Abstinence Based Curricula: Good or Bad Choice in Schools Today?

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Abstract

Teaching today’s youth any subject is vast undertaking for some teachers. Image having to teach today’s youth about sex and all that needs to be talked about at their age. It is a hard subject to teach to many students and I believe this is why many parents have a hard time with it too. What should we be teaching youth about sex? We want to make sure that they are prepared in any way they can be. But what curricula should be taught in this area? It is a hard question that many health professionals, administrators and teachers have a hard time with. Much to my surprise, in the current years there has been much research in this area that I believe can be very useful for finding an answer to, “which curricula regarding sex education should be taught in our schools”? In this paper I intend to look through the research and answer this very question.
Introduction:

I have been a health education teacher for three years in a small suburban country town outside Toledo, Ohio. I see many of my students go through a rough time around 7th through 10th grade. During this time, a teenager goes through many changes they probably are not totally aware of. They may have feelings for the opposite sex and they may start experimenting in this area. Research has proven that sexual initiation among youth usually occurs during the teen years (cdc.gov). There are many problems that are associated with early sexual initiation. They include: increased likelihood of multiple partners and the increased risk of teen pregnancy and STD’s, as well many other social and emotional consequences such as reduced likelihood of finishing high school, the increase likelihood of being a single parents, and the likelihood of regretting having been sexually active at such a early age (Dickson, Paul &Herbison,1998).

From the Youth Risk Behavior Surveillance in 2005, we learned that approximately 63% of US adolescents had experienced sexual intercourse by the end of high school and approximately one in 7 had sex for the first time at age 14 or younger. From these statistics and the research that is currently being done we know that we have a problem in this area.

Many health classes today have the opportunity to teach today’s youth about sex and human growth and development. It is only naturally that teenagers have a course that teaches them about this area. Teenagers are usually allowed to “opt” out of this particular unit if their parents sign a waiver allowing them. During this unit there is much debate what should or shouldn’t be taught regarding sexual education curriculum. Administrators, teachers and parents know that the subject needs to be taught but which curriculum will be the best to make sure that today’s youth will have the knowledge that they need in order to keep themselves safe and make the right choice if they ever get into a risky situation.
**Background**

In the United States there are no federal laws that require sexual health education in our schools. For this reason it is up to the states to declare what type of sex education the children of a school will get. In 1981, abstinence based education was laid by the United States Congress which passed the Adolescent Family Life Act (AFLA) (Weaver, Smith & Kippax, 2005). It was this program that promoted self discipline and chastity to prevent premarital pregnancy. *Title V, Section 510 of the Social Security Act* in 1996 developed a new abstinence education incentive. This title was put into place to promote abstinence to those children who were at risk of having children outside wedlock. A child in this program was taught that sexual abstinence was the only way to prevent STD’s, HIV, unwanted pregnancy and psychological harm.

Essentially, in the United States there are two types of abstinence based education curriculums. They are, abstinence plus and abstinence only sex education curriculums. In abstinence plus education curriculums, abstinence is taught to be the most effective way to prevent STD’s, HIV, unwanted pregnancy and psychological harm but also this program does teach about contraceptive methods to reduce the likely of such factors just mentioned above. Abstinence only policies “require that abstinence be taught as the only option outside of marriage; discussion of contraception is either prohibited or its ineffectiveness in preventing pregnancy and STIs or HIV is highlighted” (Landry et al., 1999, p.283).

In the late 1990’s there was a survey of school district sex education policies. They found that 69% of school districts had a policy to provide sex education and of these districts 14% were comprehensive, 51% were abstinence plus, and 35% were abstinence only (Landry et al., 1999). The vast majority of schools do believe that abstinence should be taught but there
also should be talk about contraceptive methods. So which type of abstinence should be taught in our schools? What does the research say?

Research

In a study presented by Borawski et al. (2005), there goal was to examine the effectiveness of a school based; abstinence-until-marriage curriculum taught to middle school adolescents that was Title V compliant. The authors of this article wanted to see if a school taught curriculum for abstinence until marriage would have any improvement among knowledge, beliefs, efficacy, intentions, and behavior among teens. The study participants were 3017 adolescents in seventh and eighth grades enrolled in 5 urban and 2 suburban middle schools in the 2001-2002 school years. The curriculum that was taught was called “For Keeps”. It is a five-day (40 minute sessions) classroom based curriculum that focuses on abstinence until marriage and stresses the benefit of abstinence.

Results showed less than a quarter (23%) of the students were sexually experienced at baseline but of these students (46%) reported having sex during the past 3 months. Students who were involved in the intervention demonstrated and maintained an increase in STD/HIV knowledge than those students who were in the control. Those students who were in the intervention reported a decline in their intention to have sex in the next 3 months. Results also showed, that students who were in the intervention group reported fewer episodes of sexual intercourse and fewer partners during the 5-month period than did the controls. “Students who engaged in sexual intercourse during the evaluation period showed to reduce the amount of casual sex, as evidence by fewer sexual partners reported in the 5-month period” (Borawski et al., pg. 431).
In a similar study presented by Weed et al. (2008), the goal was to examine an abstinence only program’s impact on cognitive mediators and sexual initiation. In their study, 550 students who attended a public middle school in a suburban northern Virginia county were taught a 9 unit abstinence curriculum taught over 20 class periods. Three middle schools were the study group and two other middle schools were the comparison. The study was done 1999-2000 school years. The curriculum consisted of character development and teaches youth about the benefit of individuals, families, and society of abstaining from sex until marriage. The curriculum did not talk about those students who were sexually active and the need for contraceptive. Results of the study showed that program students scored significantly better on the 4 of the 6 mediators for opportunity for sex and after a one year follow up the students who were in the program group had a lower risk of sexual initiation than did the comparison group.

In another study of an abstinence only education curriculum Denny & Young (2006) wanted to see the effectiveness of their “Sex Can Wait” curriculum. The program was offered to three different grade levels; upper elementary (grade 5 or 6), middle school (grade 7 or 8) and high school (grade 9 or above). In their study, there was a pre and posttest as well as 18-month follow up that was administered in paper questionnaire form. “Sex Can Wait” curriculum consisted of “(a) Knowing Myself (self-esteem, reproductive anatomy and physiology, changes in puberty, values and decision making skills), (b) Relating to Others (development and enhancement of communication skills), and (c) Planning My Future (goal setting and life planning)” (Denny & Young, 2005, p. 416). There were no lessons that dealt with contraceptive methods in this curriculum. Results were interesting because they were broken down into the three grade levels. In the upper elementary level there were short-term gains in self-efficacy, knowledge and a more hopeful outlook along with long term gains in knowledge and reduced
likelihood of participation in sexual intercourse in the last month. In the middle school grade level, there were long term gains in knowledge and reduced likelihood of participation in sexual intercourse ever and sexual intercourse in the last month. And lastly, for the high school level, there were short term gains in attitudes supportive of abstinence, intent to remain abstinent and reduced likelihood of sexual intercourse ever and in the last month. One long term gain in this age group was knowledge and intent to remain abstinent.

Lieberman et al. (2000) comprised a study 312 students in New York City Schools. In their study there was a pre and post-test as well as a year follow up with students. During the study, 125 students participated in 3-4 month long abstinence plus small based group intervention. “Project IMPACT” curriculum focuses on the importance of abstaining from sexual intercourse. Topics that are covered in the curriculum include male and female anatomy; understanding pressure to have sex; coping with peer pressure and pressure from media; risks of early sexual involvement; and STDs, HIV and AIDS. Contraceptive methods are discussed in the curriculum, but abstinence is emphasized as the best overall choice. Failure rates with contraceptive methods are discussed during this time also. Results showed at one year follow up the intervention students scored better on locus of control, their relationship with their parents and their attitudes about the appropriateness of teenage sex. However, in their study they found that “students who were already sexually active at the start of the study had very low positive outcomes” Lieberman et al. (2000). The reason they stated low positive outcomes is the difficulty in reaching adolescents who are already at high risk for pregnancy.

Finally, in a study done by O’Donnell et al. (2005) their curriculum called “Saving Sex for Later” is very unique. Instead of having the teachers teach the curriculum they had the parents of the children teach the curriculum. The program is comprised of three 25 minute audio
CD’s that help parents with at risk urban fifth and six graders to provide “teachable moments” for their kids. This curriculum is based on the social development theory that parents play a major role in shaping their young adolescents behavior. This program was meant to be easy for parents to access at their convenience when they thought they needed to use a “teachable moment” to talk to their son or daughter about sex. This program does advocate that parents talk to their son or daughter about sexual abstinence but does encourage them to talk about contraceptive methods if they need to. The results showed that youths in the intervention were more likely than controls to report more family rules, fewer behavioral risks and high family support system. Also, at follow-up, parents in the intervention group were significantly more likely than the control group to score high on indexes of communication with children about targeted risk behaviors, self efficacy to discuss pubertal development and sexuality, and perceived influence over youth’s behavior (O’Donnell et al 2005).

In conclusion, I think the research is clear, abstinence education is important in designing a health education curriculum for schools. I believe that this is why most of the schools today have some form of abstinence education today. It is important to teach today’s youth that the better option, especially in the teen years, is abstinence. I am a little concerned about the youth who are already sexual experienced though, in almost all the studies that I read there were no improvements on the postponement of sexually active for the sexually experienced. I think there needs to be more research done in this area so that we can reach the youth who are already experienced. I would think that abstinence plus programs would be a better option because it teaches the youth about contraceptive methods that may help protect themselves against diseases. There also needs to be more research on which type of abstinence program should be taught (abstinence plus or abstinence only). I could find no research in this area at all.
Lastly, I believe that parents are very important in the lives of children. The parent education intervention study was my favorite; it showed that parents are the biggest role model for their children. Parents need to talk about their children at young ages about abstinence. Children should not be afraid to come to their parents about this issue. If a parent talks to their child about sex and their beliefs about that subject more than likely they will hold that belief too. We need to get parents involved with sex education. It is a hard subject to talk about but their child’s health and life could be on the line.
References:


