

Sample Paper from 2008-2009

The following Senior Project paper is an actual student paper from 2008-2009. It is not necessarily perfect or error-free; however, the research and content demonstrate an advanced level of thinking and writing.

Please note that for the 2009-2010 school year, the prompt and paper rubric have changed slightly. Students should use the 2009-2010 prompt, rubrics, and paper template to complete their senior project.

Running head: SEX EDUCATION

Sex Education in High School

Student Name

High School

Abstract

This report examines the issue of abstinence-only sex education programs while focusing on the Idaho Legislative Policy regarding sex education. Since 2001, Idaho has had an abstinence-based policy and accepted the Abstinence-Only-Until-Marriage federal grant. Selective research was done including statewide, national, and international information, to maintain validity of the data. This report concludes that federally funded abstinence-only courses are ineffective and recommends that a comprehensive sex education option be added to Idaho's health curriculum.

Sex Education in High School

The rising controversy of sex education and the recent push for a comprehensive approach has virtually avoided Idaho. The conservative state widely accepts the abstinence-based curriculum required in the Idaho legislative policy.

Policy Identification

The Family Life and Sex Education legislative policy states the standards of Idaho's sex education policy and outlines the limits and guidelines that local school districts must follow when implementing such programs. For the purpose of the legislation, sex education is defined as, "the study of the anatomy and the physiology of human reproduction" (Idaho Statute 33-1609). The Idaho policy states:

The primary responsibility for family life and sex education, including moral responsibility, rests upon the home and the church and the schools can only complement and supplement those standards which are established in the family. The decision as to whether or not any program in family life and sex education is to be introduced in the schools is a matter for determination at the local district level by the local school board of duly selected representatives of the people of the community (Idaho Statute 33-1608).

History/ Background

If a school board decides to adopt a sex education course, Idaho policy lists the curricula that health teachers must follow including "the scientific, physiological information for understanding sex and its relation to the miracle of life, including knowledge of the power of the sex drive and the necessity of controlling that drive by self-discipline" (Idaho Statute 33-1608). The existing policy, quoted above, was amended during a legislative session in 2001 to support a stronger approach towards an abstinence-based sex education course. After the Idaho

Legislature modified the sex education policy to support abstinence, the state became eligible to receive federal funding for the health department. The original statute was created in 1970 from House Bill No. 277 (House Bill No. 277, 2001). Although Idaho adopted an abstinence-only health program, the United States has represented many positions on the topic of sex education throughout the twentieth century.

Dating back to the early 1900's, America was faced with a rising controversy over where and how sex education should be taught. The debatable subject was first launched as "social hygiene." During World War I, America discovered that over 40% of the draftees were infected with a venereal disease (Sex Education, 2008). The young country recognized the threat to national security and began teaching about sexually transmitted diseases (STD) in high school classrooms. The 1950's stressed the importance of family life and child rearing. With medical advances in the 1960's, Enovid, the first birth control pill, brought up the disagreement about contraception options (Sex Education Timeline, 2009). Focus shifted to reducing teenage pregnancy rates in the 1970's and left only three states with a required sex education program. After that, the Adolescent Family Life Act was passed in 1981 (Sex Education, 2009). This introduced instruction about STD's, AIDS, and safe sex methods. Federal grants lent momentum to abstinence-based education programs that swept the nation during the 1990's. Currently, the debate over abstinence vs. comprehensive sex education has sparked an ethical and moral controversy in the heart of America.

Current Situation

Sex education is an extremely sensitive topic and heavily debated between supporters of abstinence-only sex education and advocates for comprehensive programs. Abstinence-only programs focus on abstinence as the only "safe sex" method to avoid unintended pregnancies and

sexually transmitted infections (STI). Comprehensive programs teach abstinence as the best method to avoid unintended pregnancies and STI's, as well as provide accurate information about contraceptive options, alternate ways of reducing risk, and communication/interpersonal skills (Poedy, 2008). Both sides of the debate are gaining respectable recognition; however, recent acceptance of the abstinence-only programs and grant money explain the rise in number.

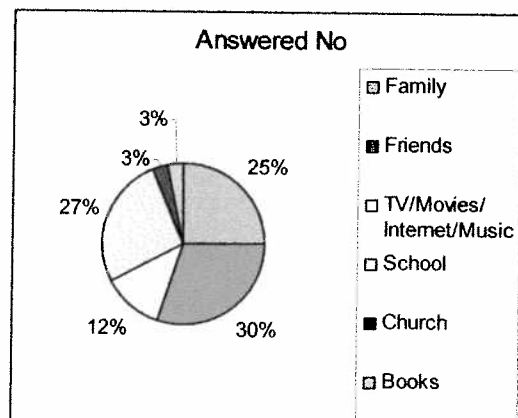
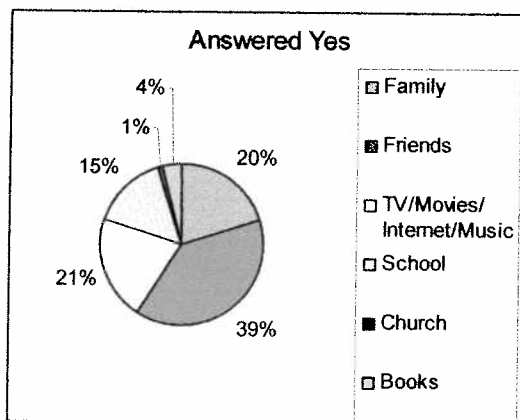
The national epidemic of abstinence-based sex education courses increased in popularity along with federal investment after the Welfare Reform Law was passed 1996. The law generated the Abstinence-Only-Until-Marriage program that federally funded \$440 million over a five year period (Dailard, 2001). Abstinence-Only-Until-Marriage is one of three sex education plans that are funded at the national level; it is also referred to as Title V. States that accept Title V grant money and the restrictions it places on sex education in the classroom must also provide school districts with \$3 to every \$4 the district receives from the federal government (Sex Education, 2009). Idaho is among the majority of the states that partake in the Title V grant; however, 22 states have declined the program within the past few years due to inaccurate information regarding contraceptive options and restrictions on curriculum and classroom discussion.

Despite many states' decision to refuse the Title V grant, Idaho continues to accept federal money. In order for Idaho to receive Title V grant money, legislators modified the original policy of 1970. The modification in 2001, House Bill No. 277, added that content of the curriculum of a sex education program would be dictated at the local level and further defined the meaning of self-discipline and abstinence. In 2007, the Idaho Department of Health and Welfare received \$208,264 from the Abstinence-Only-Until-Marriage federal fund (Idaho State

Profile, 2007). These funds help ensure that abstinence is the only option school districts have when implementing sex education programs.

According to The National Campaign, Idaho is ranked 37th highest for teenage pregnancies in the United States. The U.S. Teen Pregnancy Rates for 2004 Chart (see Appendix A) compares teen pregnancy rates by state. This chart shows that Idaho has an average rate amongst the states that is between 48 and 65 teen pregnancies per 1,000 girls (50-State and National Comparisons, 2009). The visual also shows a general trend of southern states having higher teen pregnancy rates than northern states. The teen pregnancy rate in Idaho is 64/1,000 girls, which is below the national average at 82/1,000girls. Each year, about 3,420 cases of teenage pregnancies occur in Idaho in the age bracket 15-19 (Sex in the States, 2008).

In 2007, the Guttmacher Institute polled that 42% of teenage females and males in Idaho had had sexual intercourse at least once (Dailard, 2001). A survey given to 267 seniors at Centennial High School in January of 2009 found similar results. From the sample, 39% answered yes to having sexual intercourse while 61% answered no. The pie charts below represent those who answered yes to having sex and those who answered no, as well as the distribution of where seniors obtain most of their knowledge about sex education. Of those who answered yes, 21% claimed to learn most about sex education from family or church, while 28% of those who said no cited family or church as the most informative.



Differing Viewpoints

The opposing viewpoints of sex education have increased tensions over this controversial issue. Advocates for abstinence-only education contend that abstinence is the only “safe sex” method to prevent against STI’s and unintended pregnancies. Sexual activity outside of marriage is seen as harmful, socially and psychologically. In general, abstinence-only education is politically accepted by conservatives and moderates. Nevertheless, abstinence-only programs are accused of providing students with false information and lacking instruction about contraception (Poedy, 2008).

Comprehensive courses teach about the importance of abstinence along with methods of contraception, factual medical information, and accurate knowledge about abortion, masturbation, human development, and relationships. The advocates for this type of sex education tend to be more liberal and believe that every child should have the same opportunity to fully understand all aspects of the health topic. Because comprehensive programs tend to be more detailed and explicit, they are accused of advocating sexual activity, minimizing the importance of abstinence, and eroding moral standards of the nation’s youth. Another key argument against comprehensive sex education is that these are private, family issues that have no place in the school system. By teaching such courses, schools are intruding upon established religious and family values (Donovan, 1998). On the contrary, comprehensive education supporters claim that the home and church are not fulfilling their duties.

The main difference between abstinence-only and comprehensive programs is the goal they strive to achieve. Abstinence-only programs focus on promoting abstinence and encourage all students to meet that standard. Dissimilarly, comprehensive programs teach abstinence while

focusing on contraceptive methods that reduce the risk of STI's and unintended pregnancies (Poedy, 2008).

Recommendation

Many recent studies indicate that politicians and federal programs are disconnected with the preferences of parents, teenagers, and teachers with regards to sex education in the classroom. According to a nationwide survey by the Guttmacher Institute, only 14% of school districts have a comprehensive policy. Contrary to the guidelines of abstinence-only programs, nine in ten teachers believe in educating students about contraceptives and three-quarters of parents think that sex education courses should cover contraceptive options, abortion, peer pressure, sexual orientation, and communication skills (Dailard, 2001). Based on research I have found in various studies, the majority of the U.S. population supports comprehensive sex education and desires a more inclusive curriculum for America's youth.

Along with online research, my survey conducted at Centennial High School provided evidence to support comprehensive education. Even though Idaho policy states, "The primary responsibility for family life and sex education, including moral responsibility, rests upon the home and the church," my survey found that out of 267 students, only 26% said the majority of their information on sex education came from the family or church (Idaho Statute 33-1608). The other 74% said they primarily learned about sex education from friends, school, books, or media (music, TV, movies, or internet).

Following my research on the topic, I recommend that Idaho stop accepting Abstinence-Only-Until-Marriage funding from the federal government. The \$208,264 that Idaho currently receives from the Title V grant would be cut from schools budgets; however, this money is not a substantial amount and could be raised by other means. After that, I propose that Idaho modify

its existing sex education policy to include an optional comprehensive sex education course in addition to the two abstinence-based courses currently being offered. Similar to existing policy, the local school districts will decide the exact curriculum and establish a small amount of training for its health educators. The training required for health teachers will be paid for by tax payers of Idaho and possibly, future federal grants.

The comprehensive option will be included in all high school health courses and the depth of the curriculum and discussion will follow a normal comprehensive course. Idaho will add a P-3 health course that will provide the all-inclusive approach to sex education while also keeping the P-1 and P-2 abstinence-only health classes available to students. An opt-out form will still be available for students who do not wish participate in a health course; however, alternate assignments will be required in order to receive health credit.

I believe this policy is economically feasible because the cost is minimal as it only includes teacher training; however, Idaho will lose federal money it now receives from the Title V grant. There is a possibility that federal funds for abstinence-only and comprehensive programs may change under the new Obama Administration. In 2007, Obama was a co-sponsor of the Prevention First Act which proposed to increase family planning and comprehensive sex education funds, as well as expand awareness and access to contraceptives (Education, n.d.). Politically, modifying Idaho's Legislative Policy is less feasible. The current ratio of republicans to democrats in Idaho's Congress is 80: 25 (Idaho Legislators, 2009). With the current political slant and Idaho's historical conservative nature, modification would be extremely difficult to pass in Congress. I believe keeping the abstinence-only courses along with adding a comprehensive option would be the best solution to satisfying both sides of the argument. Nevertheless, it is important to recognize that Idaho, along with the rest of the U.S., has

incredibly high teenage pregnancy rates and the STI count is on the rise. The recent popularity of comprehensive sex education programs demonstrates the desire to add these courses into American classrooms. Idaho should take the lead and implement successful sex education curriculum across the state.

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Appendix A

U.S. Teen Pregnancy Rates for 2004

(Number of Pregnancies per 1,000 Girls)

