

TEACHING ABOUT:

BY KATHLEEN VAIL

Sexuality



*Boards grapple with abstinence-only
vs. comprehensive sex education*

WEEK after week, Kim Wilkinson voiced the same complaint to the Sarasota County School Board: Planned Parenthood representatives were speaking in county classrooms. Parents, she told the board, were not aware that their children were hearing lectures from an organization that provides contraceptives and performs abortions.

Board member Laura Benson didn't know about Planned Parenthood's participation in the district's sex education program, and it bothered her that other parents didn't know, either. "Generally one parent doesn't cause the board to change policy, but she brought up a good point," Benson says.

Benson proposed a policy in the fall of 2004 that required teachers in the sex education program to be school employees

or county health department staff. “We limited speakers to capable people within our school system and government,” she says.

About 300 people attended the meeting in which the board voted on the policy; nearly 100 signed up to speak. “It set off the firestorm you’d expect,” Benson says. “It became not about having sex education taught by school nurses. It became the Planned Parenthood war. It was out of hand.”

AN EXPLOSIVE CONTROVERSY

Few curriculum topics have the ability to incite, embarrass, confuse, or confound as much as human sexuality. Creating or making changes to your district’s sex education program practically guarantees packed board meetings, as well as a barrage of phone calls, e-mails, and letters to the editor.

Why do parents and community members get so upset over what amounts to a sliver of your health curriculum? It is sex, after all. The topic makes most of us at least nervous if not uncomfortable. When you add growing cultural, religious, and moral tensions to the mix, it’s not surprising that the issue often explodes into controversy in many communities.

“Sexuality education is always a place where you will get people’s ears to perk up. Adolescent sexuality is a pretty good place to have this battleground. You won’t get many people to say, ‘We want kids to have sex,’” says Monica Rodriguez, vice president for education and training for the Sexuality Information and Education Council of the United States.

WHAT SHOULD BE TAUGHT?

Discussions around sex education have changed since HIV and AIDS moved into the spotlight more than two decades ago. The question once was whether schools should provide sex education. “Now,” Rodriguez says, “there is no question that schools have a role to play.”

Today’s debate focuses on the type of sex education that should be taught. Is it a comprehensive approach that discusses contraception and abortion? Or an abstinence-based method that emphasizes the failure rate of contraception?

Federal funding for abstinence-based sex education has risen steadily since 1986. Since 2001, President Bush has doubled the money—now \$270 million annually—spent on abstinence-only education programs. About 35 percent of public school districts now use abstinence-only programs as their required sex education curricula, according to the Alan Guttmacher Institute, a source of research data on reproductive health issues.

When school boards change how their sex education programs are taught, it’s usually because community members have objected to curriculum topics that are at odds with their

religious or moral beliefs. The most incendiary topics, as you might expect, are abortion, birth control, and homosexuality.

Parents who want a more comprehensive program for their children often find it difficult to voice their opinions. Janice Irvine, a sociology professor at the University of Massachusetts and author of a book that traces the history of sex education, says shame and fear of sexual stigmatism keep many people quiet. “Parents and school board members said it was hard for them in the heat of battle to stand up and say ‘I really think there should be a discussion of masturbation,’” she says.

In Sarasota County, Benson came up with a compromise. Schools would offer two classes, one that would include

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— MONICA RODRIGUEZ

Planned Parenthood speakers and one that would not. Parents would have to sign a paper allowing their children to attend the class with Planned Parenthood speakers. The policy passed unanimously.

The people who attended the packed board meeting in December 2004 didn’t talk about the policy or the compromise, however. They spoke on both sides about contraception, abortion, sex education, and sexually transmitted diseases.

“Most of the speakers thought we were talking about changing the curriculum. We couldn’t convince them otherwise,” Benson says. “When you say ‘sex’ and ‘schools’ in the same sentence, they don’t listen. It’s an emotional issue right from the start. Where else would people give their names and addresses and talk about their sex lives at a televised meeting?”

Packed meetings can be the least of a board’s concerns. The sex education debate sometimes leads to legal actions against a board.

A LAWSUIT IN MARYLAND

In the Montgomery County (Md.) Schools, conservative citizens groups filed and won a lawsuit against the school board last spring. As a result, the board scrapped its entire sex education unit, which had been developed by a citizens’ panel for eighth- and 10th-graders. The topic of the unit, which was to be an add-on to the health curriculum, was different lifestyles.

Previously, health teachers were not allowed to discuss homosexuality with their students, says Judith Bresler, an attorney for the Montgomery County School Board. The panel’s more conservative members, she says, didn’t want the subject of homosexuality to be included at all. If it were included, they wanted teachers to mention reparative therapy for homosexu-

als. And they wanted teachers to point out that sexually transmitted diseases were linked to homosexual behavior. None of these points were in the final curriculum that was presented to and approved by the board.

Two organizations—Citizens for a Responsible Curriculum and Parents and Friends of Ex-Gays and Gays—filed a lawsuit over reference materials for teachers that the panel chose. The groups, which filed the lawsuit after they say the board refused to meet with them, objected to materials on how some religions reacted to homosexuality.

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A federal judge agreed with the groups, saying the material unfairly singled out fundamentalists and Baptists. As a result, the board opted to scrap the entire program and formed a new citizens group, with no members from the previous panel on it. As part of the lawsuit’s settlement, CRC and PFOX members would have a seat on the new group.

“The board didn’t want anyone from the old committee on there,” Bresler says. “The board wanted a fresh start and fresh eyes.”

David Fishback, a Montgomery County parent who was the president of the advisory committee that put the first curriculum together, says his concern about reparative therapy was that the American Medical Association does not back it. If a teacher suggested reparative therapy to a student, and the student used it and was harmed in some way, Fishback says the school district could be held liable. He hopes that the topic won’t show up in the new version of the curriculum.

“If we have a responsible curriculum that tells the facts about homosexuality, as we did before,” he says, “I will be upset that it was delayed for a year, but I will be happy.”

WHEN CONSENSUS WORKS

Competing factions on citizens boards can create tension and roadblocks, but some manage to compromise before lawsuits are filed.

After working on a 10th-grade human sexuality curriculum for 18 months, members of the Health Curriculum Advisory Board wore purple “HCAB Survivors” T-shirts when they presented it to the Poudre, Colo., school board. The curriculum focuses on abstinence but still gives students information about pregnancy, sexually transmitted diseases, and contraception.

Kori Wilford, a health educator for the Larimer County health department, says the advisory board’s consensus was hard-won. This was actually the panel’s second go-round with

the issue. During its first incarnation, members agreed to two programs, one comprehensive and one abstinence based. But when the panel brought its recommendations to the school board, several panel members spoke against them.

The board told the group to start over, add more community members, and hire an outside facilitator. Wilford says the outside facilitator made all the difference, helping the group decide that the district should develop its own curriculum rather than adopt one from the outside. Members also decided to work toward consensus, no matter how long it took.

“We agreed to have consensus—I might not agree with your point but I won’t sabotage the process.’ It took us a long time to get there, a lot of passionate discussions,” Wilford says. “We really got over that barrier of looking at things as black and white.”

Advisory board members wanted to develop a curriculum that was relevant for 10th-graders while conforming to community norms. The group decided the curriculum would be abstinence based but would not emphasize abstinence until marriage. They included information about contraception, with an opt-in option for parents. They decided that teachers would have a list of community resources for students who wanted it. They opted not to address the issue of homosexuality.

Wilford says the group made decisions by holding on to a central idea: “This is a public school system. We need to meet the needs of all students.” The challenge, she says, was to figure out how to include the gay kids, the Christian kids, students who are sexually active, and students who are not.

WHEN BOARDS DISAGREE

Sometimes, though, school boards find themselves in conflict with what their citizens groups advise. That was the case in Beloit, Wis., where sex education became such a contentious issue that in January 2005 board members dropped the topic entirely from the curriculum.

“It was very difficult to compromise,” says board member Regina Dunkin. “We ended up saying we would back off for a while. But not forever.”

A citizens committee recommended changing the district’s sex education program to emphasize abstinence. “I couldn’t support what was to be passed. I feel our kids have to have all the facts,” Dunkin says, noting that Beloit has a high rate of sexually transmitted diseases among teens. “Why should we hide information and not give our students the full picture?”

The board, on a 4-3 vote, rejected the committee’s recommendation. Because no one could agree on an alternative, the sex education curriculum is shelved, for now. Students will get the basic facts about puberty and hygiene, but there will be no classes in human growth and development.

The debate became so contentious, Dunkin says, that it distracted from other, more pressing topics such as student achievement. The board wanted everyone—parents, community members, teachers, and board members—to take a break from discussing the issue.

“There was no winner in it,” Dunkin says. “There was a loss for the district and also for the children.”

THE MOVE TO ABSTINENCE

As the abstinence-only movement grows, more districts are bound to face debates over sex education. In its most current sex education survey, the Alan Guttmacher Institute found that the percentage of teachers who taught that abstinence was the only way to prevent sexually transmitted diseases and pregnancy rose from 2 percent to 22 percent between 1988 and

NEW DATA ON TEEN SEX FUELS THE DEBATE

THE RESULTS of a comprehensive national survey of sexual behaviors released by the federal government show that a little more than half of teenagers, ages 15 to 19, have engaged in oral sex. Among 18- and 19-year-olds, the number rises to 70 percent.

The data, based on information collected in the 2002 National Survey of Family Growth and analyzed by Child Trends, a nonprofit research center, will certainly continue to fuel the debate over comprehensive sex education versus abstinence-based curriculum. Proponents of abstinence-only education have maintained that it has persuaded most young people to delay intercourse. Those who support comprehensive sex education counter that the NSFG statistics suggest that the abstinence approach has only led teens to engage in other risky behaviors, such as oral sex. This recent data revealed that about 25 percent of teenage virgins had engaged in oral sex.

“While not all teens are having oral sex, a substantial percentage of teens who have not had sexual intercourse are having oral sex and may think of themselves as ‘virgins,’” says Jennifer Manlove, who directs research on fertility and family structure at Child Trends. “We’re not sure whether these teens who have not had sexual intercourse are engaging in oral sex because they view it as a way to maintain their technical virginity or even because they regard it as an ‘easy’ method of birth control. What’s disturbing about these findings is that many teens seem unaware of the health risks associated with oral sex, such as the possibility of contracting sexually transmitted infections, including HIV. Parents, health educators, and designers of pregnancy prevention programs need to address these risks.”

1999. About 40 percent of teachers said they did not discuss birth control or emphasized that it was not effective when they did, says David Landry, AGI senior research associate.

Almost all sex education programs cover general information about HIV prevention and birth control, Landry says. On the decline are topics such as how to get birth control, where to go for medical advice on pregnancy or treatment of sexually transmitted diseases. Discussions about the ethical issues of abortion and sexual orientation are also becoming less common.

Leslee Unruh, founder and president of Abstinence Clearinghouse, says “latex-only education” embarrassed and pressured many kids who were not ready for such information. The clearinghouse has a contract with the federal government to approve funding for districts that have abstinence-only programs.

“Kids who were not having sex, which is a majority, were feeling pressure to have sex,” Unruh says. “The ones who weren’t doing it and ones who didn’t want to do it were being told that condoms are the answer. Of course, they aren’t the answer. Students need to be given the tools to know how to say no.”

Not everyone is buying into the federal push for abstinence-only education. Pennsylvania, California, and, most recently, Maine have stopped accepting federal money for sex education programs, in part because of the federal requirement that the money be spent solely on abstinence-only programs.

According to Landry, teachers in focus groups said they didn’t want to go against school policies promoting abstinence. Many teachers were gun-shy about presenting curriculum that had the potential to be controversial. They wanted to avoid controversy, so they restricted the content of their classes.

State requirements for sex education vary widely. According to the National Association of State Boards of Education, 10 states mandate HIV/AIDS prevention education in all their schools but don’t require any other topic related to sex education. Seven states mandate STD prevention, including HIV. Four states mandate education to prevent HIV, STDs, and pregnancy; in each case, the context of the mandate is abstinence education. Twelve states have policies that promote a broader understanding of human sexuality, not just prevention of disease or pregnancy.

Some school districts, wary of lawsuits and pressured by the demands of NCLB and other concerns, are dropping sex education altogether. Irvine, the University of Massachusetts professor, says that’s ironic given the times that today’s children live in.

“It’s not uncommon for districts to say, ‘Don’t talk about it in the classroom,’” she says. “It’s paradoxical that in a moment where the culture is more sexualized, we are eliminating any discussion of it in the classrooms.”

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