The Battle for Effective Sexuality Education

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The debate over sexuality education reveals important issues regarding government regulation of personal behavior and the role of values in social welfare policy. While often regulated to the realm of public health, the promotion of effective approaches to sexuality education is closely aligned with social work's mission to empower clients and increase their access to resources and information. This article will cover historical trends in sexuality education, the current federal policy and alternatives, and discuss the limitations and subsequent consequences for future policy. Additionally, this article will highlight the important implications of the sexuality education debate for the social work profession.

Sexuality education for young people is no longer confined to awkward family discussions or whispered conversations in the school hallway. The rise in teenage pregnancy, legalization of abortion, and the spread of HIV thrust adolescent sexual behavior into the realm of policy makers and government officials. Sexuality education emerged as a potential mechanism for targeting these public health issues; however, a divisive battle over appropriate content and structure has led to inconsistent implementation of sexuality education programs for American youth. While the programs seek to curb teenage pregnancy and prevent the transmission of sexually transmitted diseases (STDs), the debate over what kind of sexuality education best achieves this goal illuminates crucial issues regarding the role of values and personal behavior regulation in social welfare policy.

This article will cover historical trends in sexuality education, the current federal policy and alternatives, and discuss the limitations and subsequent consequences for future policy. Additionally, this article will highlight the important implications of the sexuality education debate for the social work profession. In response to a growing decline in the health status of adolescents in the United States, the National Association of Social Workers (NASW) has called for an increased focus on adolescent health issues and comprehensive prevention services, particularly around adolescent sexual behavior (NASW, 2004). In light of social work's commitment to self-determination and access to reproductive health resources, the NASW recently declared

its intentions to co-sponsor the March for Women's Lives in April 2004 (NASW, 2004). Given the increasing role that reproductive health and sexuality will play in the upcoming political arena, it is essential that social workers be informed about sexuality education policy and effective interventions.

The sexuality education debate is complicated, as it includes concern over the impact of sexuality education on youth sexual behavior and the efficacy of such programs in preventing pregnancy and HIV/STDs. The concerns are important: one in five adolescents have had sex prior to age 15, half of all 17 year olds are sexually active, and nearly 850,000 teenagers become pregnant each year (Health Education Advocate, 2003). Since the Progressive era, sex education has mainly been a function of schools; 89% of public school students will take sex education sometime between grades seven to 12 (Luker, 1996; Kaiser Family Foundation, 2000). But the policy debate also affects secular and religious organizations that provide sex education and stretches beyond moral and social prerogatives; nearly $100 million in government funding is available to schools and community-based organizations that implement federally-approved sex education programming. Current policy dictates that available funding must be used for abstinence-only education programs, which seek to prevent premarital sexual activity and convey the message that abstaining from sexual activity until marriage is the "morally correct option" (Advocates for Youth, 2001, p.7). The policy focus on abstinence and the increase in funding has impacted the nature of sex education; in 1999, 23% of secondary schools taught abstinence compared to 2% in 1988 (Darroch, Landry, & Singh, 2000).

Schools and organizations that do not receive federal funding are free to pursue alternatives to abstinence education, frequently described as comprehensive sexuality education. In 1990, the Sexuality Information and Education Council of the United States (SIECUS) developed guidelines that cover the six main concepts of comprehensive sexuality education: human development, relationships, personal skills, sexual behavior, sexual health, and society and culture (SEICUS, 1996). Comprehensive programs emphasize abstinence, but also provide information about contraception and disease prevention in addition to education on adolescent development, relationships, sexual orientation, and other life issues. A 1999 survey conducted by SEICUS and Advocates for Youth found that 93% of Americans supported comprehensive sexuality education (Advocates for Youth, 2001).

History and Policy Development

The current sex education policy battle and conflict over funding reflects the historical ambiguity of American attitudes toward teenage sexual behavior. Over the last thirty years, the growing awareness of teen pregnancy, the abortion controversy, and the reemergence of po-

litical and religious conservatism have significantly impacted sexuality education politics (Goodson & Edmundson, 1994; Wilcox, 1999).

Teen Sexual Behavior Moves to the Forefront in the 1970s

In the 1970s, the rates of abortion increased, as did the numbers of women having children outside of marriage. While adolescents represented a small percentage of these trends, the combination brought teen sexual behavior into the forefront. A 1976 report by the Alan Guttmacher Institute further heightened awareness around adolescent sexuality and the "epidemic" of teenage pregnancy (Wilcox, 1999; Luker, 1996). The policy approach in the 1970s embraced the provision of family planning services and contraception; in 1970, Congress passed the Family Planning Services and Population Research Act under Title X of the Public Health Services Act. The act did not originally target adolescents, but as a result of the growing awareness of teen sexual activity, Congress specified that adolescents should receive targeted family planning services under Title X. The support for family planning also stemmed from a political consensus that preventing adolescent pregnancy and childbirth would aid efforts to prevent poverty and decrease welfare expenditure (Wilcox, 1999).

Focus Shifts to Abstinence Education in the 1980s

Support for increasing adolescents' access to contraception and family planning resources was short-lived. By the early 1980s, a more conservative administration and a growing anti-abortion movement shifted the focus to abstinence education. Opponents of the family planning approach claimed that support for contraceptive services encouraged sexual promiscuity and thus sought to replace these services with programs that would prevent sexual activity (Luker, 1996). Furthermore, proponents of abstinence education argued that the prescriptive nature of abstinence programs would place sex within the context of committed, monogamous relationships (Goodson & Edmundson, 1994; Olsen, Weed, Nielsen, & Jensen, 1992). In 1981, the first full-fledged federal policy mandating abstinence education was passed.

The Adolescent Family Life Act (AFLA) was passed in an effort to create programs that develop "strong family values" and promote "self-discipline" (Title XX, as cited in the Office of Population Affairs, 2003b). The AFLA supports demonstration projects that develop and implement abstinence curricula, or provide support services for pregnant and parenting adolescents to "ameliorate the effects of too-early-childbearing for teen parents" (Office of Population Affairs, 2003a). The act promotes adoption as the preferred option for pregnant teens and prohibits funding for programs that provide abortions or abortion counseling/referral (Title XX as cited in the Office of Population Affairs, 2003b). While funding for AFLA decreased during the Clinton administration, the program

has seen a revival during recent years. In 2000, the AFLA received $19 million — three times the funding it received in 1994 (Brindis, 2002).

The AFLA has faced significant challenges, most notably the lawsuit filed in 1983 by the American Civil Liberties Union (ACLU). The ACLU argued that the AFLA was a violation of the separation of church and state, as much of the initial funding was used to support religious-based programs that explicitly promoted religious values (Saul, 1998). A U.S. District judge found in favor of the ACLU, but the U.S. Supreme court reversed the decision in 1988. The court however, remanded the case for further fact-finding, which uncovered constitutional violations in the AFLA's administration. As a result, in 1993, a five-year settlement reformed the grant administration process and required all AFLA grantees to submit curricula for review of the material's content and accuracy (Saul, 1998).

Increased Funding for Abstinence Education in the 1990s

In spite of constitutional concerns over the AFLA and abstinence programs, the legislature continues to increase funding for abstinence education. The 1996 welfare reform legislation contains a specific entitlement program for abstinence-only-until-marriage education, allocating $50 million per year for five years beginning in 1998. States receiving funds are required to match every four federal dollars with three nonfederal dollars, thus creating a total of nearly $500 million in spending for abstinence education (General Accounting Office, 1998; Wilcox, 1999). The legislation dictates the parameters of acceptable abstinence-only programming using a strict eight-point definition, which includes teaching that non-marital sexual activity is likely to have harmful psychological and physical effects (Advocates for Youth, 2001). Wilcox notes that the legislation did not originally allocate any funds for evaluation; after reproductive health advocates protested, Congress allotted an additional $6 million for evaluation purposes.

The funding provided under the welfare reform act is having a significant impact on the nature of sexuality education. In its first year of funding, all fifty states applied for grants under the abstinence-only-until-marriage provision (Advocates for Youth, 2001). Some states reported concern over the restrictive nature of the abstinence programs, and difficulty in matching federal funds without decreasing funding for existing comprehensive programs (General Accounting Office, 1998). Despite these concerns, funding for the program was reauthorized in 2002 (Smith, 2002). States channel these funds for programs in school districts, community-based organizations, and faith-based institutions (Advocates for Youth, 2001). While these programs have a range of messages and some are also privately funded, many have religious affiliations and include material that directly refers to specific religious beliefs (Trevor, 2001). The influence of religious values on sexuality education policy is frequently debated; Good-

son and Edmundson (1994) argue that abstinence-only approaches were promoted in response to concern over the "value-free" character of previous sexuality education approaches. The intersection between religious values and approaches to sexuality education raise powerful questions about whether adolescent sexuality is a public health issue or a moral concern.

Support for Comprehensive Sexuality Education

In spite of the government's success in promoting abstinence education, there are many who feel abstinence-only programs are fundamentally flawed and support alternative ways to promote responsible sexual behavior among youth. Supporters of comprehensive approaches to sexuality education argue that abstinence-only education programs promote a specific set of values, use fear and shame to influence young people's sexual behavior, and contain biased information about family structure, sexual orientation, and abortion (Advocates for Youth, 2001; Trevor, 2001). Supporters also point to European approaches and policies towards sexuality education. Darroch, Frost, and Singh (2001) report that countries such as Sweden, France, and the Netherlands have significantly lower rates of teenage pregnancy and abortion, despite similar levels of sexual activity among youth.

Unlike the U.S., however, these countries mandate comprehensive sexuality education. In France and Sweden, research has shown that positive attitudes about sexuality and clear expectations for behavior in sexual relationships contribute to more responsible teenage sexual behavior. In addition, adolescents in Europe have greater access to contraceptive services and the media is used to promote positive sexual behavior. Despite limited support in the United States government, promoters of comprehensive sexuality education often refer to the Surgeon General's 2001 Call to Action, which states that adolescents need accurate information about contraceptive methods and that providing sexuality education in the schools is crucial for providing youth with a basic understanding of sexuality (Office of the Surgeon General, 2001).

In light of these alternatives, The Family Life Education Act (H.R. 3469, 2001) was introduced to the 107th Congress in December 2001. The Act called for the appropriation of $100 million each year for five years to fund block grants to eligible states for family life education programs, "including education on both abstinence and contraception for the prevention of teenage pregnancy and sexually transmitted diseases, including HIV/AIDS" (H.R. 3469, 2001). The requirements for the program stated that funding could not be used to teach or promote religion and that information on adolescent development, healthy life skills, and interpersonal skills must be included in program content. In addition, the bill stipulates an extensive evaluation procedure including a national evaluation of sample family life programs as well as state evaluation (H.R. 3469, 2001). The bill currently has 89 sponsors in the House,

but remains in the Subcommittee on Health (Advocates for Youth, 2003).

Limitations of Current Policy

The current policies regarding sexuality education in the U.S. are problematic. First, despite the implementation of federal funding and policy for abstinence education, there is no coherent agenda for sexuality education. Most education policy remains under the jurisdiction of state and local governments; as a result, states may have multiple policies governing sex education, leading to tremendous variation in the structure and content of programs. Sex education programs may also vary among communities depending on local preferences, values, and policies, particularly in schools (General Accounting Office, 1998; Kaiser Family Foundation, 2000). Geographic location also dictates young people's access to information and resources pertaining to sexuality.

Second, federal sexuality education policy has been implemented with little debate and away from the spotlight. Both the AFLA and abstinence education provision of the welfare reform legislation passed without extensive discussion (Saul, 1998). Such legislative tactics may be necessary to the success of the legislation, as recent polls show that only 18% of Americans support teaching only abstinence until marriage (Kaiser Family Foundation, 2002). Advocates for comprehensive sexuality education found there was increased discussion about sexuality education during the recent welfare legislation reauthorization process; however, open public discussion is necessary for a more informed debate (Smith, 2002).

Lastly, the effectiveness of sexuality education is still open to debate among health and social service professionals and policy makers, largely as a result of limited evaluation efforts. In summary of the World Health Organization's review of program effectiveness, Grunseit and Aggleton (1998) state that the success of HIV and sexuality education programs hinges on whether the programs have the capacity to change behavior, whether the programs cause unintended or negative outcomes, and whether the programs have been adequately evaluated so that outcomes can be relied upon. There is an overall need for increased evaluation funding and sound evaluation methodologies, particularly for abstinence education programs (Kirby, 2002; Grunseit & Aggleton, 1998). The General Accounting Office (1998) report on teen pregnancy prevention programs found that evaluation was often focused on process rather than outcome; state evaluations measured changes in knowledge, attitude, and behavioral intentions rather than sexual and contraceptive behavior.

In spite of these limitations, research has shown that comprehensive sexuality and HIV education programs do not increase the sexual activity of young people, nor do they hasten the onset of sexual behavior. In fact, the literature demonstrates that some programs increase condom

or contraceptive use among sexually active youth and may even delay sexual activity for some youth (Grunseit & Aggleton, 1998; Kaiser Family Foundation, 2002; Kirby, 2002). Kirby also identified ten characteristics of curricula effective at reducing unprotected sex, which included, among others, using theoretical approaches to behavior change, incorporating clear messages about sexual activity and contraceptive use, and providing modeling and practice of communication skills.

Given the available research on comprehensive sexuality education and the limited information on the efficacy of abstinence education, it is significant that current federal policy solely supports abstinence-only-until-marriage programs. Such policy positions raise questions over the government agenda and whether intentions are to reduce teen pregnancy or to regulate behavior and "legislate morality" (Ehrhardt, 1996, p.1524). Among states receiving federal funds for abstinence programs, the lack of evidence-based research was cited as a concern (General Accounting Office, 1998). A report by the National Campaign to Prevent Teen Pregnancy found only three published evaluations of abstinence-only programs that were rigorous enough to be included in its literature review (Kaiser Family Foundation, 2002). Kirby (2002) cautions that the lack of evidence should not be taken as a generalization about the effectiveness of abstinence-based education; there are a diverse range of abstinence-only programs and further evaluation could demonstrate an impact on youth sexual behavior. However, until more comprehensive research efforts are completed, it is essential that programs be based on accurate information and realistic notions of adolescent sexuality (Ehrhardt, 1996).

Conclusion

In general, concerns over the effectiveness of sexuality education programs are largely focused on behavior – what will adolescents do as a result of receiving such education (Grunseit & Aggleton, 1998). For supporters of abstinence-only education, the desired aim is the prevention of sexual activity until marriage. As an alternative to this limited scope, Michelle Fine (1988) argues that sexuality education should offer an "empowering context in which we listen to and work with the meanings and experiences of gender and sexuality revealed by the adolescents themselves" (p.36). This would include providing a safe space for exploring sexuality and discourse on desire (Fine, 1988). Ehrhardt (1996) adds that adolescent sexuality is always presented in the context of risk behavior, rather than focusing on positive notions of sexual behavior and feelings as part of normal human development. As in other areas of educational policy, the goal should be to help young people become sexually competent individuals (Ehrhardt, 1996). This emphasis is important for social workers since the profession's values promote the importance of human relation-

ships and enhancing an individual's ability to meet his or her own needs. As practitioners, social workers can effectively provide a safe space for adolescents to explore issues of sexuality and make informed choices.

While the future of sexuality education in the U.S. rests largely on improved evaluation methods and demonstration of effectiveness, the values debate cannot be ignored. The ability to demonstrate effectiveness can help guide policy decisions towards evidence-based programming rather than value-laden agendas; however, even evaluation efforts are rarely value-free. In addition to evaluation, it is also important to examine the underlying goals of social welfare policy — is the goal of sexuality education policy to prevent and educate or to restrict personal behavior? As social workers, we must understand the impact of such policies and work to support policies that promote self-determination and individual well-being. Rather than regulating and dictating behavior through abstinence only programs, comprehensive sexuality education programs seek to educate and empower young people and increase their access to resources. In this light, it is imperative that social workers advocate for comprehensive approaches to sexuality education, both by staying informed about local and community policies and lobbying national legislators to support comprehensive approaches to sexuality education such as the Family Life Education Act.

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