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### Adolescent Sexual Education: Designing Curriculum That Works

Many teenagers in the United States continue to initiate sexual activity resulting in pregnancy and sexually transmitted diseases (STDs). In 2006 there were more than 440,000 births to teenagers (United States Department of Health and Human Services). In 2007 the Centers for Disease Control and Prevention (CDC) reported that there were 19 million new cases of STDs with almost half of them among people ages 15 to 24 (Trends). These numbers are staggering and on the rise. There has been a 5% increase in reported teenage pregnancies between 2006 and 2007 compared to a 35% decrease between 1992 and 2005 (CDC Quick Stats: Birth Rates). Over the past several decades, multiple sexual education programs have been introduced into the nation's school systems, but they do not appear to be working consistently in lowering the number of sexually active teens or reducing the number of teenage pregnancies and STD cases. Something must be done to better educate teenagers, educators, and parents about the risks of early sexual activity and the benefits of delaying this activity. Implementing a comprehensive adolescent sexual education program within the school system that involves parents and includes balanced curriculum on abstinence until marriage, healthy relationships, and STDs may present the best approach to lowering the number of teen pregnancies and sexually transmitted diseases in the United States.

Sexual education curricula vary widely and have returned varying degrees of success in reducing teen sexual activity, pregnancies, and STDs. Some of these programs focus primarily on STDs and "Safe Sex", while minimizing the abstinence message; the

one sure way to avoid pregnancy and the contraction of an STD. Others focus on total abstinence and the benefits of delaying sexual initiation until marriage, referred to as “Authentic Abstinence”, while giving very little time to the biological facts about STDs and pregnancy. Some curricula claim to combine both messages calling it comprehensive sexual education or “Abstinence Plus” but fail to bring a true balanced approach, with only 4.7% of the content focused on abstinence (Martin, Rector and Pardue V). No wonder teenagers are so confused in their sexual decision making. The messages presented, for the most part, are unclear, unbalanced and incomplete. Teens today will formulate a belief about sex with or without the assistance of sexual education programs. They can find all the information they could ever want about sexual behavior through the internet. They will converse with their peers about sex and see an abundance of it in the media. Is this the medium by which we want our teens to learn about sex? Hopefully not, but if a balanced, consistent and complete message is not presented through a sexual education curriculum about what is truly safe they will disregard it and continue to make uninformed decisions about sex that could drastically change their lives.

Is the curriculum being used today to teach teenagers about sex effective in delaying sexual activity thus reducing pregnancies and STD cases? To answer this question a brief review of what has been used and its effectiveness is needed. A review conducted by Melenie L. Toups and William R. Holmes, looked at several programs and past research in an effort to identify approaches that seem to be effective (Toups, Holmes). They assert that abstinence messages were effective for curtailing teen sexual activity. Toups and Holmes support their conclusion by citing several studies on various

abstinence programs and stating the results. In one study reviewed, they noted that a school in Illinois implemented an abstinence program in an effort to reduce teen sexual activity. 54% of teenagers in the program who were sexually active before the program was implemented were no longer sexually active one year later. Another study mentioned by Toups and Holmes evaluated research that showed that the abstinence message was more effective in preventing teen sexual activity and pregnancies than programs that distributed birth control through school clinics (Khouzem, 1995). This demonstrates that programs that include distribution of birth control do not work as well as programs that include the abstinence message. In another study researchers evaluated the evidence on the effectiveness of abstinence education and found that out of 21 programs studied, 76% were shown to effectively reduce the levels of sexual activity among teens (Kim, Rector). The abstinence message appears to be a more effective approach to curtailing teen sexual activity than messages that focus heavily on teaching and distributing contraception and, therefore, should be the focus of future curricula.

Although the best way to avoid contracting an STD is abstaining from sex, teens need to be informed about these diseases. Teens represent a large proportion of people infected with STDs each year. Equipping these young people with pertinent information about the cause and effect of STDs can enforce the abstinence message and reduce the number of cases. Certainly STD cases can be reduced by teaching about condom use, but that is not enough. Abstaining from sexual activity eliminates the possibility of contracting an STD. Instead of focusing on minimally reducing STDs through barrier methods, sexual education should focus on how teens can avoid them all together.

An abstinence based curriculum that includes content on STDs is an important foundation for an effective sex education program, but still is not enough. Impacting the sexual attitudes and behavior of teens must include parental involvement, and teaching on healthy relationships with the opposite sex. Parents should be shouldering the responsibility of informing their teens' sexual attitudes, behaviors and ideas about healthy relationships. Sex education curriculum must be developed in a way that draws parents into the process, provides tools for them to engage their teens in conversations about relationships and sex, and help equip parents to do so. In the article, *Saving Sex for Later: An Evaluation of a Parent Education Intervention* the authors ascertain that parents may feel ill-equipped to guide their teens through the difficult adolescent years (O'Donnell, et al). How can a school based sexual education program help parents get involved and effectively communicate with their teens on relational and sexual matters? A study of one school program, *Managing the Pressures Before Marriage*, concluded that parental involvement had an immediate impact on sexual behavior (Blake, et al). This program drew parents into the process by giving out five homework assignments designed to be completed by the parents and teens. These homework assignments were designed to help the parent-child communication and reinforce the school's sex education content. 87% of the students that participated showed a higher knowledge about abstinence as a prevention from STDs and pregnancy compared to 70% before the program. Another study evaluated the effectiveness of a program, *Saving Sex for Later*, and concluded that the program can help parents influence the choices their teens make concerning sexual behavior (O'Donnell, et, al). This program sent home to the parents 10 CDs, one every 10 weeks, for the parents and teens to listen to and discuss. The data presented in this study

showed an improvement in the parents' confidence in communicating with their teen about relationships and sex. Only 14% of the parents involved in the study scored low on questionnaires on communication with their teen compared to 26% of non-participating parents. These two programs demonstrate that it is possible to get parents involved and that parental involvement can impact the choices teens make concerning sexual attitudes and behaviors. With a little creativity and effort more programs could bring parents into the equation and increase the effectiveness of sex education programs.

Too often our society wants a quick and easy fix to problems. This is no different with the problem of teen sexual activity, pregnancies, and STDS. Our societal attitude about teen sexual activity is often reflected in the following statements: give them a pill so they won't get pregnant, give them a pill to get rid of the STD, give them a pill to get rid of an unwanted pregnancy, give them a condom (i.e., it's the school's responsibility to teach my child about sex). This is what our society uses to address the problem of teen sexual activity. We need to stop trying quick fixes that address the results of teen sexual activity and focus on addressing the behavior and attitudes surrounding the activity. Parents and educators need to work together to develop and implement sex education programs that will inform teens about sexual abstinence, STDs and healthy relationships, in an effort to reduce teen sexual activity.

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