

Findings

Hazardous to Teen Health

The Reality of Comprehensive Sex Education

By Alysse M. ElHage



In January 2005, NBC News aired a special report hosted by Katie Couric that featured 20 American teenagers talking candidly about sex. One 17-year-old girl told Couric, “Most of the kids I know, they don’t make it past their sixteenth birthday without losing their virginity.” A 16-year-old girl commented, “I don’t think oral sex should be expected in a relationship, but unfortunately, I think it is...”¹ The television special also included the results of a 2004 NBC News/*People Magazine* poll of 1,000 teens ages 13 to 16. On a positive note, 73 percent reported that they had not been sexually active, and 74 percent said they had made a “conscious decision” to wait. However, nearly three in 10 teens reported sexual activity, and about half of the sexually active teens said they had engaged in casual sexual encounters.²

Teen sexual activity is more than just a hot topic for prime time television. The issue is increasingly on the minds of parents, educators and legislators across the country, who are troubled by casual sexual attitudes and behaviors among many teens, along with skyrocketing rates of sexually transmitted diseases (STDs). In fact, sexually active 15 to 19-year-olds experience the highest STD rates of any age group in the nation.³ By age 25, one out of every two sexually active youth will be infected with an STD.⁴ About 67 percent of reported STDs in North Carolina occur in sexually active young people ages 15-24.⁵

There is no question that the U.S. is facing a crisis of epidemic proportions when it comes to the consequences of teen sexual activity. But what to do about it remains the subject of heated debate

nationwide. On one side are advocates of a contraceptive-based approach known as comprehensive sex education (CSE), which, until recent years, was the primary form of sex education taught in public schools since the 1960s. On the other side are proponents of abstinence-only education, which seeks to help adolescents postpone sexual activity until marriage.

In North Carolina, CSE advocates continue to target the 1995 Abstinence-Until-Marriage (AUM) law, which requires schools to teach that “abstinence from sexual activity outside of marriage is the expected standard of behavior for all school-age children.”⁶ The latest tactic is an October 2003 survey conducted by the state Department of Health and Human Services (DHHS) and the Department of Public Instruction (DPI), which advocates are using to urge the State Board of Education to expand CSE statewide.⁷ According to the survey, 90.5 percent of parents support school-based “sexuality education,” and the majority support additional information on contraceptives.⁸ Although the survey asked parents if it was appropriate for schools to address such controversial topics as how to use condoms, it did not provide them with specific examples of how these issues are addressed in standard CSE curricula.⁹ A January 2003 poll by Zogby International found that when parents are provided with this information, they overwhelmingly reject the major themes of CSE.¹⁰

This paper examines the reality of CSE and shows why it threatens the overall well-being of young people. Understanding the reality of CSE requires looking beyond the vague and misleading rhetoric used by advocates to the radical ideology it is based upon. It is also important to examine the hazardous messages in some popular CSE curricula.

Beyond the Rhetoric

A great deal of confusion exists about CSE, due in part to the misleading terms used to describe it, such as “abstinence-plus” or “abstinence-based.” This confusion is exacerbated by the use of non-descriptive definitions to explain CSE to the public. The N.C. DHHS/DPI survey provided parents with a definition of sex education that is worth examining, since local CSE advocates are using the findings to attack the state’s AUM law. In the survey, “sex education” was defined as “classes referring to sexual behavior and sexual health, including human development, relationships and communication skills.”¹¹ The majority of parents in the survey supported the teaching of sex education based on this vague definition, which could easily refer to what is already taught in North Carolina under current law.¹² The problem is that it does not begin to scratch the surface of what CSE advocates mean by “sex education.”

What is CSE? According to the Sexuality Information and Education Council of the United States (SIECUS), one of the architects of CSE, age-appropriate sex education should be taught in every grade and address a variety of issues, including: human sexuality, human reproduction, anatomy, masturbation, pregnancy, sexual response, sexual orientation, gender identity, contraception, abortion, and STDs.¹³ Since 1991, SIECUS has published the *Guidelines for Comprehensive Sexuality Education: Kindergarten-12th Grade*, which is considered a “national model” for CSE programs.¹⁴ It includes the following developmental messages for students:

- For ages 5-8: “Both boys and girls have body parts that feel good when touched.”¹⁵
- For ages 9-12: “Many boys and girls begin to masturbate for sexual pleasure

during puberty.”¹⁶

- For ages 12-15: “Some sexual behaviors shared by partners include: kissing; touching; talking; caressing; massaging; and oral, vaginal or anal intercourse.”¹⁷
- For ages 15-18: “Some people use erotic photographs, movies, art, literature, or the Internet to enhance their sexual fantasies when alone or with a partner.”¹⁸

CSE concepts. To understand why SIECUS believes children need to know the basics of masturbation, it is helpful to examine a few core concepts about sexuality that directly influence CSE advocates. These concepts are rooted in an ideology that views the sexual freedom of individuals as a key to human happiness.

1) *Human beings are sexual from birth.* A key concept of CSE is that sexual expression is as basic to humans as the need for physical nourishment. The Planned Parenthood Federation of America, the nation’s leading abortion provider and a major proponent of CSE, explains: “We are sexual from birth, and sexual expression is a basic human need throughout our lives. Sexual expression is an essential component of healthy development for individuals of all ages.”¹⁹ The concept of lifelong sexuality affects how CSE advocates view adolescent sexual behavior, including their perspective that most young people are incapable of postponing sexual activity.

2) *Individuals of all ages have a right to sexuality information and services.* According to Planned Parenthood: “Every individual has a right to pursue sexual health information and services.... That right involves access to adequate, accurate, and age-appropriate information about sexuality, including the advantages and disadvantages of sexual expression.”²⁰ The type of information that CSE advocates consider “age appropriate” includes the use of sexually graphic materials that some parents would consider pornographic. For example, SIECUS states: “When sensitively used in a manner appropriate to the viewer’s age and developmental level, sexually explicit visual, printed, or on-line materials can be valuable educational or personal aids.” Not surprisingly, SIECUS also opposes laws that restrict adult access to pornography.²¹

3) *Individuals should define their own sexual values.* According to Advocates for Youth, a leading CSE proponent, CSE “provides values-based education and offers students the opportunity to explore and define their individual values...”²² In

this non-directive approach, children are not given an objective standard by which they can measure their sexual behavior. Instead, they are encouraged to decide for themselves when and if they are ready for sex, and what sexual activities are acceptable. The underlying assumption is that there is no absolute right or wrong when it comes to sex. For example, the CSE curricula, *Get Real About AIDS* explains that the course “doesn’t state that sex is good or bad, only that unprotected sexual intercourse is one way for HIV to be transmitted.”²³

CSE Objectives. CSE is based on the ideology of sexual freedom, and promoting that ideology among youth is one of its major objectives. Because sexual freedom comes at a high price, especially for adolescents, CSE is also about preserving sexual freedom, which is why CSE advocates focus so much of their attention on helping sexually active young people avoid STDs and unintended pregnancies. While CSE advocates claim that the goal of sex education is to help children grow into sexually healthy adults, what they mean by “sexually healthy” is unrestrained sexual activity free of unwanted physical consequences. As SIECUS explains, “the promotion of sexual health requires specific information and attitudes to *avoid unwanted consequences of sexual behavior.*”²⁴ The CSE solution to the life-threatening consequences of teen sexual activity essentially involves damage control—providing young people with information about and access to birth control pills, condoms and abortion in an effort to reduce the natural costs of the promiscuity their ideology promotes.

Hazardous Messages

Nationwide, children are being indoctrinated with the CSE ideology of sexual freedom, including in North Carolina, where about a dozen school systems currently offer CSE.²⁵ As the following examples show, CSE curricula contain hazardous messages that are more focused on preserving the sexual freedom of adolescents than on protecting their general well-being.

Sex is unrelated to marriage. The nature of sex is a key component of sex education. One of the major themes of AUM education is that sex has a specific purpose and works best inside marriage. A 2004 study by The Heritage Foundation, which analyzed the content of nine popular CSE curricula and nine popular AUM curricula, found that authentic abstinence curricula devote 17.4 percent of their page content

to the benefits of healthy relationships and marriage. In contrast, the study found zero discussion of the healthy benefits of marriage in the nine CSE curricula.²⁶

Teaching students that sexual activity should be reserved for marriage is incompatible with the CSE ideology of sexual freedom, which is why CSE advocates consistently object to the emphasis on postponing sex until marriage in North Carolina’s AUM law. When marriage is addressed by CSE curricula, it is often equated with other sexual relationships. For example, the SIECUS *Guidelines* includes this message for adolescents: “Two people who live together without being married can have the same commitment and responsibility toward one another as married people.”²⁷

Marriage is the standard in North Carolina because it provides the safest environment for sexual activity. Although marriage itself does not make a person immune to STDs, married couples are generally less likely than unmarried sexually active individuals to contract STDs. This is because individuals who become sexually active outside of marriage at an early age are more likely to have an increased number of sexual partners during their lifetime, which increases their risk of contracting STDs or becoming pregnant out-of-wedlock.²⁸ According to one 2003 study, girls who begin sexual activity at age 13 or 14 will have an average of 13 voluntary non-marital sexual partners in their lifetime, compared to girls who postpone sexual activity until their 20s, who will have an average of 2.7 sexual partners.²⁹ Married partners are also more likely to be sexually faithful to one another than unmarried partners, and having one sexual partner for life is the best protection against STDs and unwed pregnancy.³⁰

Weak abstinence message. CSE advocates claim that their programs are “abstinence-based,” but a recent analysis of popular CSE curricula reveals that they have little to do with promoting abstinence. According to the aforementioned Heritage Foundation study, CSE curricula devote six times more content to encouraging contraceptive use than to abstinence. In fact, CSE curricula use 28.6 percent of their page content to describe contraception and encourage teens to use it, and only 4.7 percent of their page content to promote abstinence. In comparison, authentic abstinence curricula use 53.7 percent of their page content to promote abstinence, and zero percent to promote contraception.³¹ Out of the nine CSE cur-

ricula reviewed in the study, less than 10 sentences encouraged teens to postpone sexual activity until they were older, and there was only one mention of abstaining from sex through high school.³²

When abstinence is discussed in CSE curricula, the message is weak and confusing. For example, Advocates for Youth states that CSE “teaches that abstinence from sexual intercourse is the most effective method for preventing unintended pregnancy and sexually transmitted diseases, including HIV.”³³ Notice that it does not say abstinence from sexual activity. In the name of sexual freedom, CSE curricula promote so-called “safer” sexual alternatives to vaginal intercourse. Consider the following examples from two CSE curricula:

Teen Talk states: “The only method of birth control which is 100 percent effective is abstinence....Although this means not having sexual intercourse, it does not exclude sexual play.”³⁴

Focus on Kids instructs teachers: “Ask youth to brainstorm ways to be close. The list may include...body massage, bathing together, masturbation, sensuous feeding, fantasizing, watching erotic movies, reading erotic books and magazines.”³⁵

While avoiding intercourse and engaging in “alternate” sexual activities might keep teens from getting pregnant, it will not protect them from contracting incurable STDs that can be transmitted through skin-to-skin contact, such as the Human Papillomavirus (HPV). HPV is the most common viral STD in the U.S. and is the leading cause of cervical cancer worldwide.³⁶ What makes HPV so dangerous is that the infection can be present on areas such as the inner thighs, which means it can be spread through direct skin-to-skin contact with an infected area, as well as through vaginal, oral or anal sex.³⁷ Other STDs that can be transmitted through contact with infected skin, which may look normal, include Syphilis, Genital Herpes and Chancroid.³⁸

Teen sex is okay. Compared to AUM proponents who view teen sexual activity as a behavioral problem that can and should be changed, CSE advocates view it as a fixed reality. According to Planned Parenthood, “Young people explore their sexuality as a process of achieving sexual maturity; adolescents are capable of expressing their sexuality in healthy, responsible ways.”³⁹ To CSE advocates, healthy adolescent sexual behavior does not mean postponing sexual activity until adulthood but simply using a condom during sex. While CSE curricula may not

directly state that it is acceptable for teens to have sex, the underlying message is that contraception makes teen sexual activity okay. *Be Proud! Be Responsible!* states: “proud and responsible behavior includes protecting yourself by using a condom during sexual intercourse; abstaining from sexual behavior when no condom is available; [and]...abstaining from sex altogether, if that is your choice.”⁴⁰

In addition, eight of the nine CSE curricula studied by The Heritage Foundation included either demonstrations of how to use condoms, or a session for students to practice using condoms.⁴¹ CSE curricula also include detailed information about where to find condoms and how to make using condoms during sex “fun.” For example:

Reducing the Risk, a high school curriculum used in North Carolina, tells students: “Condoms are available at any drugstore or family planning clinic.... Anyone can buy condoms, regardless of age, and no prescription is needed.”⁴²

Be Proud! Be Responsible! instructs teachers to: “Invite students to brainstorm ways to increase spontaneity and the likelihood that they’ll use condoms.... Examples:...Eroticize condom use with a partner...Hide them on your body and ask your partner to find it....Tease each other manually while putting on the condom.”⁴³

The heavy emphasis on condoms undermines the already weak abstinence message in CSE curricula and leaves adolescents with the false impression that condoms make teen sexual activity acceptable and safe. Compared to abstinence from sexual activity before marriage and fidelity within marriage, which can eliminate the risk of STDs, condoms can only reduce the risk of some STDs, and only if they are used consistently and correctly 100 percent of the time. According to the Centers for Disease Control and Prevention (CDC), “condom use cannot guarantee absolute protection against any STD.”⁴⁴ A 2001 report by the National Institutes of Health (NIH) found “insufficient evidence” to draw “meaningful conclusions” about the effectiveness of condoms to reduce the risk of Genital Herpes, Syphilis and Chancroid. In addition, the report found “insufficient evidence... to draw definite conclusions about the effectiveness of the latex male condom in reducing the transmission of” Gonorrhea in women, Chlamydial infection, and Trichomoniasis. The NIH report also concluded that there “was no epidemiological evidence that condom use reduced the risk of HPV infection...”⁴⁵

All forms of sexual expression are normal. It is not coincidental that homosexual advocacy groups are among the strongest proponents of CSE. The CSE ideology of sexual freedom maintains that sexual activity should not be restricted to heterosexual relationships. According to SIECUS, “Individuals have the right to accept, acknowledge, and live in accordance with their sexual orientation, be they bisexual, heterosexual, gay or lesbian.”⁴⁶

Some CSE curricula actively promote homosexuality. *Be Proud! Be Responsible!* includes the following scenario involving a male homosexual relationship: “Allan: You know Gerald cares a lot about you, but he just doesn’t get it...Now he’s convinced he’s going to get HIV for choosing a gay lifestyle. You have tried to explain that it’s no more a choice to be gay than it is to be straight, it’s just the way you naturally feel about things.”⁴⁷

Mom and Dad don’t need to know. One of the most irresponsible messages of CSE is rooted in the concept that adolescents have the “right” to make their own sexual choices based on subjective values without interference from anyone else, including mom and dad. CSE advocates, such as Planned Parenthood, continuously fight parental consent and/or notification laws, which require parental permission or notification before a teen can get birth control pills or abortions. The CSE ideology of sexual freedom alienates parents from the decision-making process on one of the most important issues their child will ever face. For example, *Reducing the Risk* states: “Teenagers can obtain birth control pills from family planning clinics and doctors without permission from a parent: Truth. You do not need a parent’s permission to get birth control at a clinic. No one needs to know.”⁴⁸

What’s Missing?

CSE is often promoted as the “reality-based” approach, yet CSE curricula focus primarily on the physical aspects of sexual activity, while the emotional, moral and psychological consequences are largely ignored. More than just a physical act, sex is a spiritual, emotional and psychological union that can have a detrimental impact on adolescent hearts and minds.

For example, a 2002 study analyzing data from the National Longitudinal Survey of Adolescent Health found that sexually active teenage boys and girls are significantly more likely to be depressed and to have attempted suicide than teens that are not sexually active.⁴⁹ In addition, a poll conducted in 2000 for the National

Campaign to Prevent Teen Pregnancy found that nearly two-thirds of sexually active teens wished they had waited longer to have sexual intercourse.⁵⁰

Dr. Meg Meeker, a pediatrician who has treated adolescents for over 20 years, writes in her book, *Epidemic*: “For the thousands of teens I’ve treated and counseled, one of the major causes of depression is sex. I consider it an STD with effects as devastating as...HPV, Chlamydia, or any other.”⁵¹

Conclusion

Despite the best efforts of advocates to disguise the truth, CSE is not based on sexual abstinence, nor is it focused on protecting the health of young people. CSE promotes irresponsible sexual attitudes and behaviors that put adolescents in danger of lifelong physical, mental and emotional harm. In contrast, AUM education provides young people with objective sexual values, and helps them develop a truly positive view of sexuality that links sex to love, intimacy, and commitment within marriage. Sex education in North Carolina should not be focused on promoting sexual freedom or on damage control, but on helping young people develop strong sexual values and behaviors that can completely safeguard their long-term physical, mental and emotional health.

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