

Envisioning A Successful and Empowering Model of Sex Education in South Carolina

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Introduction

Over the past couple of decades, sex education has been a heated issue among the American public. Some contend that sex education should be left to parents to teach their children. Others say that sex education should be an important part of curricula for middle and high school students and that it should teach youth how to use various types of contraception and protection.

Whether one believes that sex education should play a great part in an adolescent's education or none at all, American teens are at great risk from ignorance. According to the 2011 Youth Risk Behavior Surveillance System by the Centers for Disease Control and Prevention, 47.4% of high school students between grades nine and twelve in the United States have ever had sexual intercourse. 6.2% of those surveyed had had intercourse before they turned 13, and 33.7% were currently sexually active, meaning they had had sex in the past three months¹. Obviously, students are more sexually active than would be ideal in their teens years.

Perhaps more importantly, too many American youth do not seem to know how to protect themselves or monitor their sexual health. Among the same sexually active students, only 60.2% reported using condoms at last intercourse, and 12.9% had not used any pregnancy prevention method. Furthermore, 22.1% had drunk alcohol or used drugs before their last sexual intercourse, which suggests that students may need specific instruction on the dangers of having intercourse while drunk or high, particularly at so

¹ *Youth Risk Behavior Surveillance System: 2011 National Overview*. Atlanta: Centers for Disease Control and Prevention, 2011.

young an age. Of all the students surveyed, only 12.9% had ever been tested for HIV.²

Students may not know how or where to go to get tested, may be embarrassed to be tested, or may not think that they need to be regularly tested. All of these possibilities reflect a lack of information, as ideally, all 47.4% of those who have had sex before would be tested.

Students in high school should generally be aware of how to care for themselves and how to seek medical help for sexual problems and for testing.

In order to further the discussion on sex education in South Carolina, this paper will examine sex education at the international, national, and state level with the goal of identifying the central issues in the debate over sex education in America and suggests a model for sex education that addresses existing problems and offers new lenses. I will begin by looking at other developed nations to see what differentiates American and European sex education and contrast the effectiveness of European sex education programs. I will then explore the debates on sex education in the United States. What do people think sex education should do and why? What does the government dictate and fund in regards to sex education? Are our programs effective? Perhaps most importantly, what is not working about our current sex education? I will then consider sex education in South Carolina. I grew up in South Carolina and am interested in the specific climate surrounding sex education here. South Carolina is also a unique place to examine sex education because it has, despite being a staunchly conservative state, employed surprisingly comprehensive sex education in some parts of the state while using abstinence-only programs in neighboring areas. I will look at the current and potential policies on sex education in South Carolina as well as the funding the state accepts and the

² ibid

programs that receive said funding. With the information on what students need from sex education and the current standing of sex education in South Carolina, I will then explore the possibilities that a new model of sex education might offer. Of course, this requires also acknowledging the barriers South Carolinians face in attempting to implement better sex education. To conclude, I will offer suggestions on how South Carolinians, from politicians to teachers to students, can work towards a future of responsible and empowering sex education.

International

Comparative Success in Sex Education

In beginning to compare sex education programs, one of the most interesting and telling contrasts comes from other developed nations. The symptoms of inadequate sex education are easily apparent when we look at our teen pregnancy rate beside the rates of developed Europe. 2011 saw the lowest teen birth rate on record for the United States, yet we still lag behind the rest of the developed world in teen pregnancies.³ The United States teen birth rate of 52.1 was the highest in the developed world, about four times the European Union average and 169% of the United Kingdom's rate, which was the second highest in the developed world (behind us). Korea, Japan, Switzerland, the Netherlands, and Sweden all had rates fewer than 7 per 1,000.⁴ As of 2007, the National Campaign to Prevent Teen Pregnancy reported the United States teen birth rate as 42.5 per 1,000, still far above the United Kingdom's 26.7 per 1,000. By 2007, Italy and Denmark had joined the group of nations with teen birth rates of 7 or lower per 1,000.⁵ The United States' teen pregnancy rate by 2009 was still 41.5 per 1,000 only including teens aged 15-19, and excluding those 14 and below.⁶

So what causes this vast difference in teen birth rates? What are other developed nations doing that the United States does not? Many researchers cite religiosity, politics,

³ *Live Births by Age of Mother and Sex of Child, General and Age-specific Fertility Rates: Latest Available Year, 2000 - 2009*. United Nations Statistics Division.

⁴ *A League Table of Teenage Births in Rich Nations*. Florence, Italy: United Nations Children's Fund, 2001. Innocenti Report Card.

⁵ "Teen Birth Rates: How Does the United States Compare." National Campaign to Prevent Teen Pregnancy, 2007.

⁶ *Live Births by Age of Mother and Sex of Child, General and Age-specific Fertility Rates: Latest Available Year, 2000 - 2009*. United Nations Statistics Division.

economics, welfare, and cultural variations in gender stereotyping.⁷ It is difficult to compare these nations in all these factors at once, but a few key differences have been pointed out by researchers. Advocates for Youth suggest a number of factors. One is that “research, rather than political or religious groups, is the basis for public health policies.”⁸ In the United States, politicians are one of the largest factors in what sex education looks like nationwide. Some more conservative politicians push for abstinence-only sex education despite the fact that a majority of their constituents favor a more rounded sex education. Researchers like Kirby, Wiley, and countless others publish research which outlines the characteristics of successful sex education, yet much of the nation never sees those characteristics in their community’s sex education programs.

Another factor outlined by Advocates for Youth is that “Governments support massive, consistent, long-term public education campaigns...Campaigns are humorous and focus on both safety and pleasure.”⁹ Condom and contraceptive companies produce advertisements for their products in the United States, but otherwise there is rarely government-supported media encouraging safe sex. Furthermore, Advocates for Youth point out that on top of education campaigns, European governments follow through and “Youth have convenient access to free or low-cost contraception.”¹⁰ Americans have relatively easy access to condoms, but adolescents in smaller or more tight-knit

⁷ Schalet, Amy T. *Not Under My Roof: Parents, Teens, and the Culture of Sex*. Chicago: University of Chicago Press, 2011.

Lewis, Jane, and Trudie Knijn. “The Politics of Sex Education Policy in England and Wales and the Netherlands since the 1980s.” *Journal of Social Policy* 31.4 (2002): 669–694.

Irvine, Janice. *Sex Education Across Cultures: Working with Differences*. 1st ed. San Francisco: Jossey-Bass, 1995.

⁸ Alford, Sue, and Deb Hauser. “Adolescent Sexual Health in Europe and the US.” Advocates for Youth, Mar. 2011.

⁹ *ibid*

¹⁰ *ibid*

communities may find it uncomfortable to approach cashiers, school nurses, or doctors for condoms. Furthermore, some states limit teens' access to birth control or emergency contraceptives. Ensuring that adolescents feel comfortable obtaining and using contraceptives and that they have access to them is one way the United States lags behind the rest of the developed world.

Similarly, Advocates for Youth reports that European “adults see intimate sexual relationships as normal and natural for older adolescents, a positive component of emotionally healthy maturation,” and “Adults value and respect adolescents and expect teens to act responsibly.”¹¹ Perhaps American adults could learn something as well. Most sex education here is focused solely on preventing teen sexual relations, assuming that teens cannot or will not be responsible in protecting themselves- or that it is simply immoral for teens to even have sex. Whether the European approach to adolescent sexuality is more realistic or simply more supportive, it seems to encourage responsibility. “Society weighs the morality of sexual behavior through an individual ethic that includes the values of responsibility, respect, tolerance, and equity.”¹² Drawing on this, it might also be beneficial for American adults and educators to focus more on emphasizing the value of responsibility and interaction skills among teens to prevent negative outcomes.

Advocates for Youth also points out an interesting aspect of sex education in Europe. It “is not necessarily a separate curriculum and is usually integrated across school subjects and at all grade levels. Educators provide accurate and complete information in response to students' questions.”¹³ This is an important idea. While we fight for comprehensive sex

¹¹ *ibid*

¹² *ibid*

¹³ *ibid*

education in the United States, it exists in a form that can be taken for granted in Europe. Students are exposed to sex education throughout their education and in different classes, which allows it to become less novel. When sex education draws attention to itself as a subject, it risks facing greater opposition. When sex education is normalized as a frequent part of daily life for students, it is taken more seriously as factual information and establishes itself as equally important information for daily adult life.

The ideals of sexuality obviously vary between the United States and Europe. It would be silly to expect overnight or total change from the current ideas Americans harbor about sexuality. However, through education for both students and the public, the United States could eventually move to a more positive model of sexuality education and healthier, more realistic views of sexuality in general. Lewis and Knijn, who studied sex education in Britain and the Netherlands, also found that the adversarial nature of sex education policy in England might be causing less cohesive messages to be passed along to students¹⁴. They suspected that the conflicting messages decreased the effectiveness of sex education in England. Perhaps finding a compromise on sex education and teaching more consistent, albeit more nuanced, sex education might aid in the effectiveness of American programs.

To summarize, the Advocates for Youth material guides us in exploring the differences in European and American views towards sexuality and how this might affect sex education in each country. Europeans tend to let experts decide the nature of sex education instead of politicians. They promote widespread campaigns on sexual health and back the campaigns up with easy access to contraceptives. They tend to see teenage sexuality as a normal and healthy expression, and they emphasize responsibility to students. They integrate sexuality

¹⁴ Lewis, Jane, and Trudie Knijn. "The Politics of Sex Education Policy in England and Wales and the Netherlands since the 1980s." *Journal of Social Policy* 31.4 (2002): 669–694.

education into the curriculum of other classes and deemphasize the subject as a discrete topic unto itself. Last, they provide consistency in the messages the government and schools give students, which seems to improve students' sex education. Though copying European sex education would likely be unsuccessful because of cultural differences, applying their ideas might improve our sex education programs.

The United States

National Pregnancy and STI Rates

Returning to the United States, the picture of teen sexuality is vastly different. The number of teen pregnancies and STI contraction is decreasing in the United States, but it still far outpaces that of other developed nations. In 2008, our national teen pregnancy rate was 68 per 1,000 teen girls aged 15-19. The birth rate was lower, at 40 per 1,000, and it decreased again by 2010, when it was 34 per 1,000 teen girls.¹⁵ In terms of STI rates, the Centers for Disease Control and Prevention estimate that there are 20 million new infections each year in the United States. Approximately half of all new infections are contracted by 15-24 year olds.¹⁶ How can we discourage premature or unprotected sex and encourage positive sexual habits?

The obvious answer to the problem of teen pregnancy and STI rates is sex education in schools. Schools, whether public or private, are almost universally-attended by school-age children, and they are the easiest place in which to organize sex education efforts. Sex education has been taught in public schools in the United States since the early 1900s, when concerns about “venereal diseases” prompted schools to discourage premarital and unprotected sex. Sex education is, for the most part, an uncontroversial subject in and of itself, but the type of sex education is a matter of heated debate.

Types of Sex Education

¹⁵ “National Data.” *National Campaign to Prevent Teen and Unplanned Pregnancy*. 2013.

¹⁶ *Incidence, Prevalence and Cost of Sexually Transmitted Infections in the United States*. Atlanta : Centers for Disease Control and Prevention, 2013.

While much of the public discussion surrounding sex education focuses on abstinence education versus comprehensive education, there is more variation in sex education. According to Florida's Adolescent Sexual Committee, there are four main types.¹⁷ Comprehensive sexuality education programs "view sexuality education as a lifelong process and address sexual development, reproductive health, interpersonal relationships, affectation, intimacy, body image, gender roles, abstinence, and contraceptive options." Abstinence-based (or abstinence-plus) is what some might mean when they say comprehensive. Comprehensive programs emphasizes abstinence as the most reliable option to avoid STIs and pregnancy, but it does cover contraception, disease prevention, and (sometimes) other topics. Abstinence only until marriage programs emphasize abstinence as the only acceptable option outside of marriage. These programs typically only mention contraception and disease-prevention methods in terms of failure rates, which are often exaggerated or fabricated (Wiley and Wilson). Abstinence-only programs emphasize abstinence from sexual behaviors and does not include information on contraception outside of failure rates. These four types of programs all exist in various forms in the United States.

Research and Support for Abstinence-Only Sex Education

Abstinence-only sex education is the type of program that has long had a stranglehold on sex education in the United States. Supporters of abstinence-only sex education typically believe that sex before marriage is inappropriate or immoral, and that

¹⁷ "Definitions of Abstinence-Based, Abstinence-Only, Abstinence-Only Until Marriage, and Comprehensive Human Sexuality Programs." 1996.

teaching students about contraception and condoms encourages them to have sexual intercourse. Programs tend to emphasize abstinence as the only 100% effective way to avoid pregnancy and STIs and highlight the (often exaggerated) failure rates of contraception. Abstinence-only education receives support from conservative and Christianity-based groups like The Heritage Foundation, Concerned Women for America, Focus on the Family, the Medical Institute for Sexual Health, and Stop Planned Parenthood International.¹⁸ Stronger research does not, however, suggest that abstinence-only programs have any effect on sexual behavior.¹⁹ In other words, these programs do not delay sexual debut, decrease the frequency of sex among teens, or decrease the number of sexual partners. In fact, research shows important negative consequences to this approach. In some abstinence programs, particularly those involving abstinence pledges, pledgers were less likely to use condoms during sexual encounters and less likely to know their STI status.²⁰ Not all research shows that students of abstinence-only programs are disadvantaged, but research also does not show any strong benefits for students of these programs.

Research and Support for Comprehensive Sexuality Education

Abstinence-only programs are quite widespread, but comprehensive programs enjoy wider public and expert support in the United States. National organizations such as the American Academy of Pediatrics, the American Medical Association, The National

¹⁸ Collins M.P.P., Chris, Priya Alagiri, J.D. , and Todd Summers. "Abstinence Only Vs. Comprehensive Sex Education: What Are the Arguments? What Is the Evidence? ." Mar. 2012.

¹⁹ Kirby, Douglas. *Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*. The National Campaign to Prevent Teen Pregnancy, 2007.

²⁰ Brückner, Hannah, and Peter Bearman. "After the Promise: The STD Consequences of Adolescent Virginity Pledges." *Journal of Adolescent Health* 36 (2005): 271–278.

Education Association, Sexuality Information and Education Council of the United States, Advocates for Youth, and the Kaiser Foundation, among others, support and advocate for comprehensive sexuality education.²¹ The major argument in favor of sexuality education is that many teenagers have always and will always have sex. Thus, it is better to encourage condom use, pregnancy prevention methods, regular doctor visits and testing, and communication to ensure teens' health and safety. Advocates of comprehensive sex education argue that failure to disclose important sexual health information denies adolescents the ability to maintain their health and well-being. Few programs have been successful in delaying onset of sexual intercourse, but comprehensive sex education supporters can point to research showing that sex education does not encourage earlier sexual initiation, either.²² Researchers rarely study public support on "abstinence-only" sex education versus "comprehensive sex education," though surveys of the general public have shown that a strong majority (around 80%) of the public favors sex education which teaches condom and other contraception use over that which solely discusses abstinence.²³ Despite widespread support of comprehensive sex education, funding has historically been higher for abstinence programs.

Policy and Funding for Abstinence-Only Education at the Federal Level

²¹ Collins M.P.P., Chris, Priya Alagiri, J.D. , and Todd Summers. "Abstinence Only Vs. Comprehensive Sex Education: What Are the Arguments? What Is the Evidence? ." Mar. 2012.

²² Kirby, Douglas. *Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*. The National Campaign to Prevent Teen Pregnancy, 2007.

²³ Bleakley, Amy, Michael Hennessy, and Martin Fishbein. "Public Opinion on Sex Education in US Schools." *Pediatric Adolescent Medicine* 160.11 (2006): 1151–1156.

Despite the lack of evidence suggesting efficiency of abstinence-only programs, they enjoy wide support from politicians, and as a result, are more often funded at the national level. In 1996, legislators and President Bill Clinton passed a welfare reform bill that created yearly funding for abstinence-only education. States which accept the funding for abstinence-only programs must match every \$4 of federal funds with \$3 of state funds, and each program funded must follow the eight-point definition of abstinence-only which includes such requirements as “teaches that a mutually faithful monogamous relationship in context of marriage is the expected standard of human sexual activity,” and “teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects”.²⁴ The teaching of abstinence is not necessarily problematic, but requiring that programs teach unproven and potentially harmful information like this is. Thankfully, California and New Hampshire denied these funds from the federal government, but many states still accept the funding, despite the lack of evidence in support of abstinence-only education.

Policy and Funding for Comprehensive Sex Education at the Federal Level

Progress in policy regarding sex education has been slow, but in the past few years two federal programs have been established supporting comprehensive sex education programs. The President’s Teen Pregnancy Prevention Initiative (TPPI) was first funded in 2010 and “funds medically accurate and age-appropriate programs that reduce teen pregnancy and associated risk behaviors and covers costs associated with administering

²⁴ “Policy Fact Sheets.” *Sexuality Information and Education Council of the United States*. 2013.

and evaluating the program”.²⁵ Funding for the initiative is divided between three levels: tier 1, which grants money to replicate evidence-based programs, tier 2, which funds research and demonstration grants, and focuses on community-wide teenage pregnancy prevention programs. The third level is remaining funding, which goes to research, evaluation, and technical assistance.²⁶ The second program is the Personal Responsibility Education Program (PREP) which was created through the recent Health Care Reform legislation. It provides funding for “complete, medically accurate, and age-appropriate sex education in order to help them reduce their risk of unintended pregnancy, HIV/AIDS, and other sexually transmitted infections”.²⁷ Funding goes to the states themselves, as opposed to specific partner programs like TPPI. PREP requires both abstinence and contraception instruction, and requires instruction in at least three “adulthood preparation subjects” like financial literacy, healthy life skills, and health relationships. Both programs allow for flexibility in which program will be used but require that programs are evidence-based and proven effective through rigorous evaluation.²⁸ These two federal funding programs, as well as their use in South Carolina, will be discussed later in this paper.

Problems with Abstinence Programs

The former bias in favor of abstinence education programs and the continued funding for these programs are not necessarily problems in and of themselves. Abstinence programs which avoided common harmful practices and otherwise followed current

²⁵ *Fact Sheet: The President’s Teen Pregnancy Prevention Initiative*. Sexuality Information and Education Council of the United States, 2012.

²⁶ *Ibid*

²⁷ *In Brief: Personal Responsibility Education Program*. Sexuality Information and Education Council of the United States, 2010.

²⁸ *ibid*

research on effective sex education has the potential to delay sexual initiation. As Kirby notes, the current evidence does not support the notion that abstinence education is effective, and specific abstinence programs should not be disregarded altogether unless reliable research has been done on the program.²⁹ Rather, the material abstinence programs teach children is the problem. In their report, “Just Say Don’t Know,” Wiley and Wilson unearthed widespread problems in abstinence programs used throughout Texas. Because of its large population and influence on educational materials Texas has, the abstinence programs used in Texas are a critical part of understanding what sex education curricula tell children. Wiley and Wilson wrote about six major findings on Texas sex education, which can be condensed into three subjects that are applicable to abstinence programs nationwide. First abstinence education programs tend to take a sex negative approach towards sex education, and misinformation and fear and shame tactics abound in classrooms. Second, abstinence education programs often proliferate homophobic and gender normative stereotypes and messages to students. Third, many abstinence education programs are influenced, directly or indirectly, by religious groups and approach sex education from a religious standpoint.³⁰

Sex Negativity

Sex negativity is an approach to sexuality which suggests that sex in itself is inherently bad, immoral, or sinful, and that only certain conditions can make it a neutral or good ethical action. Sex negativity is important to avoid in sex education, as instilling negative ideas of sexuality in teenagers risks inhibiting their sexual growth and

²⁹ Kirby, Douglas. *Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*. The National Campaign to Prevent Teen Pregnancy, 2007.

³⁰ Wiley, David, and Kelly Wilson. *Just Say Don’t Know*. Texas Freedom Network Education Fund.

relationships as adults. Certain parties suggest that teens should not have sex before marriage (or at all at their age), but it is unlikely that these groups also wish people to avoid sexuality in marriage. Unfortunately, sex negativity often appears in abstinence programs, particularly through misinformation and through fear and shame tactics.

Abstinence programs sometimes directly shamed students and provoked fear to dissuade them from teen sex. One program equated premarital sex to death, saying, “For our young people to engage in sex now is like playing Russian roulette with all but one chamber full!” Other strategies include suggesting that future partners will not want them or not want to marry them because of their potential STI status. Some suggest that people will talk behind their backs if they are sexually active, that they are contributing to the decline of society, or that they will become suicidal if they have sex.³¹ A famous abstinence speaker, Pam Stenzel, recently told students at a West Virginia High School that, “If you take birth control, your mother probably hates you,” and “I could look at any one of you in the eyes right now and tell if you’re going to be promiscuous”.³²

Abstinence only programs also veered into sex negative territory by using misinformation to scare teenagers out of having sex. Much of the misinformation Wiley and Wilson found in abstinence-only programs were factual errors and distortions about condoms and STIs. One example of this is “facts” like, “Condoms offer virtually no protection against the most common STIs.” Some programs offered the failure rate of condoms as 15%³³ (the failure rate with inconsistent or incorrect use, whereas the rate is

³¹ *ibid*

³² Mays, Mackenzie. “‘Slut-shaming’ at George Washington High?: Abstinence-only Speaker Upsets Some Students at Sex-ed Assembly.” *The Charleston Gazette* 11 Apr. 2013.

³³ Wiley, David, and Kelly Wilson. *Just Say Don’t Know*. Texas Freedom Network Education Fund.

2% in a year with perfect use³⁴) without mentioning correct use of a condom, which of course decreases the likelihood that students will use condoms correctly, or in some cases at all. Other programs insinuated that if condoms “let through” sperm, they surely would not prevent the HIV virus from passing through the barrier. This of course ignores the fact that condom failure is not due to imperceptible flaws, but rather slippage or breaking, particularly when used incorrectly. When abstinence-only programs pass on these incorrect and misinformed ideas about condoms and STIs, they tell students that their best chances of having safe sex are not safe. Some students may not have sex in their adolescent years, but those who do should not be discouraged from doing so safely.

These strategies are problematic partially because of the needless shame and guilt they encourage, and they encourage negative emotions towards sex in general. Whether a student engages in intercourse for the first time at 15 or in marriage at age 30, they need not feel ashamed of the sex itself. Rather, they need to understand the risks and how to protect themselves.

Homophobic and Gender Normative Messages

Through their examination of Texas sex education, Wiley and Wilson found that many abstinence curricula were passing on antiquated and dangerous gender stereotypes. One of these curricula, “No Apologies: The Truth About Life, Love, and Sex”, suggested that women consider what would attract their “knight in shining armor.” “Are you acting like the kind of lady who would attract such a knight in shining armor? Think about it. Maturity

³⁴ Trussell, James, and L.L. Wynn. “Reducing Unintended Pregnancy in the United States.” *Contraception: An International Reproductive Health Journal* 77 (2008): 1–5.

attracts maturity. Class attracts class. Ladies attract gentlemen”.³⁵ “Just Say Don’t Know” also outlines descriptions of sexual differences in these curricula. Males are easily aroused, may use “love” to get sex, and are more visually turned on, while women are not easily aroused, don’t want sex as often, use sex to get love, and are more turned on by what they hear.³⁶ These are not safe or beneficial stereotypes for young people to hear, especially from schools. They should be able to trust that their schools tell them the truth about sexuality, but these superfluous stereotypes instead tell them how they should act in a very antiquated way. Sexuality education, when addressing gender, should be a time when students can discuss ambiguities of gender and how roles have changed in the past few generations. What’s worse, these programs sometimes tell women not to tease men with their sexuality. The curriculum “Just Say Yes” advises girls:

A girl who shows a lot of skin and dresses seductively fits into one of three categories: 1) She’s pretty ignorant when it comes to guys... 2) She’s teasing her boyfriend which is extremely cruel to the poor guy! 3) She’s giving her boyfriend an open invitation saying, ‘Here I am. Come take me.’³⁷

Telling young women that their dress affects men comes dangerously close to victim-blaming behavior. Telling women that they are responsible for the sexual behavior of men is particularly detrimental to women who have been victims of assault, and insinuating that they should feel guilty is wrong. Proliferating gendered ideas on responsibility for assault also excuses rapists, particularly male ones, from blame and from exhibiting self-control

³⁵ Wiley, David, and Kelly Wilson. *Just Say Don’t Know*. Texas Freedom Network Education Fund.

³⁶ *ibid*

³⁷ *ibid*

over their desires. Young people should never be told that their everyday behavior is responsible for someone else attacking, raping, or hurting them.

In a similar vein, Wiley and Wilson found that the curricula in use in Texas were sometimes blatantly discriminatory against LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer or Questioning) students. The curricula entitled “FACTS” briefly insinuated that sexual orientation was a choice made in the late teens and early twenties. It goes on to say that students should not confuse infatuation with the same sex for being homosexual and that this “‘sexual experimentation’ can be confusing to young persons and should be strongly discouraged”.³⁸ Often, though, the discrimination against LGBTQ students is school policy, not part of the curriculum. Wiley and Wilson discovered that some school policies stated that schools would not represent homosexuality as normal or acceptable, would be informed that homosexual acts were illegal, or that there would be strong emphasis on marriage as between a man and a woman.³⁹ While in many states same-sex marriage is still illegal, it is outright wrong to suggest that homosexual acts are illegal. The Supreme Court case *Lawrence v. Texas* (2003) determined that laws banning homosexual acts were unconstitutional. Blatant discrimination against LGBTQ students was rare, but it is a disservice to students to tell them their orientation is abnormal, a phase, or illegal. Furthermore, the fact that many sex education programs solely discuss heterosexual sex is increasingly unacceptable as society becomes more informed of and aware of the existing LGBTQ community.

Religious Influence

³⁸ Wiley, David, and Kelly Wilson. *Just Say Don't Know*. Texas Freedom Network Education Fund.

³⁹ *ibid*

The last major finding in “Just Say Don’t Know” is that some Texas classrooms mixed religious instruction and bible study in with the sex education. Some of this religious instruction was fairly direct. A few programs, like “Why know?” and “Wonderful Days” actually quoted scripture in handouts to students. Those two programs and others suggested that the bible condemns premarital sex, that religiosity should be a characteristic students require of their partners, and even that students should seek God to be saved.⁴⁰ Obviously this proselytizing is unconstitutional and opens Texas up to potential lawsuits, but other indirect connections to religion show up in examining the Texas curricula. Some of the school districts hired religious speakers like Lyndy Phillips, an ordained minister and motivational Christian speaker. Other speakers were known as members of religious right organizations or advertise themselves as Christian speakers.⁴¹ Other schools relied on advice from pastors to make curricula decisions, used curricula from companies associated with crisis pregnancy centers, or brought in speakers from religious organizations to give speeches. While some of these are not blatant violations of the first amendment, Wiley and Wilson point out that it is easy to inadvertently respond to questions from a religious perspective, especially when one’s sex education training is from a religious group. Sex education should not be formed from religious perspective; rather, it should be based on scientific, medical, sociological, social sciences, and other reproducible research. Religious influence in sex education is apt to give religious solutions to adolescent’s concerns about sexuality. Just as importantly, it alienates students who do not identify with religion or with the religion or denomination of speakers, educators, or materials.

⁴⁰ Wiley, David, and Kelly Wilson. *Just Say Don’t Know*. Texas Freedom Network Education Fund.

⁴¹ *ibid*

Schools may choose to bring in speakers to fulfill sexual education requirements or recommendations, but they should be cautious and research the speaker's background first. As mentioned above, some Texas schools brought in sexuality education speakers who were affiliated with religious organizations. Besides Lyndy Phillips, "Just Say Don't Know" mentions four other speakers: Jason Evert, Terri McLaughlin, David Crain, and Pam Stenzel. Evert is a "'full-time apologist' with a group called Catholic Answers, the nation's largest lay-run apostolate for apologetics and evangelization".⁴² Evert's personal website says that he has a master's degree in theology and that he has written books called "Theology of the Body for Teens" and "How to Find Your Soulmate without Losing Your Soul." The available events listed on his page suggest that his presentations are all religious and include such topics as "God's plan for human sexuality." He even has an event for married and engaged couples on the Catholic Church's opposition to contraception, "natural family planning," and chastity in marriage.⁴³ Terri McLaughlin is an "education coordinator for the faith-based anti-abortion lobbying group Texans for Life".⁴⁴ David Crain is a "Christian musician and speaker" whose personal website contains abundant references to Christianity, but surprisingly, none to sexuality or sex education.⁴⁵ Pam Stenzel is a popular sex education speaker who is known for her abrasive, loud abstinence presentations. Her personal website, states that she has worked at crisis pregnancy centers and for anti-abortion groups.⁴⁶ SIECUS's analysis of her video presentation "Sex Still Has a Price Tag" reveals distorted information, gender stereotypes, condescension towards students, encouraging a

⁴² Wiley, David, and Kelly Wilson. *Just Say Don't Know*. Texas Freedom Network Education Fund.

⁴³ "Jason Evert: Speaker and Author." www.jasonevert.com.

⁴⁴ Wiley, David, and Kelly Wilson. *Just Say Don't Know*. Texas Freedom Network Education Fund.

⁴⁵ Authentic Studios. "David Crain New Life Ministries." www.davidcraine.com, 2013.

⁴⁶ Stenzel, Pam. "Pam Stenzel." www.pamstenzel.com, 2010.

stigma against STI testing, and messages of fear and shame. Stenzel appears to be a fully secular speaker at first, but it becomes clear upon examination that her program is steeped in her religious beliefs. The youtube videos on her own site show her offering a secular message to students, then a religious message to parents. She portrays it as a secular message, though it is nonetheless quite sex negative, likely because of her barely-concealed religious beliefs.

The problematic messages Wiley and Wilson found in abstinence programs are not necessarily exclusive to abstinence-only programs, and should be considered unacceptable in any sex education program. All sexuality education programs and sexuality educators should be vigilant in avoiding these types of messages, whether from an abstinence-based program or a comprehensive program. Educators considering any specific program should approach it with a critical eye towards the factors identified in “Just Say Don’t Know” and with the characteristics of successful programs outlined in rigorous research like Kirby’s “Emerging Answers.”

South Carolina

South Carolina Pregnancy and STI rates

The United States lags behind other developed nations in teen pregnancy, birth, and STI rates, and South Carolina lags behind the rest of the nation. According to the National Campaign to Prevent Teen Pregnancy, 56.6% of South Carolina high school students had had sex before when surveyed, and 10.5% had had sex before age 13. The teen pregnancy rate in 2008 was 76 per 1,000 compared to the nation's 68 per 1,000.⁴⁷ South Carolina teens do not seem to know how to protect themselves as well as teens in other states do. Importantly, the rate of young teens who have had sex should tell us that sex education is not reaching students early enough. For many SC students, sex education does not start until middle school, but 1 in 10 of our students need information on protecting themselves sooner. Unfortunately, it seems the people making decisions on sex education in South Carolina fail to see the nature of teen sexuality here, and they need to begin addressing the realities of many of our state's teens.

When we look at the race of teen sexuality in South Carolina, we can also see that sex education is not addressing minorities, either. Teen pregnancy rates among African American and Non-Hispanic teens fell sharply between 1992 and 2008, but they skyrocketed for Hispanic teens. The pregnancy rate for them was 42% higher compared to the United States' 39% drop.⁴⁸ This suggests that while South Carolinian teens may not receive enough information on safe sex, the message is certainly not reaching some high-risk communities well at all.

⁴⁷ "State Profile: South Carolina." National Campaign to Prevent Teen Pregnancy, 2012.

⁴⁸ *ibid*

South Carolina teens seem to be making questionable decisions when they are having sex, like having sex under the influence and not using protection- even when they are at increased risk for contracting HIV/AIDS. 25.9% had used drugs or alcohol before their most recent sexual encounter, perhaps because they were unaware of the increased risks associated with combining consumption of illicit substances and sexual activity. Only 17.4% of South Carolina teens used the birth control pill at last sex,⁴⁹ which is not bad compared to the United States' 18%, but which could and should be significantly higher. Higher use of the pill could prevent many teen pregnancies, and encouraging higher rates of use among sexually active teens could drastically decrease teen pregnancies. Furthermore, according to SC Department of Health and Environmental Control (DHEC)'s HIV/AIDS and STD Surveillance Report, 44.1% of HIV/AIDS exposure among teens is from having a mother with HIV/AIDS, and 30.4% is from men who have sex with men.⁵⁰ This is disheartening, as much of this exposure could potentially be prevented. When 30.4% of our teen's HIV exposure is from male-male sexual contact, it is important that we reach LGBTQ students and address their needs in sex education as well- but SC sex education does not. Besides using protection, teens should be educated in preventing HIV transmission in different contexts. Effective interventions can reduce mother-to-child HIV transmissions to below 5%,⁵¹ and students should know that blood contact and shared needles are risks. Overall, examining the sexual choices South Carolina teens make tells us that students should receive more education on risk-taking sexual behaviors.

⁴⁹ *ibid*

⁵⁰ *South Carolina's STD/HIV/AIDS Data: Surveillance Report December 31, 2012*. Columbia, South Carolina: South Carolina Department of Health and Environmental Control, 2012.

⁵¹ "Mother-to-child Transmission of HIV." *World Health Organization*. 2013.

South Carolina Sex Education Policy

Though South Carolina lags behind the rest of the United States in terms of teen pregnancy and STI rates, it has an interesting mix of progressive and antiquated policies regarding sex education. Current sex education policy in South Carolina dates back as early as 1976, when Section 59-32-10 was added to the South Carolina code of law. It details that health education is required from grades kindergarten to 12. Age-appropriate reproductive health topics may be taught in grades kindergarten through 4, but sexually transmitted diseases and pregnancy prevention may not be covered. In grades 6-8, sexually transmitted diseases must be taught, and “family life education” may be taught, but pregnancy prevention should not be taught before the sixth grade. At least once between grades 9 and 12, the law states that “each student shall receive instruction in comprehensive health education, including at least seven hundred fifty minutes of reproductive health education and pregnancy prevention education.”⁵² The law further states that sex education materials may not contain “actual or simulated portrayals of sexual activities or sexual intercourse,” that homosexuality may not be discussed except in the context of sexually transmitted infections, that sexual acts outside of marriage (or not intended for reproduction) may not be discussed except in the context of disease, that schools may not distribute contraceptives, and that pregnancy prevention education “must be presented separately to male and female students.”⁵³ Some parts of this law are quite strong for a Southern state what is it like in other southern states. Sex education of some type can be

⁵² *South Carolina Comprehensive Health Education Act*. SC 59-32, 1988.
<http://www.scstatehouse.gov/code/t59c032.php>

⁵³ *ibid*

taught at all grade levels if deemed “age-appropriate,” all high school students (theoretically) receive sex education instruction, and pregnancy prevention instruction is required.

However, other aspects of this law fail to deliver quality sex education for students. To start, the law does not mandate pregnancy prevention instruction until high school. Since 10.5% of students in SC have had sex before age 13, it does not make sense to delay mandated pregnancy prevention instruction until high school, a full two years after most students turn 13. Importantly, “pregnancy prevention” does not necessarily specify discussion of contraception or protection, and schools could theoretically fulfill this requirement simply by saying, “Don’t have sex.” The requirement that pregnancy prevention be taught separately to males and females is somewhat baffling, as well. Presumably the intent is to save students embarrassment, but teaching pregnancy prevention separately encourages stereotypes regarding where responsibility falls in preventing pregnancy. Mandating separation could do more harm than good depending on how the unit is taught, and the law should be clarified to reflect its intent or that section should be reconsidered.

Dictating that sex outside of marriage and sexual acts not intended as reproduction cannot be discussed also weakens South Carolina sex education. Presumably many students will experiment as adolescents or adults in practices like oral and anal sex. This will perhaps be augmented by the fact that many areas of the state encourage abstinence and many churches convince teens to take purity pledges. As suggested by the research of Brückner and Bearman, teens who take virginity pledges may be slightly less likely to use

condoms or dental dams during sexual acts.⁵⁴ By not allowing discussion of all kinds of sex, the state does a disservice to students who participate in those acts independently and those who participate in these acts to preserve their virginity.

Last, but not less important, refusing to teach students about homosexuality fails them in three ways. First, LGBTQ students are left without practical knowledge on how to protect themselves. Especially if sex acts outside of reproduction are not discussed, these students have no guide in which acts they should use protection. They receive no indication from the schools of what is healthy or unhealthy in an emotional relationship, as theirs are deemed unnatural by default when schools are not able to discuss homosexuality. Second, this stance is alienating to LGBTQ students, as it leaves them no acknowledged place in the institution which guides them in their adolescence. Third, by teaching about “alternative lifestyles” only in the context of disease risk, schools reinforce and enable the already-rampant bullying and stereotyping of LGBTQ students. By banning discussion of homosexuality, the South Carolina sex education laws do a portion of state students a huge, and possibly destructive, disservice.

Fortunately, the South Carolina House of Representatives has introduced a bill to be considered in the 2013-2014 session that would amend the old sex education laws to improve sex education.⁵⁵ The edit includes that materials would have to be medically accurate and supported by peer-reviewed research, which is a departure from the old law, which in effect allowed heavily biased information. Topics covered would have to include

⁵⁴ Brückner, Hannah, and Peter Bearman. “After the Promise: The STD Consequences of Adolescent Virginity Pledges.” *Journal of Adolescent Health* 36 (2005): 271–278.

⁵⁵ Horne. *Comprehensive Health Education Act*. South Carolina House of Representatives. South Carolina 59-32, 2013. http://www.scstatehouse.gov/sess120_2013-2014/bills/3435.htm

abstinence, contraception, and methods of disease prevention, and sex education at the high school level would have to be offered during or before the tenth grade. Including STI and pregnancy prevention information, and offering it earlier, might help the students which initiate sex early. Instructors would have to be certified in health education, which would improve the quality of the sex education in individual classrooms and increase the likelihood that teachers are fulfilling the state laws in their instruction to students.

The possible amendment also improves sex education through increased oversight on the school district level. School districts would be required to adopt curricula in line with the requirements or would have to use the one approved by the state, which would improve consistency of programming and in the messages students receive throughout South Carolina. School districts would have to develop health advisory committees with students, parents, clergy, health officials, and other community members. Though already required, technically, the new law would require districts to report compliance yearly. Requiring this oversight on the district level greatly enhances the likelihood that students are receiving any sex education, and that they are receiving responsible sex education. Granted, this amendment of the law would not make South Carolina's sex education perfect, not at all. But it has the potential to greatly improve sex education, particularly for students in counties that currently receive only abstinence-only programs. This would, however, require a change in sex education funding in South Carolina.

Sex Education Funding in South Carolina

Until 2010, the only federal funding for sex education in South Carolina was for abstinence-only programs and essentially mandated subpar sex education. Past programs

include the Adolescent Family Life Act (AFLA) and the Community-Based Abstinence Education (CBAE) grant program. The state no longer receives AFLA funds and CBAE is defunct as of 2010. However, South Carolina still receives funds from the Title V State Abstinence Education Grant Program, which adheres to the eight-point requirements for abstinence-only education as laid out in the welfare reform signed by President Bill Clinton.⁵⁶ These eight requirements dictate that contraceptive methods not be taught in classrooms and emphasize moralistic and fallacious messages such as, “sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects.”⁵⁷ In South Carolina, the Department of Health and Environmental Control designates sub-grantees to receive the abstinence funding, and the two sub-grantees are Heritage Community Services and South Carolina Parents Involved in Education.⁵⁸

Both Heritage Community Services and South Carolina PIE deliver sub-par sex education. Heritage receives \$450,000 a year of the state’s abstinence-only funds as of 2010. Upon review of the Heritage curricula, which is available outside South Carolina as well, SIECUS found that Heritage programs contained little information on important topics like puberty, anatomy, and sexual behavior. The programs instead focus on the importance of marriage and abstinence until marriage. They rely on fear, shame, and biased views of gender, marriage, and pregnancy options. South Carolina Parents Involved in Education (SC PIE) receives \$150,000 a year of South Carolina’s abstinence-only funding as of 2010. SC PIE uses the program *Worth the Wait*, an abstinence-only-until-marriage program. SIECUS found that this program contained more factual information than the Heritage program,

⁵⁶ “State Profile: South Carolina.” Sexuality Information and Education Council of the United States, 2012.

⁵⁷ Collins M.P.P., Chris, Priya Alagiri, J.D. , and Todd Summers. “Abstinence Only Vs. Comprehensive Sex Education: What Are the Arguments? What Is the Evidence? .” Mar. 2012.

⁵⁸ “State Profile: South Carolina.” Sexuality Information and Education Council of the United States, 2012.

but that it also used fear tactics, discouraged contraceptive use, and promoted biases. One excerpt says, “Ask students to consider what happens when these powerful things are used in healthy and unhealthy ways. Plane- consider Twin Towers; Cars- consider when used by children under age or people on drugs...sex can be damaging as well. Marriage is a safe place, outside of marriage is dangerous.”⁵⁹ Neither of these abstinence programs delivers quality sex education to students.

South Carolina receives comprehensive sex education funding through two federal programs, one of which is PREP, the Personal Responsibility Education Program. PREP is a program started in 2010 that provides \$75 million for comprehensive education for fiscal years 2010-2014. The program is administered by the U.S. Department of Health and Human Services. SC DHEC (Department of Health and Environmental Control) administers the grant within South Carolina in partnership with the South Carolina Campaign to Prevent Teen Pregnancy. In 2010, SC DHEC received \$760,906 in PREP funds and approved three evidence-based programs: *Making Proud Choices!*, *Safer Choices*, and *What Could You Do?*⁶⁰ The program *Making Proud Choices!* is designed for younger adolescents and focuses on decision making skills, confidence, negotiation skills, and self-efficacy. It includes STI and pregnancy prevention components. *Safer Choices* is a similar program for older adolescents which focuses on contraception use, STI and pregnancy prevention, communication and negotiation skills, and community support. *What Could You Do?* is a program aimed at reducing STI rates which uses interactive video to encourage adolescent females to gain confidence in responding to sexual situations. It could theoretically be used

⁵⁹ ibid

⁶⁰ ibid

in schools, but requires privacy for the participant and is more likely to be used in physician's offices or clinical settings. All three programs improved outcomes like contraceptive use, less unprotected sex, and lower risk of being diagnosed with an STI.

The second program through which South Carolina receives comprehensive funding is the President's Teen Pregnancy Prevention Initiative (TPPI), through the federal Office of Adolescent Health (OAH), which administers grants totaling \$110 million in 2010. The top-tier grants provide "funding for the replication of evidence-based programs proven to prevent unintended teen pregnancy and address underlying behavioral risk factors." Tier 2 grants go to developing new models of sex education and remaining funds are split between research, testing, and communitywide initiatives. In 2010, the South Carolina Campaign to Prevent Teen Pregnancy received \$1,469,480 in Tier 1 funds from TPPI. The SC Campaign is using the funds to implement the evidence-based "Keep it Real, South Carolina," a program to prevent unintended teen pregnancy among middle school girls in SC. The program aims to delay sexual debut and encourage contraception use. The program also addresses social topics like healthy dating, setting limits, and refusal skills, among others. The SC Campaign also received Tier 2 funds to implement a communitywide program in Horry and Spartanburg counties.⁶¹ Unlike the federally funded abstinence programs, these programs are either proven effective or being pilot-tested, and they are often chosen and tailored for specific communities.

Effective Models of Sex Education

⁶¹ *ibid*

Parts of the state still receive abstinence funding, but it is clear that sex education is improving in other parts of the state. Furthermore, it is apparent that some South Carolina legislators prefer a more comprehensive approach to sex education, and that they are actively seeking to improve the sex education policies. This opens up a new discussion- if South Carolinian legislators are willing to change sex education, what could the state's sex education be at its best?

Throughout his research, Kirby offers answers by exploring characteristics of effective sex education, which can guide school districts in implementing or designing sex education curricula. In his 2007 work "Emerging Answers," he lists 17 characteristics of effective curriculum-based programs. In terms of developing curricula, Kirby emphasizes involving experts, assessing needs of the target group, an assessment of current and desired behavioral outcomes, activity and curricula design consistent with community values, and pilot-testing the program.⁶²

Many of the development characteristics Kirby discusses are lacking in South Carolina's current sex education programs. The selection and implementation of sex education is rarely guided by experts; in fact, on the advisory committees required by state law, the number of required clergy outnumbers the required number of health experts.⁶³ These positions should be filled, at the very least, by doctors and nurses, but at best by public health researchers experienced in sex education. Some programs are likewise tailored to fit specific populations of SC teens, but others are broadly used in counties

⁶² Kirby, Douglas. *Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*. The National Campaign to Prevent Teen Pregnancy, 2007.

⁶³ *South Carolina Comprehensive Health Education Act*. SC 59-32, 1988.
<http://www.scstatehouse.gov/code/t59c032.php>

across the state and with vastly different demographic groups. As a state with great variety in terms of race and socioeconomic level, tailoring sex education programs to the target population should be a priority, especially in poorer rural areas and cities.

Kirby continues to outline the characteristics of successful content in sex education programs, which should be considered by lawmakers and school administrators in South Carolina. The first, that sex education programs focus on clear goals (STI prevention, pregnancy prevention, or both) also fits in with the planning characteristics that South Carolina needs to adopt. For instance, since our Hispanic teen birth rate has skyrocketed, it might be beneficial to target areas with high percentages of Hispanics for one of the comprehensive programs recommended by DHEC. *Keep It Real* might be right for some Hispanic communities, since it targets teen pregnancy specifically, and since it catches girls and teaches them good sexual communication skills early. A program like *Keep It Real* also fulfills Kirby's next characteristics, that programs focus on specific risk behaviors, the situations which lead to them, and how to handle those situations.

Changing activities and teaching methodology could also play an integral role in how sex education is received by students. Kirby recommends creating a safe social environment for students, including multiple activities to address each risk behavior, employing sound teaching methods which engage the participants and which personalize the messages of the program, using activities which reflect the culture, age group, and sexual experience of the target group. Unfortunately, many of the programs currently in use in South Carolina are almost laughably out of touch with students' lives. Programs that use fear or shame to encourage abstinence are likely ineffective in part because they fail to properly address sexually active students, those who plan to have sex before marriage, and

the culture around students which tells them sex is a common part of young adult life. Programs used in the future in South Carolina should be taught according to these characteristics of effective sex education and with a mind towards creating a safe and engaged learning environment.

The final set of characteristics recommended by Kirby involve implementing the curriculum; he emphasizes fidelity, trained teachers, community support, and using recruiting and retaining tools be considered in implementation. Throughout Kirby's work, he discusses the importance of fidelity, or carrying out programs in their intended form. He consistently found that programs which were clipped of time, changed to suit the school districts' desires, etc, were not as effective as those carried out with fidelity. Theoretically, time should not be an issue in most South Carolina classrooms, as sex education is mandated by the state to last 750 minutes at the high school level, or about 12.5 hours.⁶⁴ Trained teachers may be an issue for South Carolina, as teachers are not currently required to undergo training to be a sex education teacher. This may change with the upcoming bill in the Legislature, but if it is not, school districts should seek training for their sex education teachers whenever possible. Community support may be the biggest barrier sex education faces in South Carolina. Some parts of the state are moderate, and support for moderate, medically accurate sex education may be strong. However, in conservative areas of the state, support may be lower than average. Between the lower support and lower perception of support by school administrators, it may be tempting to alter or reduce the contents of the curricula provided. Unfortunately, when programs lack fidelity, trained

⁶⁴ *South Carolina Comprehensive Health Education Act*. SC 59-32, 1988.
<http://www.scstatehouse.gov/code/t59c032.php>

teachers, community support, or recruiting efforts, Kirby found they quickly became less effective at preventing teen pregnancy and STI infections.

Non-School Sex Education Programs

It is certainly important to examine school sex education programs, but examining non-school programs can certainly help widen one's perception of sex education and the role it plays in adolescent lives. In "Emerging Answers"⁶⁵ and "Understanding What Works and What Doesn't in Reducing Adolescent Sexual Risk-Taking,"⁶⁶ Kirby looks at non-school programs and their effects on adolescent behavior. His research suggests that the programs, which focus on both sexual and non-sexual risk reduction, can have important benefits for student participants if correctly implemented. Particularly, he emphasizes that the successful after-school programs for middle and high schoolers may work because of their emphasis on norms and connectedness to the program and the adult leaders. The most successful program, Children's Aid Society- Carrera Program, stated norms frequently, provided facts to back them up, and personalized the norms through activities in which students explore risk situations through role-playing. The connectedness with trained staff that students build over years in these programs may also be crucial in preventing risk behaviors.⁶⁷ He states that many of these programs do not work, but South Carolina legislators and education groups can learn from these to implement their programs with success.

⁶⁵ Kirby, Douglas. *Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*. The National Campaign to Prevent Teen Pregnancy, 2007.

⁶⁶ Kirby, Douglas. "Understanding What Works and What Doesn't In Reducing Adolescent Sexual Risk-Taking." *Family Planning Perspectives* 33.6 (2001): 276–281.

⁶⁷ *ibid*

A New Model for Sexuality Education

Generally, from older models of sex education, we can form an idea of what basic sex education should look like in South Carolina. School-based programs should reach students at various points throughout K-12 education. Sex education should be comprehensive, medically-accurate, and proven effective or pilot tested and adjusted. It should acknowledge the variations in student behavior and be tailored for the target demographic. It should strive to create safe and engaging learning environments and should use proven teaching methods. Certified or trained teachers should teach it. Sexuality educators should seek to include the community in sex education efforts, should emphasize norms consistently and clearly, and should strive to create connections with and between students to discourage risk behaviors.

On the other hand, sex education could be so much more, and if allowed leeway in determining their sex education programs, individual communities could have the opportunity to change the discussion on sex education. We can learn from successful school programs, out-of-school programs, and even foreign schools to build a new model of sexuality education.

The ideal sex education program might be a lofty ambition right now, but by considering the potential eventual outcomes of improving sex education, we can slowly work towards the best sex education possible. Based on the research explored in this paper as well as my personal studies, I have two major recommendations for legislators, school administrators, teachers, and others involved in the implementation of sex education. First, work to improve consistency in sex education, and second, approach sex education from a

feminist perspective. Each broad recommendation has far-reaching effects in terms of how it affects sex education classes.

Improving Consistency

Consistency is sorely lacking in sex education in the United States, and particularly in South Carolina. Even setting aside the political debates surrounding sex education, the programs offered to schools vary wildly from one another. The expectations each program offers students for their sexual lives vary wildly from one another. In South Carolina, the differences can even be seen school district by school district. According to SIECUS, Lexington/Richland 5 offers abstinence-only-until marriage programs through the Heritage Foundation.⁶⁸ At my high school (Lexington 1), in the district bordering Lexington/Richland 5, we received comprehensive (albeit lackluster) sex education. Some South Carolinian students never receive sex education. The legislature should require (and enforce) that all students receive sex education, that they receive comprehensive programs, that their teachers are trained, and that they receive sex education throughout their schooling in various settings.

One of the greatest opportunities for reforming sex education is in the structure of the curriculum itself. In the book *Not Under My Roof*,⁶⁹ Schalet discusses differences between American and Dutch culture in terms of sexuality. One of her important insights is that sexuality in the Netherlands is normalized while sexuality in the United States is dramatized. Currently, most sex education programs in schools are a contained unit or class unto themselves, which dramatizes sex education in that it sets it

⁶⁸ "State Profile: South Carolina." Sexuality Information and Education Council of the United States, 2012.

⁶⁹ Schalet, Amy T. *Not Under My Roof: Parents, Teens, and the Culture of Sex*. Chicago: University of Chicago Press, 2011.

apart and makes it a “special” program for students. Ideally, though, students would have consistent exposure to sexual knowledge, appropriate to their age, as they work their way through elementary, middle, and high school. Dividing sex education between the grade levels allows the opportunity to introduce topics naturally as they become important either for classes or for students’ personal knowledge. It normalizes adolescent sexuality, as Schalet terms it, and it deemphasizes the concept of “sex education” as something distinct, invasive, or undesired. Teachers could also have smaller units on sexuality in other classes as they become important, like in middle or high school biology, high school social studies, or elementary and middle school health classes. Even if sex education remained a distinct class unto itself, offering it annually or biannually as a required class would allow more instruction time, a more natural progression of sensitive topics, and a normalizing effect.

Sex education might best be integrated into a K-12 health and life skills curriculum. South Carolina school districts are already allowed to include reproductive health information (mostly pertaining to early physical changes students might see) starting in elementary school. On top of learning things like healthy relationship skills, tying shoelaces, good dental hygiene, elementary schoolers can learn basic body parts, how to find help if somebody touches them without permission, and what the early stages of puberty might look like. In middle grade years, students could learn more detailed reproduction and anatomy, basics of pregnancy prevention and STI prevention, and developing healthy relationships and communication skills- alongside other health and life topics like nutrition and making their first budgets. High school students could move onto more complex topics, like discussing the history or sociology of sexuality, alongside adult skills like basic car maintenance and writing cover letters. This K-12 integration would prevent the large gaps

of basic sexuality knowledge that many high school and college students have today. Furthermore, integrating sexuality education into a health and life skills-style course allows students to approach it as an everyday, albeit interesting, subject. By acknowledging sexuality as a normal part of everyday life, courses like these could slowly discourage and reduce harmful stereotypes, taboos, and urban myths. Such a class would also benefit students who might not otherwise have the opportunity to learn important life skills. Lewis and Knijn, whose article⁷⁰ has been described, recognized that inconsistency of messages was hurting efforts to reduce teen pregnancy in Britain. It makes sense that South Carolina should aim for consistency in the classroom, in their instructors, and in the approach South Carolina takes towards sex education programs.

A feminist approach

In addition to improving consistency of sex education, adopting a feminist perspective might benefit sex education programs from a social standpoint. For the sake of simplicity, a feminist approach to sex education would, in effect, make sex education more inclusive. Feminism has manifold benefits it could bring to sex education. It aids in the deconstruction of myths, stereotypes, and norms, it encourages the strengthening of safe spaces for open discussions, it emphasizes sex positivity, it encourages teachers and adults to treat students with respect, and it improves the likelihood that diverse groups of students are empowered and informed through sex education.

By encouraging the deconstruction of myths, stereotypes and norms, sex education could help change the way adolescents see their community, their relationships,

⁷⁰ Lewis, Jane, and Trudie Knijn. "The Politics of Sex Education Policy in England and Wales and the Netherlands since the 1980s." *Journal of Social Policy* 31.4 (2002): 669–694.

and their agency for the better. Feminism encourages deconstruction of stereotypes surrounding race and gender, yes, but it also asks us to consider the benefits and disadvantages of our social structure against the subjective reality of the human experience. Certainly there is a time and place for this kind of discussion- I would not encourage the questioning of positive condom use norms, for instance. Much of this deconstruction would focus on the social factors of sexuality. For instance, in terms of consent, young children might be taught not to touch or hit others without permissions, a common lesson already. Middle school students might advance to discussing respect for others and their boundaries in terms of relationships, sexual actions, and handling emotions responsibly after breaking up with partners. High schoolers could discuss ambiguity of consent in situations involving drugs or alcohol (and of course be discouraged from engaging in sex while impaired). Students should also be introduced to discussions of gender roles and expectations, common fallacies or stereotypes aimed at other races and why avoiding stereotype is important, rape culture, and the politics of the body, among others. Topics like these might be particularly important in some communities, and each community would do best to consider how lessons on diversity, stereotypes, myths, and norms fit into their sexuality education.

A dose of feminist pedagogy might encourage discussion as the primary format for learning at the most upper levels of sexuality education. Feminist pedagogy emphasizes learning from one another, even between the students and teachers. In the context of advanced sex education, teachers may have quite a bit to learn from the students regarding the culture and barriers they perceive in regards to sexuality. Feminist pedagogy might also help adults treat teens with respect, which examination of European norms seems to

indicate will encourage teens to act responsibly. This may be because treating teenagers as budding adults with increasing responsibility helps empower them and enables them to understand and control their sexuality as they see fit. Furthermore, by treating teens as young adults and emphasizing their increasing responsibilities, teachers avoid condescending to their students and negating the messages that they disseminate .

Importantly, while teaching students using feminist pedagogy, teacher training should also include the deconstruction of dichotomous metaphors of gender, race, class, and other groups in sexuality. It does not make sense to standardize a program that teaches students that stereotypes are negative if teachers cannot explain why such lessons are important.

Feminism, partially through diversity-awareness, encourages the creation of safe spaces for discussion. This is an important aspect of sexuality education, particularly as topics advance into greater complexity and sensitivity. Sex education programs in general might benefit from including a short introductory lesson on how safe spaces will be upheld through the lessons- how we respect one another in discussion, how we become and remain sensitive to the differences between us, and how diversity of background and opinion can teach us more about ourselves. Many discussions in more advanced sex education, like ones on rape culture for instance, are incredibly sensitive to some students and can hardly be discussed adequately without the benefit of a safe and trusting environment.

Sex positivity is an approach towards sexuality that is, for many people, rooted in feminism, and which can be a refreshing departure from more traditional sex education. Sex positivity posits that sex, or specific sexual acts, is not inherently bad.

Rather, consensual, healthy, and responsible sex is inherently a positive thing. Sex that is nonconsensual, unprotected (except when intending to conceive), or coerced is what makes sex immoral, and lack of communication and knowledge is what makes it bad. Sex positivity does not endorse rampant sexuality among adolescents. It does, however, take a stance towards sexuality that is closer to Europe's. In that way, sex positivity in sex education allows students latitude to think for themselves and feel like autonomous people, but also encourages healthy sexual norms which can protect students for years to come.

Instead of discouraging sexuality based on adults' moral qualms with sexuality, sex positivity in sex education would tell students (at appropriate ages) that yes, sex is a pleasurable thing and can be a positive part of life. A sex positive curriculum could reach students on a more realistic and personal level. Students who have had sex need not feel guilty about the sex they have had; rather, they need to work towards having more responsible, healthy, and consensual sex as they become better prepared. Taught properly, it could also encourage students to think carefully about whether they want to begin or continue having sex at their age. To acknowledge the motivation which compels people to have sex and then teaching students to consider the benefits and drawbacks of sexuality at different ages and in different situations- this honesty can likely reach students better than simply telling them not to have sex. It is important to remember that sex positive education acknowledges abstinence as the best option if one does not want to have sex or is not prepared for it. Many people might be resistant towards a strong sex positive approach in sex education, and certainly school districts or instructors using this approach need do so responsibly. Sex positive teaching would not create guilt or shame in the adult

relationships of students, a major improvement from the fear and shame tactics that many students know today.

Finally, a feminist approach towards sex education could help local and state leaders design their sex education programs to benefit those who need it most. A feminist perspective demands that those in power become aware of the unconscious “privileges” of that power. For instance, in Charleston, most people in power are white, upper-class men, but certain populations are overwhelmingly black and lower-class. Cultivating a feminist perspective might help leaders recognize the privileges they have enjoyed, and the barriers others might face, which can help them adjust policy or sex education programs. A very basic example of this might be moving sex education from 12th grade to 9th grade in an area where large percentages of students drop out after 10th grade. A more in-depth approach to the same problem might be to explore whether after-school programs starting in middle school (like the CAS-Carrera program recommended in Emerging Answers) would benefit the community. Given South Carolina’s diverse populations, feminist perspectives among lawmakers could help the state customize its sex education by district or by school.

To some extent, this is common sense, but developing a sense of one’s privileges and others’ disadvantages helps improve analysis of a community’s needs. Furthermore, to deny the considerations of a feminist perspective risks perpetuating inequality by denying knowledge and skills to teenagers who need it most. To teach children great sexuality education and to give them self-care courses is a transformative, radical act. To give them that knowledge is to give them the semblance of a chance at equal opportunity. Adopting a feminist perspective allows a chance to actually give the poor, the

less educated, the less privileged the knowledge that more privileged youth often find at home.

Barriers to Implementation

Improved sex education, particularly in South Carolina, faces many barriers to implementation, including the concerns schools have over public opinion. According to a 2004 survey as reported by the South Carolina Campaign to Prevent Teen Pregnancy, 81% of South Carolina's registered voters favor sex education that covers both abstinence and contraception. However, despite the fact that schools are required to teach sex education at some point in high school and the high public opinion of comprehensive sex education, only 71% of high school students report having sex education before graduating.⁷¹ Why is this? It is possible that school administrators fear opposition by parents or the community. In their survey of Texas school districts, Wiley and Wilson found that school administrators most often cited fear of public opposition when explaining why they did not teach sex education in their district.⁷² Another barrier in the past could have been a lack of funding or a lack of organization. For school districts not receiving abstinence or comprehensive funds, the task of selecting, organizing, and funding a curriculum may be overwhelming for certain school districts.

Other problems of implementation can involve the actual curricula and its fit in the community. Lack of fidelity to a program can totally change its effectiveness and impact. Using the wrong program for a community's demographic can have the same effect.

⁷¹ Alton, F. "South Carolina Speaks 2004." Advocates for Youth, 2004.

⁷² Wiley, David, and Kelly Wilson. *Just Say Don't Know*. Texas Freedom Network Education Fund.

For instance, using the effective CAS Carrera program might fit some communities, but a community that seeks to curb behavioral problems among adolescent boys might not find it worthwhile, as it is proven effective only among adolescent women. Using a program tailored for minority populations will similarly not have great effect in a rural, largely white population. Curricula may also be well-suited for a demographic, but if instructors fail to address the norms of the community (or do not do so early enough), they may find their efforts to curb teen pregnancy and STI contraction fail.

As is apparent, many of the barriers to sex education in South Carolina are systemic- legislation has not in the past required detail coverage of contraception, it has not been well-regulated, and it has not required teacher training, for instance. South Carolina had not, until 2010, received federal funding for the more effective comprehensive programs. However, some of these barriers may be removed in the next legislative session. Others may be solved through organized planning and implementation of effective programs in various school districts.

How South Carolinians Can Effect Change in Sex Education

Despite the barriers in South Carolina, virtually everyone in the state can play a small role in bringing about better sex education. One of the most important roles falls to policymakers, who have the power to mandate specific improvements to the sex education laws. The first thing that policymakers need to do is to consider and pass the upcoming sex education legislation, and preferably improve the bill itself first. The upcoming legislation would strengthen current policies to prescribe comprehensive, medically-accurate, fact-based programs. Alongside this bill, lawmakers need to mandate proven-effective curricula

and teacher training for sex educators. Funding is essential to sex education programs as well. Unfortunately, lawmakers need to deny abstinence funding from the federal government and instead require (and fund) comprehensive programs. Health education policies should also be revisited more often, preferably at least every other year. Another important change that the upcoming law might change is oversight. Currently there is little accountability to the state government by school districts, but the bill could require yearly reports on sex education in each school district. The upcoming bill should also bring balance to the local committees that recommend sex education by removing clergy from the committees, or at the very least requiring more health experts than clergy. Lawmakers also need to improve the bill by allowing schools to add on or choose sex education programs that work both through and outside of schools, as these may be more effective in some communities. The bill should also be changed to require the discussion of “alternative sexual lifestyles,” as the bill so calls homosexuality. The alienation of LGBTQ students through sex education need not continue. Overall, the biggest thing lawmakers can do immediately is pass the upcoming sex education legislation, though many more improvements need to be made in the future.

School administrators and sex educators of course have an important role to play in improving sex education. School districts and administrators need to first consider their community- in what risk behaviors do their students engage? Which would they like to target? What is the demographic? Schools should implement appropriate, proven curricula or should design and test their own based on proven characteristics of effective sex education. From there, curricula need to be implemented with fidelity to maintain their efficiency. Schools should, if possible, encourage community involvement to strengthen the

connection students have with the lessons. They should also seek community involvement in supporting the norms the school tries to teach through sex education. Lastly, school administrators need to look at what is happening inside the classroom. They need to train teachers who will teach sex education, and they need to ensure that teachers are attempting to create safe spaces in their classrooms. Students should also see consistency of these messages. If sex education classrooms emphasize respect for diversity, so too should other teachers and school administrators. Emphasizing respect within the classroom yet allowing bullying, harassment, or assault outside of it is inconsistent and may threaten the integrity of programs.

Parents and other adult residents have power mainly as constituents and residents who can apply pressure to schools. Parents who take interest in their children's sex education should contact school administrators first to find out what curricula are used in the school, what certification teachers have to teach sex education, and whether schools implement proven curricula with fidelity. Parental pressure not only informs school administrators of your opinions, it also helps fight the perception of public opposition to sex education. Similarly, parents and other residents should contact their legislators to support comprehensive sex education. Legislators, whether in favor of or against sex education, need to be aware of the great portion of the state that favors balanced sex education. Lastly, parents can contribute to, volunteer for, or create advocacy groups. Advocates for Youth and the South Carolina Campaign to Prevent Teen Pregnancy are two groups which support and lobby for better sex education. If residents do not feel groups support their local interests, they can also gather other concerned parents/residents into local groups to pressure school districts to implement better sex education.

Students may feel particularly powerless in these situations, as they cannot yet vote. However, adolescents can, as soon-to-be voters, write their legislators in support of comprehensive programs or showing their support for specific changes in legislation. Students can volunteer for the advocacy groups listed above and they can speak with school administrators to discuss changes to sex education or to suggest updates that make it more teen-friendly. They can write letters to the editor of their local newspaper. Students can gather other students and form a club that advocates for changes at their own school.

Conclusion

The fight for comprehensive and complete sex education may seem unwinnable in South Carolina, but there is hope. Everyone can have a small part of changing the face of sex education. A small group of legislators has written a bill to change sex education, and whether it passes the first time or not, residents, school administrators, parents and students can voice their opinions to legislators and fight the perception of overwhelming opposition to comprehensive sex education.

Sex education is lackluster at best in many parts of the nation, and even in parts of South Carolina. For years, abstinence education was the only type of sex education funded by the federal government, despite strong evidence that none of these programs were effective at lowering pregnancy and STI rate... and while others were proven effective but not funded. Thankfully, the federal government has begun to fund comprehensive sex education programs, and even South Carolina is starting to consider the benefits that comprehensive programs might bring our state. Today we are in a strong position to change sex education as we know it. Experts like Kirby, Wiley and Wilson have already outlined what makes the best and worst programs effective and ineffective, respectively. Comprehensive sex education may only be a few years away in many areas, and it should certainly be supported. However, as school districts and policymakers become more aware of the evidence supporting these programs, we also gain the opportunity to consider further improvements to sex education that could not be serious considerations in the past. Normalizing sex education through a K-12 approach with a health and life skills curriculum and considering feminist approaches to sex education may be the next means of achieving

more effective sex education programs, and South Carolina school districts may soon be in an ideal position to capitalize on these approaches.