

St. Mary's College
"The Ethical Process: Sexuality Education"

By
Marian C. Fritzemeier, M.S.

EDAD 610: Values and Ethics

Dr. Penny Washbourn

December 13, 2002

In the mid-1970s, California schools began providing sex education. Since 93% of Americans support the teaching of sexuality education to high school age students (2), the current controversial ethical issue is not whether or not schools should teach sexuality education, but what should be taught in sexuality education classes and at what grade levels. Although many educators would prefer that parents teach sexuality education in the home, many parents have relinquished that responsibility to the schools. “Though no parents really want their teenager to have sex, there’s plenty of disagreement over how to persuade kids to wait (12).”

The key characteristics of the ethical process will be used to present both sides of this ethical issue based on *The Ethical Process: An Approach to Disagreements and Controversial Issues* by Marvin T. Brown (14). Although this process is designed for people who are willing to discuss controversial issues with others, I will use this process as an individual as I consider alternative views of this issue. The ethical process begins with disagreement about what should be done about a specific issue. An educational issue that continues to provide ethical controversy is sexuality education in the schools. As a high school marriage and family teacher, I will address the sexuality education controversy at the high school level.

In order to address this topic accurately, one must understand the definition of sexuality education. According to Sexuality Information and Education Council of the United States (SIECUS), “Sexuality education is a lifelong process of acquiring information and forming attitudes, beliefs, and values. It encompasses sexual development, reproductive health, interpersonal relationships, affection, intimacy, body image, and gender roles. Sexuality education addresses the biological, socio-cultural, psychological, and spiritual dimension of sexuality from the cognitive domain (information); the affective domain (feelings, values, and attitudes); and the behavioral domain (communication and decision-making skills) (3).”

There are two popular, yet polarized views of sexuality education. One view is that abstinence-only should be the basis of sexuality education. California State Law mandates that abstinence is the foundation of sex education. The other view is that comprehensive sexuality education should be taught to students. This means that in addition to abstinence, birth control methods are taught.

To better understand both sides of this critical issue, one must have a clear understanding of the legal foundation of developing sexuality education from the legislature to the classroom. The California Legislature makes laws that govern sex education and appropriates funding for sex education programs. Although sex education is not a mandated program and does not have funding allocated to it, there is funding for HIV/AIDS education and teen pregnancy prevention. (1)

Then the State Board of Education adopts state sex education policies that conform to state law. It also adopts guidelines and state frameworks to assist local school districts in developing quality programs that conform to state law. (1)

At the same time, the State Department of Education develops materials to be adopted by the State Board, communicates policies set by the State Board to local school systems, provides limited technical assistance and material resources to local school systems, and provides limited HIV/AIDS education and teen pregnancy prevention funding to selected grantees. (1)

However, it is the role of the local school districts to adopt local sex education policies that meet the requirements of state law. It is important to note that school districts are not required to use state-adopted materials nor are they required to use state-adopted guidelines or frameworks in developing their programs. (1)

In addition to the California Legislature, State Board of Education, State Department of Education, and school districts, the sexuality education process in California also includes parents and community members. Parents must be notified by the school district about sex education classes. They must also be allowed to review sex education materials. Parents, students, and community members may also be invited to serve on a curriculum advisory committee. (1)

With that foundation, consider observations on both sides of the issues. Observations rely on correct presentation of facts and can be verified through research (14). With this heated controversy, there's an abundance of research to support both sides. "In classrooms around the country, programs that urge teens to postpone sex are on the rise. More than one third of U.S. high schools teach abstinence until marriage (12)." California is only one of three states that specify abstinence-only-until marriage education (3).

Education Code Section 51553 states that all public schools that teach sex education discuss sexual intercourse shall emphasize that abstinence from sexual intercourse is the only protection that is 100% effective against unwanted teenage pregnancy, sexually transmitted disease, and acquired immune deficiency syndrome (AIDS) when transmitted sexually. Additionally, it should stress that all other methods of contraception carry a risk of failure in preventing unwanted teenage pregnancy. Courses must also provide the latest medical information citing the failure and success rates of condoms and other contraceptive in preventing pregnancy. In addition to the physical consequences of sex, course material and instruction should include a discussion of the possible emotional and psychological consequences of preadolescent and adolescent sexual intercourse outside of marriage and the consequences of unwanted adolescent pregnancy (6). "Sexual activity outside the context of marriage is likely to

have harmful psychological and physical effects, and a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity” (12).

Not only does the education code support abstinence based sexuality education, the Congressional Family Life Education Act teaches that abstinence is the only sure way to avoid pregnancy or sexually transmitted diseases (8). “Even the safe-sex programs usually teach abstinence as a first choice” (13).

Abstinence-only proponents also believe students should be taught abstinence-only sexuality education because when students are taught abstinence and birth control students receive a mixed message. “There is ample information out there for young people, about how to protect themselves in terms of comprehensive sex education,” said Claude A. Allen, deputy secretary of Health and Human Services. “We have not made a clear, concise message to them about the benefits of abstinence” (5).

Since 1996, Congress has committed over half a billion dollars to abstinence-only education programs and zero dollars to comprehensive sexuality education. Administration officials say that the reason for this dramatic increase in abstinence based spending is an effort to catch up to federal spending on other forms of sex education. President Bush has proposed nearly doubling federal spending on abstinence program to \$138 million next year. The Bush budget would funnel about \$50 million to states as matching grants and would provide about \$88 million more for organizations that adhere to eight strict criteria prohibiting any mention of contraception except failure rates (5). If Congress approves, abstinence-until-marriage program will be funded about equally with teen family planning programs (13).

Abstinence-only supporters are singing praises because teen pregnancy rates have gone down since the state began teaching abstinence-based sex education. It is clear that condom

education and safer sex messages have not persuaded teenagers to postpone sexually activity. Ninety seven percent of teens have gone through sex education, yet America ranks among the highest for teen pregnancies (?). One in five Americans has a STD today. One million teens get pregnant every year. Abstinence and decreased sexual activity among sexually active adolescents are primarily responsible for the declines during the 1990s in teen pregnancy birth and abortion rates (4).

Not only do many adults support abstinence education, but many youth support it as well. More teenagers are choosing abstinence. Recent increases in the numbers of teens who are choosing abstinence indicate that abstinence is achievable (4). The percentage of high school students who said they haven't had sexual intercourse dropped from 54% in 1991 to 46% in 2002 according to the Centers for Disease Control (CDC) (12). In other words, "The number of high-school students who say they've never had sexual intercourse rose by almost 10 percent between 1991 and 2001 (?)."

Although much of the abstinence-only versus comprehensive sexuality education concerns public policy, the real issue is a personal choice. The teens interviewed for a Newsweek cover story gave various reasons for abstaining from sex until marriage, including religious decisions, deep religious convictions, family values, feeling empowered by choosing to say no, fear of STDs and pregnancy, not being mature enough to emotionally handle the deep intimacy sex can bring, strict rules by parents, and future goals and plans. "To most abstaining teens, marriage is the golden light at the end of the perilous tunnel of dating" (10).

"Researchers have found that teens who talk with their parents, have solid life goals ahead of them, strong value systems (not necessarily religious ones) and a supportive peer environment are more likely to postpone sex" (13). One thousand sexually active teenage girls

were asked what they most wanted to know about sex. Eighty three percent responded that they wanted to know “how to say no without hurting the boy’s feelings.” The belief that students must be taught the value of sexual restraint, as well as respect and responsibility, is at the heart of the abstinence message (4). Robert Rector, a Heritage Foundation researcher who drafted the criteria for President Bush’s abstinence-only funding focused on virginity pledge programs. In several instances, teens that signed such pledges delayed sexually activity by about 18 months. (5)

Now that we have examined the observations for both sides of the sexuality education controversy, we must consider the value judgments. A value judgment is a normative statement that guides actions. These value judgments ultimately rely on assumptions. The value judgments make the connection between the proposal and the observation. These can be evaluated by different ethical traditions (14).

The abstinence-only advocates are following the letter of the law since the Education Code strongly advocates abstinence education. On the other hand, comprehensive sex educators are quick to point out that although the education code promotes abstinence-only education, it does not specifically prohibit comprehensive sex education.

Abstinence-only advocates believe that educators should not confuse students with a mixed message; “Don’t have sex, but if you do, use protection.” The other side questions, “Aren’t teens smart enough to learn the values of abstinence and how to protect themselves if they do become sexually active? I think we are underestimating the intelligence of teens to presume we have to tell them what to do and deny them access to medically accurate information” (13).

“That’s exactly the argument of the pro-sex ed camp,” says Debra Rosenberg, host of MSNBC’s Live News Chat. “Abstinence-until-marriage advocates say the opposite: that it’s sending a mixed message to tell teens to wait, but then tell them how to protect themselves if they do have sex” (13).

Another value the abstinence message embraces is that abstinence-only programs promote universal morals and social values (4). “A shared culture, based either on heritage or on beliefs and practices, is another form of community. Each of these communities possesses norms and values about sexuality and these norms and values can influence these sexual health and sexual behavior of community members” (9). Abstinence programs stress that teenagers are able and willing to abstain from sexual activity. It is “directive” sex education – it upholds clear moral principles and encourages high expectations on the part of students (4).

The Education Code supports this value in that it states that course material and instruction shall teach honor and respect for monogamous heterosexual marriage (6). Additionally, the Family Life Education Act “promotes self-esteem and positive interpersonal skills, focusing on relationship dynamics, including, but not limited to, friendships, dating, romantic involvement, marriage and family interactions.” It also prepares students for the adult world by focusing on education and career success, including developing skills for employment preparation, job seeking, independent living, financial self-sufficiency, and workplace productivity (8).

Many communities support religious values that promote abstinence until marriage. “Simply being affiliated with a religion does not appear to have great effect on sexual behavior; however, the extent of an individual’s commitment to a religion or affiliation with certain religious denomination does. For example, an adolescent’s frequent attendance at religious

series is associated with less permissive attitudes about premarital sexual activity and a greater likelihood of abstinence” (9).

Abstinence-only advocates believe that this is the only approach that offers a foolproof solution to the prevention of teenage pregnancy, sexually transmitted diseases, and the psychological problems that accompany adolescent sexual activity. It is the best choice to avoid emotional, physical and personal consequence of sex outside of marriage. Thirty-five percent of school districts across the nation report that they adhere to an abstinence-only policy where teens are taught that abstinence is the only option outside of marriage. (4)

As mentioned earlier, value judgments are based on assumptions. Assumptions are reflective statements that express worldviews and attitudes. They rely on culture, religion, and social and personal history. These can be evaluated by such criteria as relevance, consistency, and inclusiveness (14). Both ethical sides hold different assumptions. As mentioned previously, abstinence-based advocates assume a mixed message while comprehensive education advocates assume that students can determine what is in their best interest. They can understand that while abstinence is the only “safe sex,” they can choose to use birth control if they become sexually active. This stems from a belief that teenagers should be treated as capable young people who can make intelligent decisions when given accurate information.

Another abstinence-based assumption is that parents can teach their sons/daughters their own family values regarding sex education in the home. The Family Life Education Act encourages family communication about sexuality between parent and child (8). Teens consistently rank their parents as one of their primary sources of information on sexuality issues and studies have shown that adult-child communication can decrease sexual risk behaviors (3). Twenty-seven percent of registered voters agree with opponents that sexuality education belongs

in the home and should be taught in accordance with parents' own values (2). The Family Life Education Act encourages family communication about sexuality between parent and child (8). The Surgeon General's report substantiates this assumption. "Children need stable environments, parenting that promotes healthy social and emotional development, and protection from abuse. Adolescents need education, skills trainings, self-esteem promoting experiences, and appropriate services related to sexuality, along with positive expectations and sound preparation for their future roles as partners in committed relationships and as parents" (9).

On the comprehensive sexuality education side, experts point out that sixty-five percent of adults in California say that encouraging parents to talk openly about sexuality and birth control with their children would be "extremely effective" in reducing teen pregnancy (2). Comprehensive sexuality education doesn't happen in one place – it involves parents, educators, and other adults in the community, as well as the media (7). "Despite the available evidence regarding the effectiveness of school-based sexuality education, it remains a controversial issue for many – in terms of whether schools are the most appropriate venue for such education, as well as curriculum content. Few would disagree that parents should be the primary sexuality education of their children or that sexual abstinence until engaged in a committed and mutually monogamous relationship is an important component in any sexuality education program. It does seem clear, however, that providing sexuality education in the schools is a useful mechanism to ensure that this Nation's youth have a basic understanding of sexuality (9)."

89% of Americans believe that it is important for young people to have information about contraception and prevention of STDs and that sexuality education programs should focus on how to avoid unintended pregnancies and STDs, including HIV and AIDS, since they are such pressing problems in American today (2).

81% of adults think sexuality education courses should teach about abstinence and give teens enough information to help them prevent unplanned pregnancy and the spread of STDs if they do decide to have intercourse (2).

84% of adults in California believe young people should receive specific instruction about preventing pregnancy and STDs (2).

Comprehensive sexuality programs have four main goals: 1.) to provide accurate information about human sexuality; 2.) to provide an opportunity for young people to develop and understand their values, attitudes, and beliefs about sexuality; 3.) to help young people develop relationships and interpersonal skills, and 4.) to help young people exercise responsibility regarding sexual relationships, including addressing abstinence, pressures to become prematurely involved in sexual intercourse, and the use of contraception and other sexual health measures.(3)

Opponents say abstinence-only is a largely unproven and possibly irresponsible approach that withholds potentially life-saving information from American youth. Although abstinence is the surest form of protection, proponents of a more comprehensive model argue it is unrealistic to expect all adolescents and young adults to follow that path. (5)

“There is some merit in promoting abstinence,” said Belle Sawhill, senior researcher at the Brookings Institution and president of the National Campaign to Prevent Teen Pregnancy. “But it’s also the case that there are going to be kids, no matter what adults tell them, who are going to be sexually active, and it doesn’t make sense to deny them information about how to protect themselves.” (5)

“More significant, he found that teens who broke the pledge were less likely to use contraception during intercourse, putting them at higher risk for pregnancy and sexually

transmitted disease. `Therefore, it seems obvious to me that all adolescent should learn how to protect themselves,' he wrote.” (5)

“There is very strong evidence that some, but not all, comprehensive sex education programs can delay sex, reduce frequency of sex, reduce the number of partners, increase condom use and increase contraceptive use.” (5)

“Research shows that teenagers who receive sexuality education that includes discussion of contraception are more likely than those who receive abstinence-only message to delay sexual activity and to use contraceptive when they do become sexually active.” (8)

“Comprehensive sexuality education programs respect the diversity of values and beliefs represented in the community and will complement and augment the sexuality education children receive from their families.” (8)

“Research shows that 75 percent of the decrease in teen pregnancy between 1988 and 1995 was due to improved contraceptive use, while 25 percent was due to increased abstinence.” (8)

V- “The quality of the parent-child relationship is also significant. Close, warm parent-child relationships are associated with both postponement of sexual intercourse and more consistent contraceptive use by sexually active adolescents. Parental supervision and monitoring of children are also associated with adolescents postponing sexual activity or having fewer sexual partners if they are sexually active.” (9)

V-“On the other hand, for adolescents who are sexually active, frequency of attendance is also associated with decreased use of contraceptive methods among girls and increased use by boys.” (9)

“Youth development programs, although they typically do not specifically address sexuality, have been shown to have a significant impact on sexual health and behavior. Programs that improve education and life options for adolescents have been demonstrated to reduce their pregnancy and birth rates.” (9)

“Both sides say it’s important that parents talk to their kids about sex. Studies consistently show that parents can have a big impact on the decision to delay sex until their teen is older.” (11)

Abstinence programs “that they actually posed a threat to adolescent health. They’re getting the message out that condoms don’t work.” (12)

“It’s also unrealistic, says James Wagoner, president of Advocates for Youth, a comprehensive sex-ed group, at a time when the most recent study shows that more than 80% of Americans didn’t make it to their wedding night as virgins.” (12)

Q: One parent wrote in about her son who took a Human Sexuality course at the college level that gave him information to make informed decisions based on a mature presentation of the material. She suggested that high schools would change their presentation structure so students don’t think it’s a joke, teachers would increase the knowledge based and expect teens to make responsible decision on this subject.

A: “That’s what the comprehensive sex ed advocate argue—that if kids get all the facts, they may still choose abstinence.” (13)

“To date, there are only a few published evaluations of abstinence-only programs. Due to this limited number of studies it is too early to draw definite conclusions about this approach. Similarly, the values of these programs for adolescents who have initiated sexual activity is not yet understood. More research is clearly needed.” (9)

“Programs that typically emphasize abstinence, but also cover condoms and other methods of contraception, have a larger body of evaluation evidence that indicates wither no effect on initiation of sexual activity or, in some cases, a delay in the initiation of sexual activity. This evidence gives strong support to the conclusion that providing information about contraception does not increase adolescent sexual activity, either by hastening the onset of sexual intercourse, increasing the frequency of sexual intercourse, or increasing the number of sexual partners.” (9) “In addition, some of these evaluated programs incased condom use or contraceptive use more generally for adolescents who were sexually active (9)”

“But the majority of parents say they believe school should provide information on all aspect of sex and relationships, studies show. That includes talking about relationships, thinking about your own values and beliefs and learning how to make good decisions because of what you want and need – not what someone else is telling you do to” (16). “Students also say, over and over again, that talking about sec doesn’t mean they’re going to run out and have it.” (16)

Bibliography

1. "Sex Education from the Legislature to the Classroom," handout from Health Services Agency, Modesto, CA.
2. SIECUS Fact Sheet: Public Support for Sexuality Education, June/July 2000.
3. SIECUS Fact Sheet: Issues and Answers, August/September 2001.
4. "Abstinence: The Smart Choice," Care Net, ©2000-2002, 109 Carpenter Drive, Suite 100, Sterling, VA 20164.
5. "Abstinence Moves to the Head of the Class." washingtonpost.com, Ceci Connolly, April 24, 2002.
6. Education Code Section 51553
7. "What You Should Know About Sexuality Education," Planned Parenthood Federation of America, Inc., © 2000.
8. "Family Life Education Act, H.R. 3469, 107th Congress.
9. "The Surgeon General's Call to Action to Promote Sexual Health and Responsible Sexual Behavior," July 9, 2001. <http://www.surgeongeneral.gov/library/seuxalhealth/call.htm>
10. "Choosing Virginity," Lorraine Ali and Julie Scelfo, Newsweek, Inc., December 9, 2002. www.msnbc.com
11. "Some Basic Truths About Teen Sex," Pat Wingert, Newsweek, Inc., December 9, 2002.
12. "The Battle Over Abstinence," Debra Rosenberg, Newsweek, Inc., December 9, 2002. www.msnbc.com
13. "The Virtues of Virginity," transcript from a live talk show with Debra Rosenberg, MSNBC's News Chat, December 2002. www.msnbc.com

14. The Ethical Process: An Approach to Disagreements and Controversial Issues, Marvin T. Brown, Prentice Hall, 2003, Third Edition, p. 13.
15. Human Sexuality: Diversity in Contemporary America, Bryan Strong, Christine DeVault, Barbara W. Sayad, William L. Yarber, McGraw Hill, 2002, fourth edition.
16. “Students Need Better Sex Ed,” Sex Etc: A Newsletter by Teens For Teens, Tejas Amin, Winter 2002. www.sxetc.org.
17. “Our Lives Are On The Line: Why WE Oppose Abstinence-Until-Marriage Sex Ed,” by the SEX, ETC. Editorial Board, Fall 2001. www.sxetc.org.
18. “Knowledge is the Best Protection,” by the SEX, ETC. Editors, Spring 2002. www.sxetc.org.