

Curriculum

Just Say No' or 'Just Say Know'? The answer is somewhere in between

The ABCs of Sex Ed

In February, Secretary of State Colin Powell addressed a group of teens from around the globe during a 90-minute MTV teleconference. One—19-year-old Daniela Satori from Milan, Italy—asked Powell about the Catholic Church's ban on condoms.

"In my own judgment, condoms are a way to prevent infection," Powell responded, voicing a view counter to that of his employer, the Bush administration. "Therefore, I not only support their use, I encourage their use among people who are sexually active and need to protect themselves.

"It is important that the whole international community come together, speak candidly about it, forget about taboos, forget about conservative ideas with respect to what you should tell young people about," Powell continued. "It's the lives of young people that are put at risk by unsafe sex. And therefore, protect yourself."

Powell's words, as expected, enraged conservative groups and caused a minor storm among those who believe kids should be taught abstinence and abstinence only. Ken Connor, president of the conservative Family Research Council, called Powell's remarks "reckless and irresponsible." A spokesman for the group Focus on the Family described Powell's appearance as "tragic"; other critics said the secretary of state was talking about a subject that he didn't understand.

The ideological dispute over sex education is nothing new. In the 1980s, Surgeon General C. Everett Koop was criticized for encouraging the use of con-

doms to prevent AIDS. Former Surgeon General Jocelyn Elders was pressured to resign in 1994 for suggesting that schools discuss masturbation. And last year, the Bush administration distanced itself from Surgeon General David Satcher after his report "Call to Action to Promote Sexual Health and Responsible Sexual Behavior" urged comprehensive sex education that included teaching students about contraception as well as abstinence.

Satcher's report caused me to pause and reflect on my own efforts to teach sex education over the past 30 years. As a health educator, I've realized that it's a strange time to be educating our youth about sex. In some ways, it's more difficult than ever.

If you talk about condoms, or "Just Say Know," you will be accused of encouraging teens to have sex. If you talk only about abstinence, or "Just Say No," you will be called foolish for ignoring the fact that many young people are already sexually active.

So, what should legislators, school boards, administrators, teachers, and parents do in an era when you can be medically correct but socially unacceptable?

What's a district to do?

States and districts are struggling with this dilemma and approaching the issue in various ways. Earlier this year, New Jersey Gov. Donald T. DiFrancesco signed a bill ordering schools to stress abstinence as the only certain and foolproof method to prevent pregnancy and sexually transmitted diseases. Under the New Jersey law, any instruction on contraception must include failure rates of condoms in preventing pregnancy and infection.

School systems in Maryland are required by law to provide a comprehensive sex education curriculum for students in public schools. By contrast,



By Stephen R. Sroka

Georgia's law requires school systems to teach abstinence; using contraception is not mentioned at all.

The Bush administration has encouraged states to adopt abstinence-only education by providing funding to schools and districts that have abstinence-only programs. Federal funds increased this year by 33 percent—from \$102 million to \$135 million—and more than a third of the nation's schools are receiving abstinence-only dollars. Montana, for example, has received a \$186,439 five-year federal grant for abstinence education.

States that do not support abstinence-only programs are feeling the wrath of conservative legislatures. A case in point is Ohio, which forfeited a \$974,000 federal grant because \$90,000 of the money was earmarked for the prevention of sexually transmitted diseases. Conservatives wanted only abstinence taught, while federal guidelines for the grant stipulated that abstinence only be "emphasized."

Ohio's health education programs were the losers in this battle of ideology. While conservatives were concerned about what would be taught in sex education classes, the grant money would have also covered tobacco and suicide prevention, nutrition, physical fitness, and a host of other health issues.

Facts about the ABCs

The fact that no funding is available at the federal level for comprehensive sex education shows how policy makers ignore the facts. A 1999 survey by the Centers for Disease Control and Prevention revealed that one out of every two U.S. high school students has had sex at least once. According to the latest Youth Risk Behavior Surveillance report, 65 percent of 12th-graders have had sex, 16 percent of teens have had four or more partners, and only 58 percent used a condom during their last sexual encounter.

The consequences are even more grim. Each year, about one in 10 teenage girls (almost 1 million nationwide) gets pregnant, and approximately one in four teens (about 3 million) who are sexually active has a sexually transmitted disease (STD). Almost half of all new HIV cases occur in people under age 25.

Currently, about two-thirds of those who get an STD are under the age of 25. Forty percent of all chlamydia cases reported are in people age 15 to 19. Teenagers have the highest rate of gonorrhea of any age group.

These devastating statistics have led me to urge educators to teach students age-appropriate messages about abstinence and condoms. In all high schools and in many middle schools, I suggest teaching the ABCs of sex education:

■ **A = Abstinence:** No sex or drugs is the most effective way to prevent HIV/AIDS, sexually transmitted diseases, and unintended pregnancies.

■ **B = Be Monogamous:** A mutually faithful relationship, such as marriage, with an uninfected partner is the next most effective prevention.

■ **C = Condoms:** Although condoms do not eliminate risk, they can significantly reduce the risks of HIV transmission, unintended pregnancy, and some STDs.

Abstinence plus

Under federal law, abstinence-only programs should teach young people that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexuality, and that sexual activity outside the context of marriage is likely to have harmful psychological and physical effects.

But teaching students to "Just Say No" is not enough. According to a report released last year by the nonprofit National Campaign to Prevent Teen Pregnancy, abstinence is the safest and most reliable way to avoid pregnancy and STDs, but there is no scientific evidence that abstinence-only programs are effective in delaying sex and preventing pregnancy or sexually transmitted diseases. The report, *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy*, found that "abstinence-plus" programs are the most successful because they offer a combination of abstinence education and contraception information.

Educators also should discuss the importance of being monogamous. In his "Call to Action" report, Satcher recommended that young people abstain from

sex until "engaged in a committed and mutually monogamous relationship" such as marriage. It's no secret that the more partners a person has, the greater the risk of an unintended pregnancy or sexually transmitted disease.

Teens who ignore the abstinence-only message—and many do—should know how to protect themselves. Research suggests that, if used correctly and consistently, latex condoms are very effective against unintended pregnancy and HIV, as well as other STDs, including gonorrhea. In its comprehensive report, the National Campaign to Prevent Teen Pregnancy found that making condoms available to teens did not increase sexual behavior.

But it must be noted that though condoms may reduce risk, they do not eliminate it. A 2001 report by the National Institutes of Health found insufficient evidence that condoms reduced "the spread of chlamydia, trichomonas and human papillomavirus (HPV) or genital warts." There are also inadequate data that show the effectiveness of condoms to help prevent herpes simplex virus type 2 (HSV-2) or genital herpes.

Like abstinence-only, "Just Say Know" education is not enough. Condoms do not protect some of the most important things about you. Condoms do not protect your reputation. They do not protect your brain. And no condom is big enough or strong enough to protect your heart.

Education does work

The Sexuality Information and Education Council of the United States estimates that only 5 to 10 percent of school districts across the nation have appropriate sex education programs. Yet, a 2001 poll by the Kaiser Foundation found that 85 percent of parents want schools to discuss condoms and contraception along with abstinence. Forty-two percent of 12- to 17-year-olds want more sex education in their health classes.

Douglas Kirby's *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy* (published by the National Campaign to Prevent Teen Pregnancy in May 2001) concluded that only eight of approximately 250 pregnancy-prevention programs were successful.

Five of the successful programs used comprehensive, school-based sex education; two were community service programs; and one combined sex education and activities such as mentoring. All eight programs taught that abstinence was the safest method to avoid pregnancy or STDs, and each provided teens with information on protecting themselves.

No magic bullet exists for sex education. The entire community—students, teachers, parents, physicians, religious leaders, and the media—needs to be involved. The message has to be sensitive to the needs and values of the community but realistic enough to reduce the risk of unintended pregnancy, disease, and other consequences of irresponsible sexual behavior.

In addition, sex education needs to address the social, mental, and spiritual aspects of human sexuality as well as physical concerns and consequences. Decisions need to be made on the basis of accurate, up-to-date information and community values—not just emotions.

I am often asked, “What do our youth need to protect them from the consequences of irresponsible sexual behavior?” My reply is that schools and sex education programs cannot do the job alone. Children need families who will love them unconditionally, friends who will pull them up and not down, and a moral compass to teach them right from wrong.

Until we can ensure that these things will happen, we’d better advocate teaching the ABCs of sex education. This is one lesson adolescents may not get a second chance to learn.

Stephen R. Sroka (*DrSSroka@aol.com*), an inductee into the National Teachers Hall of Fame and former Disney Health Teacher of the Year, is retired from the Cleveland Public Schools. He is an adjunct professor at Case Western Reserve University and Cleveland State University and president of Health Education Consultants.