual consent in K-12 sex education: An analysis of current health education standards in the United States* (2019), which I would argue is an ethical issue. To understand what consent education is, one must first understand what consent means: Willis, Jozkowski and Read (2019) define consent as the “voluntary, sober and conscious willingness to engage in a particular sexual behavior with a particular person with a particular context” (p. 227). The scholars looked for explicit consent education content within 18 state health education standards in the US. The states were chosen by their similarity in population under 18, teacher salary and federal aid (Willis, et al., 2019, p. 228). Willis, et al. (2019) found that only 1 of the 18 states required their students to be able to clearly define consent. It was noted that a comprehensive program was present in the state (p. 229); however, it was not stated what sex education teaching method the other states had used. Willis, et al. (2019) argue that there are many opportunities to teach consent education throughout the curriculum and should be taught at a much younger age – as consent should be learned before students begin their sexual lives (p. 233). It needs to be a part of the conversation regardless of the method being taught; however, the comprehensive method presence in the state that explicitly contained consent education. This supports Stranger-Hall and Hall’s request for public schools to have comprehensive sex education programs.

Stranger-Hall and Hall’s (2011) argument, that a comprehensive program is most efficient in decreasing teen pregnancy and STDs, is highly supported as stated in the following: “The effectiveness of Level 1 (comprehensive) sex education in our nation-wide analysis is supported by Kirby’s meta-analysis of individual sex education programs [8], Underwood et al.’s analysis of HIV prevention programs [27], and a recent review by the CDC taskforce on community preventive services [28]” (p. 6). The public is also in favor of this program, with “82% of a randomly selected nationally representative sample of U.S. adults aged 18-83 years (N=1096)” in support (Stranger-Hall & Hall, 2011, p. 8). While it is evident as to why there is a need and want for comprehensive programs within the public school system, many students are left disadvantaged having an abstinence-only program available to them. Estes (2017) shows throughout her study that parents are often uncomfortable with the subject in general, delivered the conversation in a heterosexual context and/or had the belief that schools will teach proper sex education. If the education system and guardians fail to present correct medical information and open conversation within this ‘taboo’ subject, then the question of where will the young learners learn sex education remains.

Within Estes’s (2017) study, her interviewees recalled not learning much from their guardians or within their school sex education program, which resulted in students turning to “the internet, LGB-specific programming, or from being the member of an LBG group” (p. 623). Willis, et al., (2019) had also discussed that students had labeled “pornography as their primary sex education,” but simultaneously identified it as not informational about consent education (p. 227). While both scholars noted that some students had found healthy resources in regards to sex education, they agreed that the internet is not always the safest place to retrieve proper, safe and full information in regards to sex practices and consent for all individuals. Stanger-Hall and Hall (2011) discuss how this miseducation follows the teenagers far into their adulthood, as 3 million pregnancies (almost half of all pregnancies) were unplanned in the year 2001 (p. 9).

Stranger-Hall and Hall (2011) believe that the comprehensive sex education method would help solve the cycle of uneducated teens becoming uneducated adults, and have a few suggestions of how to accomplish that. They suggest that a comprehensive program should be required in all public schools, specialized teacher training for all teaching the course and sex education to be taught within 2 areas of the curriculum: social studies would cover ethics, behavior and decision making, while science would cover human reproductive biology, biology of STDs and prevention of STDs and pregnancy (Stranger-Hall & Hall, 2011, p. 9). This would directly solve the needs presented by Willis, et al. (2019); however, they do request consent education be taught K-12 as students should understand consent well before they engage in sexual activity (p. 233). Estes (2017) agrees with the need for a better sex education system in place and specialized teacher training, but believes it should be inclusive in all individuals possibly present in the conversation. Meaning including topics on all sexualities and related subjects within the sex education discussion, and enforcing a written sexuality policy (p. 625-26). It is evident that sex education has a place within schools, but it is the pre-service and working teachers responsibility to question the commonsensical ideas in regards to this taboo subject to ensure a fulfilling education for all students going forward.

References:

Estes, M. (2017). “If There’s One Benefit, You’re not Going to Get Pregnant”: The Sexual Mis  education of Gay, Lesbian, and Bisexual Individuals. Sex Roles, 77(9-10), 615-627.

Stanger-Hall, K., Hall, D., & Vitzthum, V. (2011). Abstinence-Only Education and Teen Pregnancy Rates: Why We Need Comprehensive Sex Education in the U.S (Abstinence Education and Teen Pregnancy). PLoS ONE, 6(10), E24658.

Willis, M., Jozkowski, K., & Read, J. (2019). Sexual consent in K-12 sex education: An analysis of current health education standards in the United States. Sex Education, 19(2), 226-236.