

Sex Education: Everyone's Issue

by Alison Grotberg

I recently enjoyed sitting on the front lawn with a friend while our youngest children played near us. Unexpectedly, my friend's four year old bolted for the street. I glanced at his mom who sat stationary, doing nothing. Launching up to stop the boy, I felt a pull on my arm holding me back. "Don't worry," she said, "we don't tell him not to cross the street anymore. We know that he's going to do it anyway. That's why we gave him the bike helmet. He knows how to wear it; he'll be OK."

This scenario demonstrates the rising tension playing out between supporters of abstinence education and proponents of comprehensive sex education in the classroom, a debate directly affecting North Dakota's students. Unfortunately, when it comes to sex education programs in many public schools across the nation and attitudes of current leaders in Washington, this story is all too real. In May, President Obama's budget confirmed his pre-election indications that he would defund abstinence education programs. This summer the House defeated the continuance of federal abstinence education funding.

On July 31st, 2009, the Senate Appropriations Committee, including Senator Dorgan, eliminated all funding for abstinence education channeling money instead to so-called "comprehensive sex education" and "pregnancy prevention" programs which were already receiving the vast majority of federal funds (4:1). North Dakota Senators Dorgan and Conrad have a history of not supporting abstinence education. However, in a recent vote in the Senate Finance Committee, Senator Conrad voted to reinstate Title V federal abstinence funding, an amendment that still needs to pass on the Senate floor.

Removing federal funding for abstinence education has a direct affect on abstinence education in North Dakota and Make a Sound Choice (the Fargo-based organization which facilitates abstinence education programs statewide), not to mention the over 3,000 students Make a Sound Choice (MSC) serves in North Dakota and northwestern Minnesota. MSC receives federal funding from a CBAE (Community Based Abstinence Education) grant and Title V to help sustain its highly successful program.

In an independent evaluation through NDSU, results have shown that Make a Sound Choice has exceeded its benchmark goals by a strong margin. For example, the goal that youth participating in the program will plan to stay abstinent until marriage was benchmarked at 50%. Actual performance is 70.5% averaged out over two-and-a-half years, which is outstanding performance. This begs the question why would Senator Dorgan and others in Washington want to end funding for a program with such proven effectiveness?

Let's take a step back from federal policy for a minute. I have found that there is a general lack of understanding of what sex education in the classroom is and, in particular, what constitutes abstinence education as opposed to comprehensive sex education. So before diving into policy issues, it would seem a little introduction to the world of sex education is in order.

There are two labels that broadly define the approaches to sex education in public schools. One is commonly called "comprehensive sex education" (CSE) and the other is "abstinence education." Although not immediately obvious, the two are generally at odds with one another for some important reasons, so too the advocates of both sides. Underlying the conflict behind

the two sides are two opposing philosophies. As you will begin to see, these philosophies are at the core of a deep conflict over what we teach our children about sexuality and hence what direction our society is to take in the future.

Abstinence Education

Defining abstinence education is fairly easy. By law, the 1996 Welfare Reform, the A-H Guidelines require that an abstinence education program

- A. has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
- B. teaches abstinence from sexual activity outside marriage as the expected standard for all school age children;
- C. teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;
- D. teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity;
- E. teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;
- F. teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society;
- G. teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and teaches the importance of attaining self-sufficiency before engaging in sexual activity.

All federally funded abstinence programs are required to include these definitions.

In a nutshell, the objectives of abstinence education are eminently clear: to prepare kids to make healthy choices through character training and building goal-setting skills, by providing support and pertinent information regarding sexual health and pregnancy, and empowering kids to wait until marriage before engaging in sexual activity so they can further advance their goals and dreams. Included in this training are information and strategies for avoiding other high-risk behaviors, like drugs and alcohol, which have a high level of interconnectedness to premarital sexual activity. In short, abstinence education is a holistic approach to sexuality that encompasses the total person.

Comprehensive Sex Education

Although abstinence education has clear objectives, the objectives of CSE are a little fuzzier. On the surface, this contraceptive-based approach to human sexuality focuses on disease and pregnancy prevention.

Sexuality Information and Education Council of the United States (SIECUS - not a government organization) has published their *Guidelines for Comprehensive Sexuality Education*

Kindergarten-12th Grade for over a decade. It may be of interest to note that SIECUS was conceived at the Kinsey Institute and founded in 1964 by Dr. Mary Calderone, who was a Medical Director for the Planned Parenthood Federation. SIECUS received one of its first grants from the Playboy Foundation.

According to the SIECUS website, “the *Guidelines* have become one of the most influential publications in the field and a trusted resource for educators, curriculum developers, and school administrators.” SIECUS claims these guidelines are downloaded from their website 1,000 times a month. The *Guidelines* are organized into six Key Concepts:

1. Human Development
2. Relationships
3. Personal Skills
4. Sexual Behavior Sexual
5. Health Society and
6. Culture

Comprehensive and Age-Appropriate, Right?

Although the Key Concepts above may not alarm you in a cursory reading, a closer look at the content underneath the surface may be a little more disturbing. Most of us would assume that a core comprehensive sex education curriculum taught to kids in K-12th grade would be age-appropriate, but many would balk at the concepts introduced to 5 year olds -- and it gets worse as they get older.

In *The War on Intimacy: How Comprehensive Sex Ed Sabotages Committed Relationships and Our Nation's Health*, Richard Panzer and Mary Anne Mosack highlight some of SIECUS *Guidelines* that parents may question the appropriateness of presenting to kids. Like numerous references to sexual pleasure -- even in the 5-8 year old category -- “how much one will ‘enjoy’ touching certain parts of the body or how touching will make you ‘feel good’ appear more than twenty times in this brief publication.” Guidelines presented as appropriate for 12 -18 year olds include sexual fantasy: “Some people use erotic photographs, movies, art, literature or the Internet to enhance their sexual fantasies” some of these “sexual fantasies involve...forbidden things.”

Dr. Miriam Grossman, who spent more than ten years as a psychiatrist at UCLA Student Psychological Services and twenty years working with students, has written two books regarding the content and consequences of today's CSE message: *Unprotected: A Campus Psychiatrist Reveals How Political Correctness in Her Profession Endangers Every Student* (Sentinel, 2006) and *You're Teaching My Child What? A Physician Exposes the Lies of Sex Education and How They Harm Your Child* (Regnery, 2009).

In her latter book, Dr. Grossman states: “Parents, if you believe that the goals of sexuality education are to prevent pregnancy and disease, you are being hoodwinked. You must understand that these curricula are rooted in an ideology that you probably don't share. This ideology values, above all -- health, science, or parental authority -- sexual freedom” and exploration. Grossman reports that groups like SIECUS “claim to provide ‘comprehensive access’ to ‘accurate’ sex education. Take a look, though...Promiscuity, experimentation, and fringe behaviors are encouraged. For them, these are personal choices, and judgments are

prohibited. At all ages, sexual freedom is a 'right,' an issue of social justice. In short, they are dedicated to promoting radical social ideologies, not preventing disease."

For example, some of the topics and behaviors discussed and sometimes illustrated on websites that SIECUS, Advocates for Youth, and Planned Parenthood (all proud advocates for CSE) refer kids to are: popular positions for intercourse, sexual fantasies, sex play, sexual experimentation with another or same-sex gender, oral and anal sex, sadomasochism and more. These sites and brochures also direct children to websites like the ACLU that will help kids get around their parents' directives or wishes.

Comprehensive Means Abstinence Too, Right?

Most parents would like to believe that a comprehensive sex education class would be truly comprehensive and highlight the significance of abstinence as it relates to the above themes in much the way the A-H Guidelines of abstinence education programs (detailed above) do. This, sadly, is not the case.

The Center for Disease Control and Prevention (CDC) recommends that "adolescents need accurate, age-appropriate information about HIV infection and AIDS, including the concept that abstinence is the only 100 percent effective way to avoid infection." In spite of this recommendation, abstinence is a message that is scarcely referred to in comprehensive sex curricula -- less than 5% -- reported the Heritage Foundation in their study *Comprehensive Sex Education vs. Authentic Abstinence: A Study of Competing Curricula* (2004). Further, authors Martin, Rector and Pardue note: "None of the comprehensive sex-ed curricula depict teen abstinence as a goal or objective *per se*. Rather, abstinence is presented as one technique for avoiding the immediate health risks of sexually transmitted diseases (STDs) and pregnancy—a technique meriting only modest attention at that."

Often the messages about abstinence used in CSE are counterproductive to the true abstinence message, yet the inclusion of "abstinence" is considered proof that CSE supports teenage abstinence. For example, Planned Parenthood (PP) has a CSE curriculum and educator training called *Making Sense of Abstinence*. In this curriculum abstinence is described as something that is "used" instead of a lifestyle or a way of being. Panzer and Mosack shed some light on why: "For Planned Parenthood, abstinence [is] just a device which, if it breaks down, can be replaced by other devices."

On the list of PP's activities that one could do and still be "abstinent" was cuddling naked and watching porn videos together among other more explicit acts which would normally be described as foreplay.

In another CSE curriculum called *Be Proud! Be Responsible!*, kids are told that taking showers together is a "green light" activity -- a good way to enjoy their sexuality without having intercourse. An obvious question might be: How do these suggestions lead to abstinence? To PP and most CSE curricula publishers, abstinence simply means not passing body fluids.

The difference between CSE and true abstinence education is the quality of the message. CSE may say the words, but the character-building content is missing. Beyond the words it offers a wink and a nod and gives the message that *nobody expects you to choose abstinence -- that's why there are condoms.*

This brings me back to my opening story. My guess is that nearly everybody who hears the story about the mother who fails to stop her four year old from going on to the street would call her “negligent.” Which leads me to wonder why it isn’t considered negligent to give teens a message that *abstinence is highly unattainable, so here’s a condom and some pills, here’s how to use them. Now that you’re protected, feel free to explore.* Both scenarios are sending children into the world with a misguided sense of their level of protection and limited awareness of the dangers looming.

Condoms, Science and Health Information

If a sex education class is called “comprehensive” shouldn’t we also expect it to offer up-to-the-minute (or at least up-to-the-year) scientific information? With CSE, teenagers are given the “safe-sex” message. As long as they use a condom, they’re good to go. But research shows that this is not the case.

According to the CDC, nearly 9 million of the 19 million new sexually transmitted diseases (STDs) in the United States each year are among young people ages 15-24. In 2008, the CDC said one in four adolescent girls in the U.S. was reported to be infected with an STD. Statistics also show that approximately 820,000 young women under the age of 19 become pregnant every year.

In recent years both kids and adults have been given the message that using condoms equals “safe sex.” Here are some condom facts: One fourth of teen couples who use condoms experience a pregnancy within one year. Even if a condom is used every time in vaginal sex, it cuts the chance of getting three major sexually transmitted infections (STIs) by up to only 50%. These infections include genital herpes (a lifetime disease), chlamydia and gonorrhea (which increase the risk of pelvic inflammatory disease and infertility). By the way, in a recent study, 94% of high school students did not know chlamydia or gonorrhea could lead to infertility. Does this statistic provide proof that CSE is providing up-to-date information “to avoid unwanted consequences of sexual behavior”?

Condoms reduce the risk of HIV by only 85% with ideal use. HPV or Human Papillomavirus causes 99% of cervical cancer and can cause penile or anal cancer. The Food and Drug Administration states online in “Get the Facts” that “it is not known how much condoms protect against HPV. Areas not covered by a condom can be exposed to the virus.” A recent study from the University of Washington has shown HPV under the fingernails of young men.

Dr. Miriam Grossman details in her latest book how information about the rate of protection from condoms is withheld and is often reported in a way that implies that associated risks of intercourse is the same for vaginal, oral, and anal sex. She reminds us of the warnings printed on every condom package about the effectiveness of using condoms during anal sex, warnings often not included in curricula for students. She suggests political correctness makes revealing the increased risks associated with anal sex to student’s taboo.

The reality is that actual condom usage among teens is not optimal. CSE supporters cite this as a reason teenagers need more encouragement to use condoms. Some suggest that telling teens about the failure rates of condoms prevent their use, but not telling them exposes young people to risks that may significantly affect their future. Dr. Grossman had the unenviable task of receiving students into her office who, after following the dictates of “safe sex,” became infected by an incurable STD and who—justifiably—felt betrayed.

Considering the facts, is sexual behavior with a condom truly “safe sex”?

Not only are teens not told the whole truth about condom failure and STDs, teens also don't properly assess the risk. Recent Magnetic Resonance Imaging (MRI) technology has opened our understanding of brain development. Dr. Giedd of the National Institute of Mental health who specializes in brain imaging and child psychiatry has discovered, along with others in his field, that the prefrontal cortex of the brain does not develop until a person is in their mid-twenties. This is the part of the brain that engages in critical thinking and sound judgments, linking present decision-making to future consequences. Scientists have found, instead, that the teen brain makes decisions mostly in the highly-impressionable emotion center of the brain.

CSE's focus on contraceptive-based education and sexual exploration “as long as it's consensual” and its message that “only you know when you're ready” puts kids in danger of making some potentially life-altering decisions based on emotions and hormones instead of mature judgment with future goals in mind. The negative effects of premarital sexual activity are clear: several recent studies show a link between sexual activity and depression and suicide, as well as considerably higher rates of drug and alcohol abuse.

By taking away the appropriate levels of adult guidance and societal restraint and providing less than complete information, CSE's focus on contraceptive-based education and sexual exploration “as long as it's consensual” puts kids in danger of making some major potentially life-altering decisions based on feelings and hormones instead of good sense with an eye toward future goals.

What happened to CSE's stated objective of providing “specific information and attitudes to avoid unwanted consequences of sexual behavior” and scientifically “accurate” data as described by SIECUS *Guidelines*?

Do Students Deserve to Know That Sex Is More Than Body Parts and Fluids?

68% of U.S. schools use CSE curricula. In nearly every case, the message reduces information about human sexuality to body parts and the passing of body fluids as you have seen demonstrated. In this way, those who are promoters of CSE are completely remiss.

Although they claim to be medically up-to-date and accurate, they fail dramatically in the realm of communicating to teens the dangers of premarital sexual behavior and its affects on the brain. Dr. Joe McIlhaney, Jr and Dr. Freda McKissic Bush, in their book *Hooked: New Science on How Casual Sex Is Affecting Our Children*, detail recent breakthroughs in neuroscience research that demonstrate how sexual activity creates life-changing impact on the human brain. “More happens during sex than physical activity or the transfer of secretions, sperm, or germs. What we now know from science is...that the largest and most important sex organ is the brain. In fact, the brain itself is being molded by sexual behavior.”

In a brief simplification, neuroscience has shown that the brain forms organic connections through the repetition of events or activities. Exciting a dopamine rush through sexual activity conditions the brain to desire repeated sexual experiences. Oxytocin (in females) and vasopressin (in males) released during sexual activity leads to bonding and attachment to a sexual partner. While these chemical truths of our bodies help yield strong marriages, they can also lead to a lifestyle of repeated destructive decisions that can end in disease and deep

emotional pain, affecting a person's ability to bond in future relationships. These are deeply consequential, groundbreaking, scientifically proven facts about being sexually active that CSE is not telling kids.

The reality of how much premarital sexual activity is affecting teens is demonstrated by several studies showing a link between sexual activity in teens and depression and suicide. These studies report that girls who became sexually active are three times more likely to have attempted suicide than their virgin friends, and sexually active boys are seven times more likely to have attempted suicide. Also, there are considerably higher rates of drug and alcohol abuse among teenagers who are sexually active. In 2002, *The Archives of Pediatric and Adolescent Medicine* published a study showing greatly elevated rates of depression among students infected with STDs.

Statistics show that instead of leading to a future which includes a stable marriage, which the vast majority of teens say they hope for, premarital sex is an indicator of higher levels of divorce. McIlhane and Bush state that "the likeliest outcome of premarital sex is simply more premarital sex." They cite several studies which show that "Individuals who wait to have sex until marriage have increased assurance about the success and quality of their marriage. Most marriages are faithful, most sex in marriage is good, and most people who don't have sex until marriage have more stability and more success in their lives as measured by education, economics, and emotional stability." Not to mention the innumerable benefits given to children born into the stability of such marriages.

While abstinence education looks at sexuality with a view toward a positive, stable future by teaching kids of the dangers and statistical realities of destructive decisions, CSE leaves this very human side -- including future aspirations, dreams, and goals -- of the sexuality equation out of the picture. Sexual curiosity, license, and immediate gratification are given supremacy at the expense of kids' futures -- but because of societal ramifications of divorce, disease, and children without parents the messages delivered by CSE don't just affect the future of individuals but of all of society.

Common Sense vs. the "Experts"

Every parent of toddlers knows that even if you think your toddler is going to put her hand in the toilet, you still tell her not to -- twenty-five times if necessary. As a parent, you know the potential for disease residing in the toilet. You also know that your little ones don't see or understand what you know. You're there to protect them, to guide them, and continually reinforce the messages that will keep them safe. When it comes to sex it seems like a no-brainer that the same level of adult awareness and guidance is needed from parents and teachers to provide teenagers with the tools they need to make choices that result in achieving their goals.

That's why in a 2007 Zogby poll nine in ten parents indicated that they consider it important to give teens a strong abstinence message. Maybe not surprisingly, 90% of teens also said they thought a strong abstinence message was important. Almost 90% of teens said that admitting to virginity was viewed positively. 52% of teens nationwide are virgins (57% in North Dakota). Around 75% of them hope to have a happy, healthy family some day. All these are goals that abstinence education explicitly supports.

Parents need to understand their role in helping direct their child's future. So often, it seems that parents, perhaps because of uncertainty about how to talk to their teens about sex, are willing to abrogate their privilege and responsibility to guide and direct their teens in the important area of sexuality. It may be reassuring to know that when teenagers were asked who was most influential in their decisions regarding sex, parents were at the top of the list by a wide margin -- 49%. The next two in line were friends at 16% and the media at 11%. But if parents don't communicate with their children about sex, kids will not benefit from their parents' guidance. A lack of deliberate parental communication about sexuality and values pertaining to sexuality inevitably leads to other influencing factors like peers and the media moving up to the top of the list in importance.

A One-Time Message Is Not Enough

In spite of what parents want for their teens and what the majority of teens are choosing for themselves, the messages coming at teens through the media, books, websites and CSE classes are a steady drumbeat that leads teens away from these goals and attainable ideals for their future success. And instead leads them toward habits that have great potential to undermine their goals. If a message about the benefits of abstinence is only delivered once during the course of the high school years (or earlier), it fades away under the layers of other messages coming at them. This is especially true if parents are not communicating regularly with their kids about sex and augmenting with loving guidance the messages that abstinence education communicate. Advertisers know that a repeated message is a remembered message. That's why it is so important for parents and teachers to give a repeated, consistent message on abstinence.

Parents and Teens Get Out of the Way Because the Experts Know Best

When it comes to the topic of sex, a Zogby poll found that parents, regardless of whether they are liberal or conservative, overwhelmingly prefer abstinence education 2-to-1 over CSE once they understand the difference. Considering the facts, why does it seem like so many educators and lawmakers have lost their minds and given up on telling teens not to engage in non-marital sexual activity?

The biggest reason is because abstinence education has some serious foes.

As a methodology for public school sex education, abstinence has only come on to the scene in an observable way in the last twenty years or so. Its critics in the world of CSE are many. Arguments suggesting the ineffectiveness of abstinence education abound. In recent months, a report of a spike in teen pregnancy and the alarming rates of STD/STIs among young people have caused a relentless attack on abstinence education programs from CSE advocates. Since 68% of all sexuality education provided in the U.S. is CSE and, as Panzer and Mosack have said in *The War on Intimacy*, "[s]ince the Guttmacher Institute also reports that just one in five teens in America receives abstinence education, it is hard to see why *abstinence education* should be blamed."

But the fact is that the recent federal defunding of abstinence education programs is the result of a very concentrated, agenda-driven effort by numerous organizations to stop abstinence education in its tracks. From the Advocates for Youth website: "[We are] at the forefront of a national legislative strategy to eliminate federal funding for abstinence-only-until-marriage programs, bringing together 39 national organizations in the reproductive rights, education,

AIDS, civil rights, medical, and anti-censorship fields to actively advocate for adolescent access to comprehensive sexuality education.”

In 1998, SIECUS began an effort to critically evaluate abstinence education programs. This effort was underwritten by organizations like the Open Society Institute and Soros Foundation Network and the Henry J. Kaiser Family Foundation. In 2002, SIECUS partnered with 140 national medical, social and educational organizations and created the National Coalition to Support Sexuality Education with the goal of undermining Title V (abstinence education specific) federal funding for the states. By 2008, 25 states had agreed to reject Title V funding.

In 2008, a Congressional hearing on abstinence education chaired by Rep. Henry Waxman posed six panel members opposed abstinence education against one in favor of abstinence education. During the hearing Rep. Virginia Foxx asked this question: “If provided evidence that abstinence education programs are as or more effective than comprehensive sex education programs, would you support optional federal funding for such programs?” Of the seven panel members, only two answered “yes.” (View [Rep. Virginia Foxx's question on YouTube](#).) These answers demonstrate how political agendas trump even scientific data in the realm of sexuality education for America’s children.

The debate over sexual orientation issues is a major factor in the fight against federally funded abstinence education. Martha Kempner, vice president for information and communications at SIECUS said at a recent event on Capitol Hill, “These programs are really made...for a heterosexual classroom, but they are really made for a heterosexual world and obviously that’s inappropriate.”

Kempner believes that promoting heterosexual marriage equals “promoting biases against sexual orientation, gender and family structure.” Advocates of abstinence education disagree and believe that no matter what a person’s sexual orientation, delaying sexual debut, reducing the number of sexual partners and remaining abstinent have been proven to be the healthiest choices for obtaining a future free from STD/STIs (and unexpected pregnancy) for every person on the planet. This is a message people of all kinds need to hear, especially young people approaching adulthood who are making decisions that may affect the entire course of their lives.

Don’t Sit This One Out

It is time to let our Congressmen hear our voice on this very consequential issue. A good place to get started is by checking out [ParentsForTruth.org](#) and, for local information in North Dakota and western Minnesota, [MakeaSoundChoice.com](#). We may not have Soros’ money, but parents, grandparents, mentors, teachers, and students must engage in the process to protect our children. Their future, and our nation’s future, is why sex education is everyone’s issue.

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