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Table of Contents

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School-Based Sex Education: A New Millennium Update. ERIC Digest.

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For the past several decades, no other topic in American education has received more scrutiny, or raised more eyebrows in concern, than school-based sex education (SBSE). Over the years, it has been debated in virtually every aspect of American society-from the classroom to the boardroom, and from the pulpit to the Supreme Court. Despite the

rhetoric, actual support for SBSE is stronger than ever. In a recent poll, 93% of all Americans supported SBSE in high schools, and 84% supported SBSE in middle/junior high schools. Similarly, 89% of Americans believe that young people should receive information about contraception and prevention of STDs, and that SBSE should focus on how to avoid unintended pregnancies and STDs, including HIV infection and AIDS (Advocates for Youth, 1999). Another recent poll of American parents found that an overwhelming majority of them supported SBSE. In fact, their support exceeded 90% in 10 of the 15 topics identified; support for the other topics ranged from 76% to 88% (Kaiser Family Foundation, 2000). Such unprecedented support should signal a call for action by American schools. As such, this digest will address the need for SBSE and identify the most recent curricula that have shown to make a positive difference in the lives of American youth.

WHY SCHOOL-BASED SEX EDUCATION?

For more than a generation, the United States has struggled with detrimental outcomes related to adolescent sexual behavior. These behaviors have crossed all socioeconomic strata and have challenged clinicians, educators, parents, and policymakers alike. The reality of the present generation is that the majority of American young people will engage in sexual risk-taking behavior prior to high school graduation. Data from the most recent Youth Risk Behavior Survey (YRBS) indicate that half of all high school students have engaged in sexual intercourse at some point in their lives, and that percentages rise with increasing grade level - 39% among ninth graders to 65% among high school seniors. One in five students has engaged in sexual intercourse with four or more partners during their lifetime (CDC, 2000a; Kann, Kinchen, Williams et al., 2000). Two other sexual behaviors are also common among America's youth-oral and anal intercourse. Studies to determine the extent to which adolescents engage in oral sex have found it to be a common practice among anywhere from 25% to 80% of the adolescent population (Newcomer & Udry, 1985; Remez, 2000; Strasburger & Brown, 1991). Anal intercourse is the newest trend among adolescent females, and for some, it functions to preserve their virginity and prevent pregnancy. Strasburger and Brown (1991) documented this behavior among seven percent of an upper middle-class population, and 27% among an inner city group. A more recent study of adolescent "virgins" found that one percent had participated in anal intercourse (Schuster, Bell, & Kanouse, 1996). Disturbingly, an increasing number of young people believe that neither oral nor anal intercourse are "really sex."

Clearly, the sexual behaviors identified above place American youth at great risk for a multitude of negative health outcomes. Despite steady declines since 1991, approximately 9% of females between the ages of 15-19 become pregnant each year (Henshaw, 2001). In addition to the high risk of pregnancy, sexually active adolescents in the U.S. risk acquiring one or more sexually transmitted diseases (STDs). Every year, approximately three million American adolescents acquire an STD. This represents the highest rate of infection among all age groups nationally and in all industrialized nations worldwide (Piot & Islam, 1994). Of all the negative outcomes associated with adolescent

sexual behavior, none poses a greater threat to the health of American youth than HIV infection and AIDS. Each year, 20,000 young people between the ages of 13-25 are infected with HIV. As of this writing, there is no cure for HIV infection. Since the 1980s, more than 400,000 Americans have succumbed to AIDS-related illnesses (CDC, 2000a). The behaviors and outcomes identified above provide compelling evidence for school-based sex education.

SBSE IN THE NEW MILLENNIUM

Over the course of the past several decades, school-based sex education has made a number of positive, well-documented advances. Gone are the days when most American schools chose not to address some or many aspects of sex education. Today, 82% of high schools, 76% of middle/junior high schools, and 57% of elementary schools require sex education on their campuses (Kann, Brener & Allensworth, 2001). School-based sex education curricula have also made tremendous strides in their evolution. Today, SBSE curricula are grounded in science and psychosocial theory and have been rigorously evaluated for effectiveness. Each of the following curricula has been identified by the Centers for Disease Control and Prevention (CDC) as having strong evidence of success - Reducing the Risk; Safer Choices; Becoming a Responsible Teen (BART); Making a Difference: An Abstinence Approach to STD, Teen Pregnancy & HIV/AIDS Prevention; and Making A Difference: A Safer Sex Approach to STD, Teen Pregnancy & HIV/AIDS Prevention (Kirby, 2001). Each of these curricula has been tested with a diversity of youth populations in a variety of school and community settings. Detailed descriptions and outcomes can be found at www.cdc.gov/nccdphp/dash/rtc.

CHARACTERISTICS OF EFFECTIVE SBSE CURRICULA & PROGRAMS

Within the last decade, researchers have identified specific characteristics that make prevention programs effective. In a recent comprehensive review, Kirby (2001) noted that effective pregnancy/HIV/STD prevention curricula possess the following characteristics. Curricula that lack one or more of these characteristics are less likely to bring about desired behavioral effects:

* Focus on reducing one or more sexual behaviors that lead to unintended pregnancy or HIV/STD infection;

* Are based on theoretical approaches that have been demonstrated to be effective in influencing other health-risk behaviors;

* Give a clear message about sexual activity and condom/contraceptive use and continually reinforce that message;

* Provide basic information about the risks of adolescent sexual behavior and about methods of avoiding intercourse or using protection against pregnancy and STDs;

* Include activities that address social pressures that influence sexual behavior;

* Provide modeling of and practice with communication, negotiation, and refusal skills;

* Employ a variety of teaching methods designed to involve the participants and have them personalize the information;

* Incorporate behavioral goals, teaching methods, and materials that are appropriate to the age, sexual experience and culture of the students;

* Last a sufficient amount of time to complete important activities adequately; and

* Select teachers or peer leaders who believe in the program they are implementing and then provide them with training.

ABSTINENCE-ONLY CURRICULA

The abstinence-only-until-marriage movement has gained momentum in recent years, and has been supported further by a 1996 Congressional Act that allocated $250 million over five years (1998-2002) to fund state programs providing abstinence education. The Act defines abstinence education as the teaching of benefits of abstinence in terms of social, psychological, and health gains, as well as the potential harmful consequences

of sexual activity and childbearing outside of the context of marriage (Thomas, 2000). A recent poll found that 70% of Americans oppose the provision of federal funds for abstinence-only curricula that prohibit teaching about the use of condoms and contraception for the prevention of unintended pregnancy and HIV/STD infection (Advocates for Youth, 1999). Still, as a result of this Act, several abstinence-only curricula have emerged and are being used nationwide.
In his recent review of programs that reduce teen pregnancy, Kirby (2001) noted that few evaluations of abstinence-only programs have taken place. Only three studies were included in his review, and no conclusions could be drawn from these studies. Other evaluations of abstinence-only curricula have shown that they do not meet professional standards for comprehensive sex education curricula and they fail to bring about the desired effects of a delay or reduction of sexual intercourse or the use of contraceptives (Advocates for Youth, 2001; Goodson & Edmundson, 1994). It is expected that a government study of federally funded abstinence-only programs will be completed by 2002, which should provide more conclusive evidence about the effectiveness of these programs.

IMPLICATIONS FOR THE 21ST CENTURY

Schools and communities must acknowledge that the majority of American young people will be sexually active prior to their high school graduation. Accordingly, schools and communities must respond proactively by providing students with the comprehensive sex education curricula they need to prevent the detrimental outcomes of their sexual behavior. Denial that young people are sexually active, or failure to provide scientifically validated curricula, may jeopardize the future of this generation and those that succeed it.

REFERENCES

Advocates for Youth. (2001). What's wrong with federal abstinence-only-until marriage requirements? Transitions, 12(3). Available online at www.advocatesforyouth.org
Advocates for Youth. (1999, June 2). Public support for sexuality education reaches highest level. Press Conference, Washington DC. Available online at www.advocatesforyouth.org

Centers for Disease Control and Prevention. (2000a). HIV/AIDS surveillance report, year-end edition, 1999, 11(2).

Centers for Disease Control and Prevention. (2000b). Young people at risk: HIV/AIDS among America's youth. Atlanta, GA: Author.

Goodson, P & Edmundson, E. (1994). The problematic promotion of abstinence: an overview of sex respect. Journal of School Health, 64(5), 205-210.

Henshaw, S.K. (2001). U.S. Teenage Pregnancy Statistics. New York: Alan Guttmacher Institute.

Kaiser Family Foundation. (2000). Sex education in America. Menlo Park, CA: Henry J. Kaiser Family Foundation. www.kff.org

Kann, L., Brener, N.D., & Allensworth, D.D. (2001). Health educaion: Results from the School Health Policies and Programs Study 2000. Journal of School Health, 71(7), 266-278.

Kann, L., Kinchen, S. A., Williams, B. L., et al. (2000). YRBS surveillance-United States, 1999. Journal of School Health, 70(7), 271-285.

Kirby, D. (2001). Emerging answers: Research findings on programs to reduce teen pregnancy. Washington, DC: National Campaign to Prevent Teen Pregnancy. www.teenpregnancy.org

Newcomer, S. & Udry, J. (1985). Oral sex in an adolescent population. Archives of Sexual Behavior, 14, 41-46.

Office of National AIDS Policy. (2000). Youth and HIV/AIDS 2000: A new American agenda. Washington, DC: Author.

Piot, P. & Islam, M. Q. (1994). STDs in the 1990s: Global epidemiology and challenges for control. Sexually Transmitted Diseases, 21(2): S7-S13.

Remez, L. (2000). Oral sex among adolescents: Is it sex or is it abstinence? Family Planning Perspectives, 32(6), 298-304.

Schuster, M. A., Bell, R. M., & Kanouse, D. G. (1996). The sexual practices of adolescent virgins: Genital sexual activities of high school students who have never had vaginal intercourse. American Journal of Public Health, 86(11) 1570-1576.

Strasburger, V. C. & Brown, R. T. (1991). Adolescent medicine: A practical guide. Boston, MA: Little Brown.

Thomas, M. H. (2000). Abstinence-based programs for prevention of adolescent pregnancy: A review. Journal of Adolescent Health, 26(1), 5-17. ADDITIONAL RESOURCES

Sexuality Information and Education Council of the U.S. (SIECUS), 130 West 42nd Street, Suite 350. New York, NY 10036.

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