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Sex in School: A Case for Sex Education

Eighth grade is a big year—the end of middle school, the apex of the pubescent social awkwardness, and to top it all off, the year that sex education is finally introduced into the health class curriculum. At least, that is how it went in Glen Ridge, New Jersey. Those who did not already know what sex was found out, and we all anticipated the most exciting day of health all year—the day that we learned how to use a condom. “Mr. Woody,” a wooden phallus, was brought to the front of the class, and our health teacher demonstrated for the class how a condom must be properly applied—make sure it’s not inside out (the reservoir tip should be pointing up), pinch the tip to create an airtight reservoir, make sure there are no holes, and roll it down. It was nowhere near as exciting or life-changing as I had expected. My life, in fact, was mostly unchanged. So why so much fuss over a little latex condom?

Widespread “sexuality education” is not a new concept. The National Education Association publically supported the idea as early as 1892, and in 1916 Maurice Bigelow published a book on sex education in public schools, entitled *Sex Education* (Advocates for Youth). Today, public school health programs in 22 states and the District of Columbia stress healthy relationships and sex education, and emphasize HIV/AIDS instruction in 33 states (NCSL). Despite its history in American schools, however, the concept of factual, medically accurate sex education, and even sex-ed that is not just abstinence only, remains a controversial topic in the United States. Although several states mandate some form of sex

education, each state has different laws, causing major inconsistencies. According to the National Conference of State Legislatures, only 19 of these mandates require medical accuracy in “comprehensive” sex education, while others limit sex-ed by demanding parental permission, using abstinence-only curricula, or excluding information on contraception. Additionally, programs often completely overlook topics like consent and sexual violence, which may correlate to the high rates of sexual assault on college campuses across the US. Accurate, effective sex education is necessary in efforts to combat issues like STD’s, unwanted pregnancy, and sexual violence, not to mention beneficial to students’ reproductive health practices throughout life.

Despite regulations like New Jersey’s law that requires up-to date, accurate information backed by research (NCSL), even some of the most comprehensive approaches to sex and reproductive health education do not always address some of the most important subjects like consent, sexual harassment, or sexual violence and assault. Additionally, conservative and political backlash against sex-ed in schools often has adverse effects on reproductive health and correlates to higher STD and pregnancy rates in teens. The Center for Disease Control and Prevention’s national study of Youth Risk Behavior indicates that in 2013, 14% of high school students reported not using any contraceptive method whatsoever during their last sexual encounter, 81% were not using birth control pills, and 41% reported not using a condom. This high-risk sexual behavior is not due to a lack of sense, but rather due to a lack of accurate information and access to contraception. Opposition to sex-ed in schools creates more of a problem by ignoring existing issues on the grounds that teenagers are too young or unfit to learn about sexual health. Rather than addressing that reproductive and sexual health issues can and do exist among teens, ignorance exacerbates these issues by not disseminating accurate information on how to prevent them or seek treatment and help.

Sex education, as it exists now, takes two main forms: abstinence-only and abstinence-based (Abraham). In both middle schools and high schools across America, teaching abstinence is often favored over including contraception, sometimes excluding contraception altogether. According to a study done in 2006, 87% of schools teach abstinence, but only 58% teach about contraceptives, and a mere 38% teach about how to correctly use a condom (CDC). Information from the 2006-2008 National Survey of Family Growth reports that 46% of sexually active males and 33% of females received no instruction on contraceptives before their first sexual encounter (Guttmacher). Given that most students will be sexually active at some point in their lives, abstinence-only education is highly unrealistic. Even worse, it leaves students grossly unprepared for their almost inevitable sexual situations.

Those who argue for abstinence-only education, or even for no sex education at all, often state that a child's sexuality education should come primarily from their parents, and that teaching students about how to be safe while having sex will only encourage them to have sex. But given that 47% of high school students report being sexually active (CDC), they should be informed about the ways to protect themselves from STD's and pregnancy. Parents cannot always be trusted with delivering this information, and if they cannot take the place of educators in subjects like math or science, why should they be fully entrusted with providing comprehensive sex education? Other arguments cite Planned Parenthood sex-ed as a source of "sexual propaganda" driven by forces of greed (American Life). Abstinence-only educators also tend to perpetuate heteronormative, sexist and even misogynistic ideals by using tired, outdated metaphors, like the "lock and key," (Green) "damaged goods," or "giving the milk away for free." Furthermore, abstinence prioritizes a monogamous marriage

before sex, but even if students adhere to promises of chastity, what happens after marriage? The need for reproductive health and self-care does not begin or end with a wedding.

While abstinence-based education is certainly more favorable than the abstinence-only option, it can still often be inaccurate, misrepresentative, and intentionally scary, leaving gaping inconsistencies in students' knowledge of reproductive health. Some abstinence plus programs offer education on STI's but fail to mention contraceptives. Others mention contraceptives but fail to comprehensively or accurately discuss them. For example, many abstinence-promoting speakers will state that condoms frequently break or have holes, when in fact condoms are 98% effective if used correctly (Kempner). Even fewer programs mention emergency contraception, and fewer still discuss any means of terminating pregnancy. By exaggerating, or even lying about, the rates of failure in contraception, and by frightening students with images of severe STI symptoms and outcomes, so-called educators do more harm than good. So how can sex education be reformed?

Whether following abstinence-only or abstinence-plus agendas, schools should recognize that students will find out about sex in other ways, or worse: they will find the harmful misconceptions on sex that abound through the internet, TV, news, and social media. Even if sex education curricula are limited, whether by state law, school policy or otherwise, it is important to provide safe, accurate resources for information on sex, sexuality, and contraception not provided in school. Several websites, organizations, and even YouTube channels offer accurate information on sex, contraception, sexuality, sexual orientation, gender identity, relationship issues, and countless other topics, which might help students to be safer, healthier, and to make informed decisions about sex. Some of these include Planned Parenthood's website, Scarleteen.com, Bedsider.org, and the YouTube channel Sexplanations. While schools might not be permitted to directly teach certain topics

in sex education, they can at least provide a list of safe information sources for the benefit of their students' health. Schools that are permitted to comprehensively teach sex ed can also use these resources as teaching tools and references for students who are uncomfortable asking questions in class.

Sex education is an incredibly important topic to teach because it concerns common and preventable medical issues like pregnancy and STD's. As a course, it must be treated with at least the same importance that schools ascribe to drivers ed. We do not condone ignorance to basic road knowledge, so why should we condone ignorance to the basic rules of safety regarding sex? Sex education programs, like driver's ed, need a set minimum standard for the information they provide, namely, the importance of conscious and informed consent (actively deciding to use a car), basic anatomy of female and male reproductive systems (the basic structure and functions of the car), the varying definitions of sex and important sexual terms (the different meanings of road signs), the benefits and drawbacks of abstinence (pros and cons of becoming a licensed driver), information on different contraceptive methods, and discussion of which methods prevent which reproductive health issues (how to drive safely and avoid an accident in various situations). Educators should also be trained to deliver all of this information in a patient, unbiased, and non-judgmental manner—just as it is potentially catastrophic to let a misled and misinformed driver on the road, it is potentially catastrophic to allow students to be misled and misinformed on sex.

By broadening the spectrum of what falls under sex education to include gender identity, sexuality, safe sex for non-heterosexual people, and, most importantly, consent, programs can also address prevalent health issues for members of the LGBTQ community as well as the prevention of sexual violence. Eliminating heteronormativity in sex-ed not only

acknowledges the need for safety among non-heterosexual couples, but also acknowledges the existence and normality of sexual activity for non-heterosexuals. This reinforces the basic fact that safe sexual activity is possible, and necessary, for everyone, regardless of gender or sexual orientation.

In addition to talking about safe sex, it is also vital that sex-ed programs discuss when intercourse and other forms of sexual contact no longer qualify as sex, in other words, when they qualify as sexual assault. Mutual consent is absolutely necessary in all sexual acts, and any nonconsensual sex act counts as sexual assault. Sexual violence can happen in any relationship, and while it is unpleasant to address, it is far more unpleasant to survive knowing that it could have been prevented. Colleges especially are making headlines with protests against mishandled sexual assault cases, and while many colleges and universities are working on ways to educate students on consent and sexual violence prevention, this should not be the first time that students receive information on these topics. In order to help prevent sexual assault, children and adults alike need to know that they own their body and only their body, and that nobody is permitted to use their body for anything without their clearly expressed consent. Even abstinence-only environments should teach and enforce this. Given that 44% of survivors of sexual assault are under the age of 18 (RAINN), it is especially important to discuss sexual violence and consent with middle school and high school age students, namely, before or around the time they might choose to be sexually active. This topic is also crucial for children under 12, who make up 15% of sexual assault victims (RAINN), though educators of this age group must take age-appropriateness into account while maintaining the clarity of their message.

Sex education is an important subject for students because it discusses health issues that are relevant to them and will remain relevant to their health throughout life. Sex ed

might not always give students all the answers about sex, but it should at the very least provide resources where they can find answers and an unbiased baseline of knowledge on safe sexual health practice. Rather than denying education based on assumptions that students will become sex-crazed upon learning how to be safe while having sex, it is far more effective to give students the information they need to practice safe sex and allow them to use it to make informed decisions in the future. My sex-ed classes in middle school and high school were comprehensive by today's standards because they included actual facts and contraception, but they were not as comprehensive as they could or should have been. The curriculum left out pivotal topics like consent, sexual violence, safe sex for non-heterosexually oriented people, and gender identity, leaving my classmates and me uninformed. As to learning how to prevent pregnancy and STD's by practicing either abstinence or safe sex, it was really no big deal—we all have genitalia, and we all know they are important, so there should be no problem in discussing how to safely and healthily take care of them and ourselves. Knowing how to maintain reproductive health should be a commonly taught life skill, not information given on a 'when you're married' basis, and certainly not a debate.

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