Addressing the Failure of Abstinence-only Sex Education Programs: An Emerging Leadership Perspective

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ABSTRACT

Over the past 15 years, abstinence-only sex education has been the sole method of education supported by the federal government as it relates to adolescent sexual health. Despite the exponential increase of funding provided for abstinence-only sex education, few tangible positive results have surfaced. At high rates, teens still take part in risky sexual behaviors, and are at high risks for teen pregnancy, sexually transmitted diseases, and HIV/AIDS. As a result, it is necessary to take an alternative approach that provides adolescents with a comprehensive view of sex education in order to effectively reduce these negative outcomes. A comprehensive education will provide adolescents with the adequate knowledge about contraception, how to protect themselves, and the consequences of sexual activity, so they may be able to make informed and educated decisions about sex. This one-sided abstinence-only approach is an archaic view that needs to be changed by our state and federal legislators, and school administrators, so adolescents are prepared to lead healthy lives.

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Background

According to the Guttmacher Institute (2011) about 7 of 10 teens will have had sexual intercourse by the age of 19. In many cases, teens are at a high risk for HIV/AIDS, sexually transmitted diseases (STDs) and pregnancy. With high numbers of teens initiating early risky sexual behaviors (i.e., unprotected sex, multiple partners, lack of oral contraception), it is imperative that they are aware of the risks. In response, many public school systems throughout the United States have initiated abstinence-only sexual education programs. Specifically, 70% of the states in which sexual education is taught require abstinence to be "stressed" in comparison to any other educational method (Guttmacher Institute, 2011). Therefore, it is essential that all schools offer some form of a comprehensive sexual education program as opposed to abstinence-only education. Students should have access to all options as it relates to sex and be able to make a more educated decision. To date, only 18 states and the District of Columbia require contraception information to be taught in middle and high schools; and only 21 states and the District of Columbia mandate sex education (Guttmacher Institute, 2011). Consequently, less than half, if not more of America's children are not receiving adequate sex education.

Significance of the Problem

Abstinence-only sex education programs have good intentions for teens but do not serve their best interests. Why? This form of sex education is dangerous because it does not present a complete picture of sex education to teens. Despite the fact that teens are being given appropriate messages that tell them to "wait until marriage" before initiating sexual contact, realistically, it is inadequate. With 70% of teens having intercourse by the age of 19, the abstinence-only message is obviously not resonating; at the same time we have no idea about the quality of sex education in the states that mandate it. This also means that many teens are participating in risky sexual behaviors without the adequate skills or knowledge about sex to protect themselves and to make informed decisions. Here we are presented with two significant issues that must be addressed; (1) health literacy, and (2) the ethical dilemma that is related to sex education in the schools.

Marks (2009) defined health literacy as, "the skills denoting a person's capacity to obtain, process, and act on basic health information" (p. 328). The health literacy concept is described by Marks (2009) in three varying forms; (1) basic literacy or comprehension, (2) interactive and participatory literacy, and (3) critical literacy. Basic literacy indicates the ability of one to read, interpret what is read, and comprehend written information. Interactive and participatory literacy is the ability to comprehend and remember in order to act on information. The last component of health literacy is critical literacy, which involves the ability to balance complicated factual information and understand alternative information at the same time (Marks, 2009). The concept of health literacy is important especially when dealing with the idea of sex education because having proper knowledge and an adequate understanding can lead to a reduction of

many negative health outcomes such as STDs, HIV/AIDS, and unintended pregnancies. Abstinence-only education does not provide students with the necessary and proper knowledge needed to make an informed and educated decision about sex because all appropriate information related to sex is not presented to them. Teens are missing important information such as how to effectively use oral contraception, how to use a condom, and the consequences related to unprotected sex. Therefore, one-sided abstinence only education that is taught in our schools requires significant changes to serve their purpose better. With an ever-evolving society, health educators need to be at the forefront of this matter, advocating for the abolition of abstinence-only sexual health programs within schools. Schools are one of, if not, the best way to reach teens for significant reasons such as: (1) between 95%-98% of all teens aged 13-17 are enrolled in school, (2) and school is generally a supportive learning environment (National Center for Education Statistics, 2009). Teens will continue to have the largest incidence rates of STD infections if appropriate education is not afforded to them (CDC, 2011). The implementation of comprehensive sex education programs as a replacement to abstinence-only programs creates an alternative that presents teens with all their options with regards to sex and the proper education with which to use and make a well-informed decision. A more inclusive curriculum, which involves the addition of well documented contraception methods and supply knowledge regarding the consequences of risky sexual behaviors, would produce more comprehensive sex education programs that will aid considerably to the current abstinence-only education.

When discussing the failure of abstinence-only sex education, ethics is an issue that cannot be ignored. Ethics gives us a moral compass with which to determine the rightness or wrongness of a situation. As Marks and Shive (2007) explain: "Health is a human right for all" (p.28). This is an important concept to understand as it pertains to health educators and sex education in schools, because doing what is best to ensure the health of our society is key. Ethically, it is right to make sure that we as health educators and public health practitioners do remain true to our Code of Ethics which state in Article I Section II, "Health Educators encourage actions and social policies that support and facilitate the best balance of benefits over harm for all affected parties" (SOPHE, n.d.). When understanding the description given by the Code of Ethics as it relates to sex education in schools, it is imperative that students are given the best option with which to benefit. Abstinence-only education does not support what we would believe as balance of benefits over harm, because of its narrow message. Santelli et al. (2006) agree that abstinence-only education supported by the federal government raises ethical concerns because "access to complete and accurate HIV/AIDS and sexual health information has been recognized as a basic human right to the highest attainable standard of health" (p. 78). However, comprehensive sex education does provide more benefits over harm because of the holistic education provided. Comprehensive sex education affords students with a complete and total education which does not just discuss abstinence but also the importance of contraception.

Factors Related to or Affecting the Problem

The School Health Policies and Programs Study (SHPPS) conducted by the CDC (2007) assessed the sexual education programs across the nation that focused on HIV prevention, pregnancy prevention, and STD prevention. SHPPS found among all three of the focused sexual education programs only 21% of all middle schools and 38.5% of all high schools taught students how to correctly use a condom (CDC, 2007). This information is problematic because the CDC (2011) also found that almost 40% of high school aged teens did not use a condom the last time they initiated sexual intercourse, along with 77% not using any form of birth control. These statistics express the downfall of the current sex education system supported by the federal government. Although these statistics are fairly current the support of abstinence-only education dates back to the 1980s.

The first steps towards government support of abstinence-only sex education in the schools started in 1981 as part of Title XX of the Public Health Service Act and was created under the American Family Life Act (Kantor, Santelli, Teitler, & Balmer, 2008). However, major expansion of the American Family Life Act occurred in 1996 when Title V of the Social Security Act allocated over $50 million of federal money to the states for abstinence-only education. For the schools to receive the federal funding the states had to abide by the policy that stated a sexual education program must, "teach the social, psychological, and health gains to be realized by abstaining from sexual activity" (Kohler et al., 2008, p.345). Essentially, if schools in each of the states were to have access to federal funds, then they must teach abstinence-only education as the sole method that is appropriate to avoiding pregnancy, STDs, and HIV/AIDS for adolescents. Between 2001 and 2008, federal funding for abstinence-only sex education programs escalated from $80 million to $204 million. Many studies have been completed to examine the effectiveness of abstinence-only sex education programs as it relates to reduction of risky sexual behaviors amongst teens. Kohler et al. (2008)

found that abstinence-only sexual education programs did not have an effect in delaying sexual activity or reducing the risk for STDs or teen pregnancy. Although the funding for abstinence-only education programs tripled between the years of 2001 and 2008 it was found to have had little to no affect on sexual risk behaviors amongst teens (Kohler, 2008). Therefore, under the Patient Protection and Affordable Care Act of 2010, the Obama Administration allocated $75 million for the Personal Responsibility Education Program (PREP) which continued abstinence-only programs but also allowed for funding to include information about contraception (Boonstra, 2010). Studies by Kohler et al. (2008) found that comprehensive sex education programs were associated with reducing teen pregnancy, along with the study by Eisenberg et al. (2008) which found that not only parents overwhelmingly supported sex education in the schools, but also favored the inclusion of a comprehensive sex education program. The literature supports the need and the desire for comprehensive sexual education programs to reduce risky sexual behaviors among teens.

Implications for Leadership

Many school-aged children have been failed by leadership from their school districts, state governments, and the federal government by the emphasis being placed on abstinence-only education. This minimalistic approach to sex education has been supported by these entities for decades have proven to be outdated and lack significant positive results to maintain the status quo. As a result, it is necessary to a look toward a leadership style that promotes change in an appropriate way to where positive results are experienced. John Kotter's (1995) Eight-steps towards Organizational Change is an ideal framework toward moving past abstinence-only education in the schools and making the transition to comprehensive sex education programs. These eight steps of Kotter's (1995)organizational framework include (1) Establishing a sense of urgency, (2) Forming a powerful guiding coalition, (3) Creating a vision, (4) Communicating a vision, (5) Empowering others to act on the vision, (6) Planning for and creating short-term wins, (7) Consolidating improvements and producing still more change, and (8) Institutionalizing new approaches.

Step 1: Establishing a Sense of Urgency

The concept of health is one that is a right that is shared amongst all people; teenagers are not an exception to this. With the staggering numbers of new STD cases among teens becoming ever more present in our society, it is necessary to establish a sense of urgency and produce a call to action to address it to not only to protect teens right now, but also in the future. The importance of empowering young adults to take their sexual health into their own hands is one that must be instituted in our schools on both national and local levels. As a society, we must instill in our youth from as early age as possible that their physical, emotional, and mental health are all valuable and require contentious decision making to be maintained. Despite, the new federal legislation that has allocated millions of dollars toward education about contraception, many states still remain committed to the same ancient abstinence-only message that has produced little to no results in reducing risky sexual behaviors. It is imperative that public health practitioners, specifically health educators (who are often times at the forefront of the cause) learn to bring their expertise and influence to the advocacy of the creation of a better approach to health education to the federal government. This would force the issue on a grand scale and persuade those in power to provide more funding geared to comprehensive sex education and a reduction of funding for abstinence-only education.

Step 2: Forming a Powerful Guiding Coalition

Public health practitioners and health educators already have a large coalition among themselves with a plethora of professional organizations to which they may belong. These professional organizations include: the American Public Health Association (APHA), Society for Public Health Education (SOPHE), American College Health Association (ACHA), American School Health Association (ASHA), American Association for Health Education (AAHE), and the International Union for Health Promotion and Education (IUPHE). With all of these institutions already established, a large cohort of professional public health members creates a solid base of advocates presently in place. In addition to this established coalition, public health professionals must return to the communities in which they serve and actively engage their membership into being vocal members of an even greater coalition. It is important to note that a collaboration that exists with the purpose of having a positive effect on a community cannot succeed without community involvement. Having representatives from the school boards, schools (such as principals and teachers), as well as including parents and students (who are in many ways the focal point of this movement) is necessary to bring about any sustainable and widespread change for a purpose of this magnitude. With the presence of these groups already formed, leaves one extra step, which is organizing the groups in a meaningful way toward the same goal. This goal is that of advocating to the federal government to change its policy for funding abstinence-only education by

moving completely to comprehensive sex education in the schools.

Step 3: Creating a Vision

According to Kotter (1995): "…in every successful vision effort, the guiding coalition develops a picture of the future that is relatively easy to communicate and appeals to customers, stockholders, and employees" (p.63). It is necessary that the coalition of all the public health professional organizations develop a clear vision with which to advocate to influence federal policy. The main goal is to improve the health of all school-aged children through the introduction of comprehensive sex education programs by advocating for removal of the federal provision of abstinence-only education in the schools. This clear vision for support of comprehensive sex education in the schools is one that will help aid in providing a holistic education for teens.

Steps 4 and 5: Communicating the Vision and Empowering Others to Act on the Vision

The ability to adequately sell the vision to the members of the coalition will be key towards getting them to make strides and sacrifices toward a main goal. These two steps effectively work together because effective communication of the vision will allow for increasing the numbers of new enthusiastic membership that is willing to act in support of having comprehensive sex education to improve the health of adolescents. There are many ways with which to push the agenda and reach many different people and constituents. One key method is taking advantage of social networking. Applications such as Facebook, Twitter, and LinkedIn are valuable assets that can be used to reach people near and far in the advocacy for comprehensive sex education in the schools. Also, using social networking will help get adolescents involved and fired up about their own secondary educational process.

Step 6: Planning for and Creating Short-Term Wins

This step allows for us to create short-term goals as we strive to reach our ultimate goal of removing the federal policy on abstinence-only sex education. As we advocate for comprehensive sex education, it is necessary to point out the numbers of studies that have already been completed in schools where students exposed to comprehensive sex education programs have reduced risky sexual behaviors and are at reduced risk for STDs. Therefore, it is necessary to continue to have goals to produce new and innovative methods of educating students about sex to influence their health positively.

Step 7: Consolidating Improvements and Producing Still More Change

Step 7 is key for reflection of what has been accomplished thus far. It is necessary to use this step to look back and make sure that all the appropriate measures have been made for the improvement of adolescent health with the instillation of comprehensive sex education programs in the schools. Everything that is learned in this step will be used to continue to advocate for more federal funding for comprehensive sex education programs and the reduction of funding for abstinence-only education.

Step 8: Institutionalizing New Approaches

This final step is important for ensuring that the changes made up to this point will stick and have a significant impact. Kotter (1995) explains that "a conscious attempt must be made to show people how new approaches, behaviors, and attitudes have helped to improve performance" (p.67). This is the time where we show the federal government that changing the philosophy of sex education in schools in support of comprehensive sex education is a must. Using the many studies and their successes as a framework for large-scale overhaul of the current policy, it is crucial toward getting new policy set in stone. At this point, it would be difficult for the government to turn down the evidence-based interventions along with the large-scale coalition that was developed to advocate for change of the abstinence-only policy.

Conclusion

Everyone regardless of age, sex, or religion has the right to have health. Abstinence-only sex education in the schools has proven to be an outdated policy supported by the federal government that does not ensure health due to it being a misleading view of it. Over the course of 15 years little to no change has been made with decreasing risky sexual behaviors among school aged children despite the major increases of federal funding. With school sex education programs being federally funded by the government, it is morally and ethically responsible to provide an education about sex that gives a comprehensive view. Abstinence-only education fails to provide that view therefore it is necessary to replace them with comprehensive sexual education programs that prepare to be able to protect themselves and make well-informed, educated decisions.

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