

COMMENTARY

Don't Think About a Condom: The Benefits of Comprehensive Sex Education in the United States from a Teacher's Perspective

Kate Selker

Ms. Selker is a high-school science teacher in New Orleans, LA.

“You can't get pregnant if you do it standing up. Or on Tuesdays. You can't get pregnant if you do it in the shower. But if you spit on someone, you could get AIDS. Which kills you within a year. The homosexuals, after all, can infect you with Gay just by looking. And then you really will have AIDS. A sexually transmitted disease is always permanent, but preventable by a shower. Carriers are limited to sluts and ho-bags, the seventh grade reports. No one with syphilis gets into heaven.”

So I've been told: Middle- and high-school aged kids know a lot about sex. The problem is that they often don't know anything *true*. The scope of their misconceptions is enormous, and the job of correcting them is crucial to public health. The mistaken beliefs are sometimes cruel and often dangerous.

I taught health education for three years in New Haven, CT, and it became clear within my first five minutes in a classroom that students needed new information about sex. We might not want kids to cross the street on their own when they're little, but we still tell them to look both ways and wait for the “walk” sign. It keeps them safe, in the chance that they do, some day, face a crosswalk all by themselves. Just so, we might not want our teens having sex, but we should still tell them how to do so safely.

The reality, however, is startling: Only 21 states in our country mandate sex education. Of those states, just 13 specifically call for the content of those classes to be scientifically accurate. Our national commitment to sexual education, instead, often comes in the form of restrictions. During the recent national health care reform, \$50 million dol-

lars in grants were set aside for abstinence-only sex education. Furthermore, three of our states mandate that sex education refer to struggles with sexual orientation in only a negative context.¹ Tennessee is slated to finalize laws in 2012 that prohibit the mere *mention* of homosexuality in schools before ninth grade.²

The Netherlands, on the other hand, often hailed as the Mecca of sex positivity, avoids such prohibitions. In-depth sex education begins in public elementary school,³ and teen pregnancy rates are just 0.6%, compared to the nearly 4% we see in the United States.⁴

To be fair, teen pregnancy is caused by many factors. Abstinence-only programs, the cornerstone of the sex education policy in the United States, have not been proven effective in curbing it.⁵ Why not?

The concept of thought suppression comes to mind. In a classic study by Daniel Wegner, individuals responded to a request to “not think about a white bear” by, indeed, thinking about a white bear. As the theory goes, you're drawn to think about what you're told *not* to think about.⁶ So, for a second, don't think about sex. Think about not having sex because sex is bad. Don't think about sex! Don't think about it! Did you think about it? Let's say, just for a second, you did. Because, unlike white bears, sex is everywhere in American society. You can't escape it. And, unlike thinking about white bears, sex is a natural human reproductive instinct.

In an abstinence only education program, students are told not to think about sex. This, along with hormones, television, and sidebar ads on Facebook, likely causes them to think about sex.

Unfortunately, their health education instructors have declined to pro-

vide them the information they need to have safe sex, if they do end up choosing to be sexually active. They're not taught about consent. They're not taught about condoms. They're taught about birth control. After all, you're not even going to think about sex. Why think about ways to make it healthy?

The reasoning behind this method is that sex is never healthy when performed outside of marriage. This view should be respected and presented to students as an option. Unfortunately, statistics tell us that the students who are taught this as their only option may end up having more babies out of wedlock than students who don't. Margaret Talbot, in her *New Yorker* article “Red Sex, Blue Sex,”⁷ quoted evidence from sociologist Mark Regnerus' studies that spoke to this trend. Evangelical Protestant teens, for instance, taught to maintain abstinence before marriage at all costs, are in fact *more likely* to engage in premarital sex than teens of other religions, notes Talbot and Regnerus. They were also less likely to use contraception.⁸

What matters to me, as an educator, is that my students are informed about as much of the world as they can be. We don't want our students to discriminate, but we teach them about Jim Crow laws so that they are informed. We don't want our students to snack on chemicals in a lab, so we tell them the rules for lab safety. We may want a peaceful world, but we teach our students about war. Information is power.

In New Haven, where I sought to distribute this information, many of the students I met were living in tough circumstances. In 2010, the last year I taught there, the city suf-

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ferred 1,992 incidences of violent crime. The dropout rate was 27%.⁸ Teenagers have enough pressure to give up on themselves and their dreams, particularly in low-income communities. Let's imagine a young woman struggling with poverty and issues of self-esteem, who is three grade levels behind in school and wants to be a professor. She should be a professor. Can she do it?

The cycle of poverty is hard to break. Standardized tests are hard to pass. And if our young woman gets pregnant, she's far less likely to get her diploma.⁹ With a sexually transmitted disease, her self-esteem's going to drop even lower. These issues of education, psychology, and economics are difficult to crack. The field of public health, however, holds efficient and simple means to help adolescents reach their full potential.

If teachers can't always educate students on healthy sex due to regulations, doctors can make a particularly big difference by educating their patients. If we can inform teenagers of the ways to protect themselves from sexually transmitted infections and unwanted pregnancy, we affect their lifetime health outcomes. We protect justice by dismantling myths. We protect the

educational futures of our young women. We prevent the birth of babies with low birth weight and developmental problems and decrease their risk of future abuse.⁹

Unwanted teen pregnancies cost our country \$10.9 billion yearly.⁹ A condom costs as little as a quarter.¹⁰ Telling kids how to use one, and why, takes about 15 minutes. We devote billions to national security. We owe students the knowledge that protects them, too.

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