

# Comprehensive sex education assignment

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If you wanted to go scuba diving for the first time, would you hire an instructor to train you in safety procedures, or rely on luck to keep you protected? Would you want to learn how your equipment works before diving, or attempt to self-teach at 1, 500 feet below sea level? Most would agree that taking lessons before one's first scuba diving adventure would be the appropriate course of action. Plunging into such uncertain territory uneducated is not only irresponsible, but dangerous. As a matter of fact, laws prohibit such careless behavior.

Ironically however, the US government encourages, and even more mandates ignorance on a matter significantly more important than scuba diving protocol; that subject is sex education in the classroom. According to the New York Times (2008), one out of every five teenagers admits to having sex before the age of 15. These young adults, not even juniors in high school yet are embarking down a path that requires an exceptional amount of knowledge, foresight, and understanding; yet government funded sex education programs demand that educators leave out the pertinent information in hopes that teens will refrain themselves.

The truth is these abstinence-only (AO) programs provide a mere fraction of the necessary information teenagers need to make well informed, healthy choices for themselves; therefore schools need to be teaching comprehensive sex education curriculum. The magnitude of government support and funding for abstinence only education could easily lead people to believe the program is a raging success. After all, the government rose financial backing for these programs 166 million dollars since 1997 (Bruggink, 2007).

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Some would take that as a strong indication that the program is doing its job correctly. Consequently, the Title V abstinence-only program has received over 1.5 billion dollars from congress since 1996 (Song, 2008); yet this is only the second largest government funded abstinence only program available. According to Bruggink (2007), “[t]he Associated Press reported that the largest program has gone from \$20 million to \$113 million in seven years and that President George W. Bush is requesting \$141 million next year” (?? 8).

This is an exuberant amount of money being put forth; so if funding automatically equaled credibility, the controversy surrounding sex education would seemingly be an open and shut case. As Washington has proved again most recently however, the truth always lies much deeper than the pocket book. By closely examining the information provided by these programs, one quickly learns the price of education does not always reflect its quality or effectiveness. What lessons, then, are abstinence-only programs teaching today’s youth?

Obviously AO programming would primarily advocate sustained virginity, but certainly one would assume there must be a broader explanation to warrant such a large price tag. Unfortunately, there is not much more to the curriculum than that one area of concentration. Federal funding regulations stipulate that programs can only receive government grants if the program adheres to a strict, explicit curriculum. First, the benefit of contraception use is decisively forbidden; instructors may only address the subject of contraceptives if providing students with the failure rates of each method.

Secondly, the curriculum must remain on the perception that the expected standard of sexual activities occurs only within a mutually faithful, marriage between one man and one woman. Furthermore, instructors must lecture students that participating in sexual activities outside of marriage is liable to cause physical and psychological harm (Lindburg, Santelli, & Singh, 2006). One program, No Second Chances, has gone as far as telling students who are sexually active that they should “prepare to die...you’ll probably take your spouse and one or more of your children with you” (Bruggink, 2007).

One can only guess the program is referring to HIV/AIDS or some other deadly sexually transmitted disease (STD) but it would only be an assumption as AIDS and STD awareness is not part of the abstinence-only curriculum. While this format of teaching may highlight the benefits of traditional marriage, it has very little to do with educating students on sexual health. Furthermore, the enormity of this programs delinquency is reckless. The reality is abstinence-only education simply does not work.

Careful reviewing of AO programs show that they are not successful at averting sexually active teenagers from participating in risky sexual behaviors nor have they been effective in impeded the frequency of premarital sex (Lindburg, Santelli, & Singh, 2006). On the contrary, a study published in the Review on General Psychology shows 80% of young men and over 70% of young women approve of premarital sex (Caplan, 2005). Still, there are many teens who make a pledge to the program to remain a virgin until marriage. Unfortunately, good intentions are not always well kept.

A comprehensive study involving over 11, 000 people who had pledged virginity until marriage established that 88% had engaged in premarital sex before the age of 24. A smaller scale study of abstinence-pledgers, 527 students attending an undergraduate program, reportedly admitted to partaking in sexual activities that could pose a significant health risk (Sendziuk, 2008). If clearly only a diminutive percent of teenagers are refraining from any and all sexual activities, why then are teaching practices ignoring the needs of the majority?

An estimated 3 million teenagers become infected with a STD each year (Sendziuk, 2008). Following a program that consciously provides no information for the understanding of, detection of, and protection from these infections place every teenager's health at risk. Promiscuity is not a prerequisite for infection. Statistics show that students who pledge abstinence may have less sexual partners but they are just as likely to contract a STD as their non-pledging counterparts. Furthermore, the same "pledgers" are more likely to engage in non-intercourse sexual behaviors that place them at risk of infection. Sendziuk, 2008). A study done by The Guttmacher Institute suggests that 23% of virgins are practicing oral sex as an alternative to intercourse; Of those who are sexually active already, a staggering 87% are participating in oral sex (Duberstein Lindberg, Jones, & Santelli, 2007). Clearly, the majority of students need to know risks factors of sexually transmitted diseases. Between young star's like Jamie Lynn Spears, Politician's children like Bristol Palin, and Hollywood movies like Juno, it is apparent that teenage pregnancy is no longer an issue parents can quickly hide behind closed doors.

With a startling 750, 000 teenager girls becoming pregnant each year, the reason for such openness is evident; the problem is too large to ignore (Sendziuk, 2008). Yet, that is exactly what abstinence only programs attempt to do. By portraying contraceptives in a negative light, or leaving out information on them altogether, teens are left with little defense, and worse yet misinformation. Studies have shown student who receive abstinence-only education are less likely to use birth control methods when engaging in sexual activities; thus increasing the risk of pregnancy and disease (Caplan, 2005).

Consequently, these students are also 50% more likely to report becoming pregnant than students who have received comprehensive sex education; in fact, there is only a 10% difference on reported pregnancies between students who receive abstinence-only education and those that receive no sexually related information at all (Song, 2008). One has to wonder, how then is AO programming useful? Unfortunately, most teenagers agree that abstinence-only programs provide no valuable information on how to openly communicate about sexually related issues.

Accordingly, teens are more at ease having sex than they are at discussing the subject; studies confirm that teens are not speaking about sexual health and safety as profoundly as they need to. According to the Henry J. Kaiser Family Foundation (KFF) and Seventeen Magazine (2002), 80% of teenagers say the strongest reason for avoiding sexual conversations with a parent is the fear that mom or dad will wrongly assume sexual activity is taking place when the teen asks for information. For 77% of teenagers however, silence

about sexual topics is because they simply do not know how to approach the subject.

Though, lack of communication is not limited to relationships between parents and their children. Studies performed by KFF (2002) have also drawn attention to communication problems among teenagers and their doctors as well as their sexual partners. When asked about speaking to a doctor on how to openly discuss sexual health issues with a partner, 76% of teenagers responded that they've never done so. Furthermore, 67% of teens claim to have never discussed birth control methods, including condoms, with their doctor nor have 60% of teens discussed HIV/AIDS and other sexually transmitted diseases.

In fact, there is very little communication on any sexually related topic between teens and their doctors. Avoidance then transfers to sexual relationships; a reported 73% of teens say they do not talk to their boyfriends or girlfriends about sexual health issues because they do not know how to bring up the subject, and 62% claim that they are too uneducated on the topics to initiate conversations. Clearly, more work needs done to ensure teenagers are comfortable advocating their own sexual health. Beyond the dire need for effective education, teenagers also deserve to be taught curriculum that is all encompassing and free of judgment.

Abstinence-only programs base curriculum on only one set of moral values, which may or may not represent the values and priorities of all students and their families. Certainly marriage is not a detrimental concept to discuss but it is also not the only priority one can set his or her standards and morals by;

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moreover, many teenagers and adults alike are forgoing marriage until later in life, if at all; therefore marriage can no longer be a benchmark for sexual maturity. Additionally, abstinence-only curriculum teaches nothing about homosexuality or sexual orientation.

On the contrary, for gay and lesbian students this style of teaching can not only compound the confusion about their own sexuality, but also send a condemnatory message that has no place in a secular education system. Furthermore, curriculum should be free of prejudice and include all aspects of today's diverse culture. While the government is eager to continue handing out millions of dollars a year for abstinence-only programming, society has begun to step forward and demand comprehensive sex education within the classroom. Akin with the majority of other medical professionals and educators, Dr.

Caplan (2005) shares his opinion on abstinence-only curriculum by stating, “Not only is such an approach contradicted by everything that medicine and science know about teens and sex, but it flies directly in the face of everything all ordinary Americans know about teens and sex” (?? 1).

Consequently, current studies coincide with Caplan's statement; according to the organization, Advocates for Youth (2007), 93% of Americans would like teenagers to be taught abstinence as one part of the sex education courses, whereas only 15% of people want to continue teaching abstinence-only curriculum.

Furthermore, 99% of Americans want today's youth to be given information on STDs, with 98% having included HIV/AIDS information. Within the same



study, 94% of those asked want teenagers to learn about STD and HIV/AIDS testing; while 96% also want basic reproduction lessons included.

Unmistakably, Americans as a whole want a more comprehensive approach to sex education. Understanding the reasons why abstinence-only education does not work is important, but more so is the need to know why comprehensive sex education (Ed. ) is the correct choice. Unlike the misconceptions held by abstinence-only supporters, comprehensive sex Ed. does not give consent for teenagers to become sexually active, but rather emphasizes the expectation of responsible behavior. Providing all-inclusive curriculum opens up lines of communication for teenagers, replaces curiosity with knowledge, and dispels some of the embarrassment that stems from speaking about sensitive subjects. As the chart below highlights, the purpose of a comprehensive sex education programs are to inform teenagers on a wide variety of sexually related topics, while emphasizing sexuality as a healthy, normal part of development. Even as abstinence is represented as the safest form of protection, the program also acknowledges that most teens will choose alternative behaviors therefore provides realistic information on contraceptives and health risks. Religious aspects and moral values are openly addressed without judgment or the expectation that teens will collectively share the same perspective. Like many other stages of child rearing, the sexual awakening of one's child is an especially frightening juncture for parents. Teenagers push eagerly towards adulthood as fiercely as parents attempt to hang on to their " babies". No other stage of development however, do parents allow fear and nostalgia to impede the opportunity of educating their children.

The truth of the matter is comprehensive sex education is the strongest weapon a parent has to protect their child's sexual health. An informed teenager makes smarter choices, is able to communicate more openly about sexual health, utilizes protective measures when participating in risky behaviors, and is given the opportunity to make moral decisions that reflect his or her own values. Most people, doctors, parents, and teachers included, agree on this subject and yet teenagers continue to learn abstinence-only curriculum in the classroom. Will wishful thinking continue to supersede safety?

How many more teenagers will become pregnant or contract a sexually transmitted disease before teachers are allowed to educate our youth with facts rather than scare tactics? Sex education must be proactive; after all, hindsight is irrelevant if the damage is already done. References Advocates for Youth. (2007). Sex Education Programs: Definitions & Point-by-Point Comparison. Retrieved October 21, 2008 from [advocatesforyouth.org](http://www.advocatesforyouth.org/rrr/definitions.htm): <http://www.advocatesforyouth.org/rrr/definitions.htm> Advocates for Youth. (2007). The truth about abstinence-only programs.

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