

Where Sex Education Went Wrong

Thomas Lickona

Chastity education promises to succeed where “comprehensive” and “abstinence, but” models have failed; it promotes self-control and the application of core ethical values.

Most of us are familiar with the alarming statistics about teen sexual activity in the United States.

Among high school students, 54 percent (including 61 percent of boys and 48 percent of girls) say they have had sexual intercourse, according to a 1992 Centers for Disease Control study.

The number of 9th graders who say they have already had sex is 40 percent.¹

In the past two decades, there has been an explosion in the number of sexually transmitted diseases. Twelve million people are infected each year; 63 percent of them are under 25.

Each year, 1 of every 10 teenage girls becomes pregnant, and more than 400,000 teenagers have abortions. One in 4 children is born out of wedlock, compared to 1 in 20 in 1960.

But statistics like these do not tell the whole story.

The other side—one that should concern us deeply as moral educators—is the debasement of sexuality and the corruption of young people’s character.

A Legacy of the Sexual Revolution

A 1993 study by the American Association of University Women found that four out of five high school students say they have experienced sexual harassment (“unwanted sexual behavior that interferes with your life”) in school. Commented one 14-year-old girl: “All guys want is sex. They just come up to you and grab you.”

In suburban Minneapolis, a mother filed state and federal complaints because 3rd and 4th grade boys on the school bus had tormented her 1st grade daughter daily with obscene comments and repeated demands for sexual acts. A 6th grade

teacher taking my graduate course in moral education said, “The boys bring in *Playboy*, the girls wear make-up and jewelry, and the kids write heavy sexual notes to each other.”

At an Indiana high school, a teacher said, “Kids in the halls will call out—boy to girl, girl to boy—‘I want to f—— you.’” At Lakewood High School in an affluent Los Angeles suburb, a group of boys formed the “Spur Posse,” a club in which participants competed to see how many girls they could sleep with.

Growing up in a highly eroticized sexual environment—a legacy of the sexual revolution—American children are preoccupied with sex in developmentally distorted ways and increasingly likely to act out their sexual impulses. The widespread sexual harassment in schools and the rising rates of teen sexual activity are not isolated phenomena but an outgrowth of the abnormal preoccupation with sex that children are manifesting from the earliest grades.

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continues to mount that sex is out of control. In 1990, 29 states set records for the sex-and-violence crime of rape. By age 18, more than a quarter of girls and one-sixth of boys suffer sexual abuse. One in four female students who say they have been sexually harassed at school were victimized by a teacher, coach, bus driver, teacher’s aide, security guard, principal,

or counselor.² By various estimates, sexual infidelity now occurs in a third to one-half of U.S. marriages.

Sex is powerful. It was Freud who said that sexual self-control is essential for civilization. And, we should add, for character.

Any character education worthy of the name must help students develop sexual self-control and the ability to apply core ethical values such

as respect and responsibility to the sexual domain. Against that standard, how do various contemporary models of sex education measure up?

The history of modern sex education offers three models. The first two are variations of the nondirective approach; the third, by contrast, is a directive approach.

Comprehensive Sex Education

“Comprehensive sex education,” which originated in Sweden in the 1950s and quickly became the prototype for the Western world,³ was based on four premises:

1. Teenage sexual activity is inevitable.
2. Educators should be value-neutral regarding sex.
3. Schools should openly discuss sexual matters.
4. Sex education should teach students about contraception.

This value-neutral approach to sex soon showed up in American sex education philosophy, as in this statement by the author of the *Curriculum Guide for Sex Education in California*: “‘Right’ or ‘wrong’ in so intimate a matter as sexual behavior is as personal as one’s own name and address. No textbook or classroom teacher can teach it.”⁴

What was the impact of nondirective, value-neutral, comprehensive sex education on teenage sexual behavior?

■ From 1971 to 1981, government funding at all levels for contraceptive education increased by 4,000 percent. During that time, teen pregnancies increased by 20 percent and teen abortions nearly doubled.⁵

■ A 1986 Johns Hopkins University study concluded that comprehensive sex education did not reduce teen pregnancies,⁶ a finding replicated by other studies.

■ A 1986 Lou Harris Poll, commissioned by Planned Parenthood (a leading sponsor of comprehensive sex education), found that teens who took a comprehensive sex education course (including contraceptive education) were significantly *more likely* to initiate sexual intercourse than teens

whose sex education courses did not discuss contraceptives.⁷

The “Abstinence, But” Model

Negative results like those cited did not lead comprehensive sex educators to alter their approach—but AIDS did. AIDS led to two modifications: (1) teaching students to practice “safe [or “safer”] sex” through the use of barrier contraception (condoms); and (2) grafting an abstinence message onto the old comprehensive model. These changes resulted in what can be called the “Abstinence, But” approach, which says two things to students:

■ Abstinence is the only 100 percent effective way to avoid pregnancy, AIDS, and other sexually transmitted diseases.

■ But if you are sexually active, you can reduce these risks through the consistent, correct use of condoms.

This hybrid model, still found in many public and private schools, seems to many like a “realistic” compromise. But closer examination reveals fundamental problems in the “Abstinence, But” model.

1. *It sends a mixed message.* “Don’t have sex, but here’s a way to do it fairly safely” amounts to a green light for sexual activity. The problem is that “Abstinence, But” is still nondirective sex education. Abstinence is presented as the safest contraceptive option,⁸ but “protected sex” is offered as a “responsible” second option. The emphasis is on “making your own decision” rather than on making the right decision.

As a rule, if educators believe that a given activity is ethically wrong—harmful to self and others (as teen sexual activity clearly is)—we help students understand why that is so and guide them toward the right decision. We don’t say, for

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example, “Drug abuse is wrong, but make your own decision, and here’s how to reduce the risks if you decide to become drug active.”

2. *An abstinence message is further weakened when schools provide how-to condom instruction and/or distribute condoms.* Teachers providing condom instruction will commonly demonstrate how to fit a condom to a model (or students may be asked to put a condom on a banana). In the same nonjudgmental atmosphere, discussion often includes the pros and cons of different lubricants, special precautions for oral and anal sex, and so on. Some schools also take what seems like the next logical step of actually distributing condoms to students. Both actions signal approval of “protected sex” and further undermine an abstinence message.

3. *Condoms do not make sex physically safe.* For all age groups, condoms have a 10 percent annual failure rate in preventing pregnancy; for teens (notoriously poor users), the figure can go as high as 36 percent.⁹ By one estimate, a 14-year-old girl who relies on condoms has more than a 50 percent chance of becoming pregnant before she graduates from high school.¹⁰

Contraceptive sex educators often cite AIDS as the main justification for “safe sex” education, but research shows that condoms do *not* provide adequate protection against AIDS (and, especially among teens, may generate a false sense of security). In a 1993 University of Texas study, the average condom failure rate for preventing AIDS was 31 percent.¹¹

While AIDS is still relatively infrequent among teens, other sexually transmitted diseases are epidemic. Many of these diseases—and 80 percent of the time there are no visible symptoms—can be transmitted by areas of the body that are not covered

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by contraceptive barriers. Human Papilloma Virus, once very rare, is perhaps the most common STD among teens, infecting 38 percent of sexually active females ages 13 to 21. Victims may suffer from venereal warts, painful intercourse, or genital cancer. The virus can also cause cancer of the penis. Condoms provide no protection against this virus.¹²

Chlamydia infects 20 to 40 percent of sexually active singles; teenage girls are most susceptible. In men, chlamydia can cause infertile sperm; in women, pelvic inflammatory disease and infection of the fallopian tubes. A single infection in a woman produces a 25 percent chance of infertility; a second infection, a 50 percent chance. Medical research has found that condoms do not significantly reduce the frequency of tubal infection and infertility stemming from this disease.¹³

Given teenagers’ vulnerability to pregnancy despite the use of condoms and the fact that condoms provide inadequate protection against AIDS and no

protection against many STDs, it is irresponsible to promote the myth that condoms make sex physically safe.

4. *Condoms do not make sex emotionally safe.* The emotional and spiritual dimensions of sex are what make it distinctively human. If we care about young people, we will help them understand the destructive emotional and spiritual effects that can come from temporary, uncommitted sexual relationships.

These psychological consequences vary among individuals but include: lowered self-esteem (sometimes linked to sexually transmitted diseases), a sense of having been “used,” self-contempt for being a “user,” the pain of loss of reputation, compulsive sexual behavior to try to shore up one’s damaged self-image, regret and self-recrimination, rage over rejection or betrayal, difficulty trusting in future relationships, and spiritual guilt if one has a faith tradition that prohibits sex outside marriage (as world religions typically do).¹⁴ Condoms provide zero protection against these emotional consequences.

5. *Nondirective sex education undermines character.* From the standpoint of character education, the nondirective “Abstinence, But” model fails on several counts:

- It doesn’t give unmarried young people compelling ethical reasons to abstain from sexual intercourse until they are ready to commit themselves to another person. Instead, students learn that they are being “responsible” if they use contraception.

- It doesn’t help students develop the crucial character quality of self-control—the capacity to curb one’s desires and delay gratification. To the extent that sex education is in any way permissive toward teenage sexual activity, it fosters poor character and

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feeds into the societal problem of sex-out-of-control.

- It doesn't develop an ethical understanding of the relationship between sex and love.

- It doesn't cultivate what young people desperately need if they are to postpone sex: a vision of the solemn, binding commitment between two people in which sex is potentially most meaningful, responsible, and safe (physically and emotionally)—namely, marriage.

Directive Sex Education

By any ethical, educational, or public health measure, nondirective sex education has been a failure. As a result, schools are turning increasingly toward directive sex education—just as the national character education movement is embracing a more directive approach to promoting core ethical values as the basis of good character.

A directive approach means helping young persons—for the sake of their safety, happiness, and character—to see the logic of an “Abstinence, No Buts” standard, often called “chastity education.” This standard says three things:

1. Sexual abstinence is the *only* medically safe and morally responsible choice for unmarried teenagers.
2. Condoms do not make premarital sex responsible because they don't make it physically safe, emotionally safe, or ethically loving.
3. The only truly safe sex is having sex *only* with a marriage partner who is having sex *only* with you. If you avoid intercourse until marriage, you will have a much greater chance of remaining healthy and being able to have children.

There are now many carefully crafted curriculums, books, and videos that foster the attitudes that lead teens to choose chastity—a moral choice

and a lifestyle that is truly respectful of self and others. Here are some examples:

1. *Decision-Making: Keys to Total Success*. Facing a serious teen pregnancy problem (147 high school girls known to be pregnant in 1984-85), the San Marcos, California, school system implemented a multifaceted program, which included six-week courses for junior high students on developing study skills, self-esteem, and positive moral values;¹⁵ daily 10-minute lessons on “how to be successful”; a six-week course for 8th graders using Teen Aid's curriculum on the advantages of premarital abstinence and how to regain them (for example, self-respect and protection against pregnancy and disease) after having been sexually active; *Window to the Womb*, a video providing ultrasound footage of early fetal development to show students the power of their sexuality to create human life; and summaries of all lessons for parents plus a parent workshop on teaching sexual morality to teens.¹⁶

After San Marcos implemented this program, known pregnancies at the high school dropped from 20 percent in 1984 to 2.5 percent in 1986 to 1.5 percent in 1988. Meanwhile, scores on tests of basic skills went up, and in 1988 San Marcos won an award for the lowest drop-out rate in California.

2. *Teen S.T.A.R. (Sexuality Teaching in the context of Adult Responsibility)* is currently used with more than 5,000 teens in various regions of the United States and in other countries. The program teaches that fertility is a gift and a power to be respected. Its premise is that “decisions about sexual

responsibility will arise from inner conviction and knowledge of the self.” More than half of the teens who enter the program sexually active stop sexual activity; very few initiate it.¹⁷

3. *The Loving Well Curriculum*, a literature-based program, uses selections from the classics, folktales, and contemporary adolescent literature to examine relationships from family love to infatuation and early romance to marriage. An evaluation finds that of those students who were not sexually active when they started the curriculum, 92 percent are still abstinent two years later, compared to 72 percent abstinent in a control group not exposed to the curriculum.¹⁸

4. *Postponing Sexual Involvement* was developed by Emory University's Marion Howard specifically for low-income, inner-city 8th graders at high risk for early sexual activity. Of students in the program, 70 percent said it taught them that they “can postpone sexual activity without losing their friends' respect.” Participants were *five times less likely* to initiate sexual activity than students who did not take the program.¹⁹

Other useful resources for directive sex education include:

- *Safe Sex: A Slide Program*. This extremely persuasive slide picture/audiotape presentation argues from medical facts alone that the only truly safe sex is within marriage. Available from the Medical Institute for Sexual Health, P.O. Box 4919, Austin, TX 78765-4919.

- *Let's Talk—Teens and Chastity*. In this humorous, dynamic video, Molly Kelly—an award-winning educator and mother of eight—addresses a high school assembly on safe sex and chastity. Available from The Center for Learning, Box 910, Villa Maria, PA 16155.

- *Sex, Lies, and the Truth* is a riveting, for-teens video that stresses

the hard truths about sex in the '90s. Available from Focus on the Family, Colorado Springs, CO 80995. Also excellent and available from Focus on the Family is *Has Sex Education Failed Our Teenagers? A Research Report* by Dinah Richard.

■ *Foundations for Family Life Education: A Guidebook for Professionals and Parents*, by Margaret Whitehead and Onalee McGraw, includes abstinence-based sex education objectives for grades K-10 and a superb annotated bibliography of age-appropriate curriculums and videos. Available from Educational Guidance Institute, 927 S. Walter Reed Dr., Suite 4, Arlington, VA 22204. Forthcoming from the same Institute: *Love and Marriage at the Movies: Educating for Character Through the Film Classics*.

■ George Eager's *Love, Dating, and Sex* is one of the best-written books for teens. Available from Mailbox Club Books, 404 Eager Rd., Valdosta, GA 31602.

Answers to Common Questions

Educators committing to directive sex education must be prepared to answer some common questions. Among them:

What about all the teens who will remain sexually active despite abstinence education? Shouldn't they be counseled to use condoms? Obviously, if a person is going to have sex, using a condom will reduce the chance of pregnancy and AIDS, but not to an acceptable level. Condoms offer no protection against many other STDs and their long-term consequences, such as infertility. Schools have the mission of teaching the truth and developing right values—which means helping students understand why the various forms of contraception do not make premarital sex physically or emotionally safe and how premature sexual activity will hurt

them now and in the future.

Isn't premarital sexual abstinence a religious or cultural value, as opposed to universal ethical values like love, respect, and honesty?

Although religion supports premarital abstinence, it can be demonstrated, through ethical reasoning alone, that reserving sex for marriage is a logical application of ethical values. If we love and respect another, we want what is in that person's best interest. Does sex without commitment meet that criterion? Can we say that we really love someone if we gamble with that person's physical health, emotional happiness, and future life? Given the current epidemic of sexually transmitted diseases, it's possible to argue on medical grounds alone that premarital sexual abstinence is the only ethical choice that truly respects self and other.

Isn't the recommendation to save sex for marriage prejudicial against homosexual persons, since the law does not permit them to marry? All students can be encouraged to follow the recommendation of the U.S. Department of Education's guidebook, *AIDS and the Education of Our Children*:

Regardless of sexual orientation, the best way for young people to avoid AIDS and other STDs is to refrain from sexual activity until as adults they are ready to establish a mutually faithful monogamous relationship.²⁰

Is abstinence education feasible in places, such as the inner city, where poverty and family breakdown are harsh realities? Programs like Atlanta's Postponing Sexual Involvement

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ment have a track record of making abstinence education work amid urban poverty. Virginia Governor Douglas Wilder has argued that “the black family is teetering near the abyss of self-destruction” and that “our young, male and female alike, must embrace the self-discipline of abstinence.”²¹ Sylvia Peters, who won national acclaim for her work as principal of the Alexander Dumas School (K-8) in inner-city Chicago, made the decision to tell her students (6th graders were getting pregnant before she arrived), “Do not have sex until you are married—you will wreck your life.”²² These two black leaders know that the problem of black illegitimate births—up from 35 to 65 percent in little more than two decades—won't be solved until there is a new ethic of sexual responsibility.

Sexual behavior is determined by values, not mere knowledge. Studies show that students who have value orientations (for example, get good grades in school, have high self-regard, consider their religious faith important, have strong moral codes), are significantly less likely to be sexually active than peers who lack these values. These internally held values are more powerful than peer pressure.²³

Our challenge as educators is this: Will we help to develop these values and educate for character in sex, as in all other areas? If we do not move

decisively—in our schools, families, churches, government, and media—to promote a higher standard of sexual morality in our society, we will surely see a continued worsening of the plague of sex-related problems—promiscuity, sexual exploitation and rape, unwed pregnancy, abortions, sexually transmitted diseases, the emotional consequences of uncommitted sex, sexual harassment in schools, children of all ages focused on sex in unwholesome ways, sexual infidelity in marriages, pornography, the sexual abuse of children, and the damage to families caused by many of these problems.

Nondirective sex education obviously didn't cause all of these problems, and directive sex education won't solve all of them. But at the very least, sex education in our schools must be part of the solution, not part of the problem. ■

¹Centers for Disease Control and Prevention, (1992), "Sexual Behavior Among High School Students, U.S.," in *Morbidity and Mortality Weekly Report* 40, 51-52.

²American Association of University "Women Report on Sexual Harassment," (June 1993).

³D. Richard, (1990), *Has Sex Education Failed Our Teenagers?*, (Colorado Springs: Focus on the Family Publishing).

⁴S. Cronenwett, (1982), "Response to Symposium on Sex and Children," in *Character Policy*, edited by E. A. Wynne, (Lanham, Md.: University Press of America), p. 101.

⁵R. Glasow, (1988), *School-Based Clinics* (Washington, D.C.: NRL Educational Trust Fund).

⁶D. A. Dawson, (1986), "The Effects of Sex Education on Adolescent Behavior," *Family Planning Perspectives* 18, 4: 162-170.

⁷L. Harris, (1986), "American Teens Speak: Sex, Myth, TV, and Birth Control," poll commissioned by the Planned Parenthood Federation of America.

⁸Thanks to Onalee McGraw for this point.

⁹E. Jones and J. Forrest, (May/June 1989), "Contraceptive Failure in the United States," *Family Planning Perspectives*.

¹⁰W. Kilpatrick, (1992), *Why Johnny Can't Tell Right From Wrong*, (New York: Simon & Schuster).

¹¹Reported by CBS Evening News, 1993.

¹²Source: Dr. Joe McIlhaney, Medical Institute for Sexual Health, Austin, Texas. For an in-depth treatment of sexually transmitted diseases, see McIlhaney's 1991 book *Safe Sex: A Doctor Explains the Realities of AIDS and Other STDs* (Grand Rapids: Baker Book House).

¹³*Safe Sex: Slide Program Lecture Notes*, (1993), (Austin: Medical Institute for Sexual Health).

¹⁴Thanks to Carson Daly for her contribution to this list.

¹⁵These lessons are available from the Jefferson Center for Character Education, Suite 240, 202 S. Lake Ave., Pasadena, CA 91101.

¹⁶Teen Aid, N. 1330 Calispel, Spokane, WA 99201-2320. For information on a similar program with comparable positive outcomes, contact: SEX RESPECT, P.O. Box 349, Bradley, IL 60915-0349.

¹⁷C. Balsam, (October 1992), "Letter to the Editor," *New Oxford Review*. For information about Teen S.T.A.R., contact Hanna Klaus, P.O. Box 30239, Bethesda, MD 20824-0239.

¹⁸Based on an article by S. Ellenwood in *Character* (April, 1993), the newsletter of Boston University's Center for the Advancement of Ethics and Character. For information about the Loving Well Curriculum, contact Nancy McLaren, Project Coordinator, College of Communication, Boston University, 460 Commonwealth Ave., Boston, MA 02215.

¹⁹M. Howard and J. McCabe, (1990), "Helping Teenagers Postpone Sexual Involvement," *Family Planning Perspectives* 22: 1.

²⁰*AIDS and the Education of Our Children*, (1988), (Washington, D.C.: U.S. Department of Education).

²¹L. D. Wilder, (March 28, 1991), "To Save the Black Family, the Young Must Abstain," *The Wall Street Journal*.

²²S. Peters, (February 1993), comments as a panel member at the annual conference of the Character Education Partnership, Washington, D.C.

²³I am indebted to William Bennett for this point.

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