

Health

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Speaking of Sex

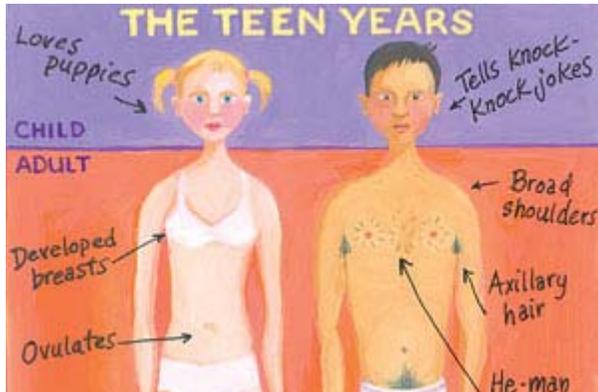


Illustration by Deb Lucke

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By Laura Billings

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Lakita Garth Wright, a former Miss Black California, came to St. Paul this summer to share intimate details of her sex life. Testifying before a small group gathered around a conference table on the twentieth floor of the Crowne Plaza Riverside Hotel, the bubbly ex-beauty queen told the tale of a grandfather who claimed he hadn't kissed her grandmother until their wedding day. Inspired by this impressive show of self-restraint, Garth Wright vowed, at the age of seventeen, that she too would remain chaste until the day she said "I do." "And that means," she said, wagging a well-manicured finger at her audience, "I do you, you do me, and we don't do anybody else."

Garth Wright was a featured speaker at the National Abstinence Clearinghouse leadership conference, a three-day event for supporters of so-called abstinence-only sex education. It's a curriculum that promotes—as do the stop-sign underpants for sale in the exhibit hall—sexual abstinence as the only way young people can be 100 percent sure of preventing unwanted pregnancies and sexually transmitted infections.

The conference was a homecoming of sorts for national abstinence leaders who came to the Twin Cities for their first such summit eleven years ago and brainstormed ways to get their message out. They've succeeded as few such movements have, attaching a \$50 million mandate to the 1996 Welfare Reform Act earmarked for states to teach abstinence. A decade later, federal support has grown to \$177 million, for an education initiative that promotes saving sex until marriage and restricts information about condom use and contraception. The movement has powerful bedfellows. President Bush is a strong proponent (Texas, which has the highest teen birth rate in the nation, also receives the most tax dollars—\$17 million last year—to promote the virtues of virginity among its teens). So is Minnesota governor Tim Pawlenty, who forced the removal of a comprehensive sex education bill—one that would have mandated an "abstinence-first approach" combined with age-appropriate education on contraception—from an education finance package at the eleventh hour of the 2007 session.

“It’s a Black and White Issue” was this year’s conference theme, though with the notable exception of Garth Wright’s effervescence, the mood among abstinence leaders seemed a little gray. A week earlier, former surgeon general Richard Carmona told Congress that the Bush administration had prevented him from discussing the effectiveness of combining teaching about condoms with abstinence training. “There was already a policy in place that did not want to hear the science, but wanted to just preach abstinence, which I felt was scientifically incorrect,” Carmona said. His testimony came on the heels of a nine-year study commissioned by the U.S. Department of Health and Human Services that found that preaching to kids about purity had no impact on rates of sexual abstinence and didn’t even delay the average age of their first sexual intercourse.

“The [abstinence] message is good—with or without federal dollars,” insisted Leslee Unruh, founder of the Abstinence Clearinghouse, preparing her supporters for the possibility that federal funds for such programs might soon disappear. But, a few weeks later, the U.S. House decided to extend federal funding for abstinence programs until the end of September and voted to boost funding of community-based abstinence education by \$32 million. The congressional debate is expected to resume again this fall.

Given the country’s obsession with “outcome-based” education, parents may wonder why their tax dollars are still being spent supporting a curriculum that hasn’t worked. Or why an approach to sex ed is being pushed in Washington that’s not what an overwhelming majority of Minnesota parents recently surveyed said they want for their kids.

Last spring, a survey of 1,605 parents across the state found unanimous support for this statement: “All health information provided in sex ed classes should be medically accurate.” “It’s unusual to get 100 percent agreement on anything with parents,” says Michael Resnick, a professor of pediatrics at the University of Minnesota and director of the Healthy Youth Development Prevention Research Center, which conducted the survey. But despite parents’ wish for medically accurate sex ed, it has not been a hallmark of some abstinence-only courses. A 2004 congressional analysis found that teens in some abstinence-only programs had been taught that abortion leads to sterility and suicide, that touching a person’s genitals can “result in pregnancy,” and that HIV, the virus that causes AIDS, can be spread via sweat and tears. None of those statements is true.

Not only do Minnesota parents expect the information to be correct, the U of M survey found a striking consensus about what exactly we want taught in sex ed to our children. For instance, 93 percent of the survey’s respondents said their kids should learn that the “best choice” for sexual intercourse is in the context of a loving, committed relationship such as marriage; 93 percent said their kids should learn how to talk about sex—including how to say “no”—with a partner; and 89 percent said they wanted comprehensive programs that encouraged abstinence while providing information on preventing pregnancy and disease.

Combining Plan A (abstinence) with Plan B (how to protect yourself if you do have sex) has often been attacked by abstinence-only supporters as a mixed message that encourages teens to have sex. But, as Resnick notes, the “current state of scientific evidence tells us that accurate, developmentally appropriate, comprehensive sex education can lead to having first sex at a later age and improved condom and contraception use” among those who do have sex, thus reducing the risk of pregnancy and sexually transmitted diseases. While parents may not be as familiar with such research, 81 percent of those queried in the U of M poll rejected the notion that “Comprehensive sex ed classes cause students to have more sex.” “Most parents are practical, and they see the risks their kids face every day, and they read the headlines,” says Brigid Riley, executive director of the Minnesota Organization on Adolescent Pregnancy, Prevention and Parenting.

Lately, the headlines haven’t been good. Reported cases of sexually transmitted diseases reached a new high in Minnesota last year, with teens and young adults accounting for 70 percent of the state’s chlamydia cases. The abortion rate among minors in Minnesota went up by 16 percent between 2005 and 2006. A nationwide drop in the teen sex rate has stalled since 2001, and while overall trends among teens suggest that many are postponing sex, 95 percent of Americans will have sex before they’re married—two-thirds by the time they graduate from high school.

The U of M study mirrors the findings of a MOAPPP survey conducted in 2000 and many other studies across the nation. And yet a bill that would require the comprehensive sex ed that parents say they want—and which would include an opt-out provision for parents who don’t want their kids enrolled—has failed in the state legislature for the past eight years, often with the explanation that parents don’t want it or that it would never fly in the more conservative legislative districts. But which districts are they? Is there a place on the legislative map of Minnesota where there isn’t a solid majority of parents who want this kind of education for their kids?

“Actually, there isn’t one,” Resnick says. “Not one.” In spite of the solidarity on sex ed among parents who might have trouble finding common ground for their children’s math or music requirements, sex education as it’s currently taught in this state is “all over the map,” according to Brigid Riley.

“It’s one of those intensely locally controlled issues,” she explains; what your child learns in class may depend not only on the school district, but on a particular school, a particular teacher, or a particular parent who happens to have the principal on speed-dial. In 2000, a group of parents in the Osseo school district forced the district to divide its sex ed into dual tracks, with abstinence-only on one side and the comprehensive approach recommended by experts such as Resnick and Riley (not to mention Lutheran Social Services, Children’s Hospitals and Clinics of Minnesota, and the School Nurse Organization of Minnesota—all partners in a coalition called Sexuality Education for Life—Minnesota) on the other.

While state law mandates that students learn about HIV and STD transmission, there’s no graduation standard for health in Minnesota and it’s not always clear what gets covered in class. A survey of 140 Minnesota health teachers conducted by the Minnesota Department of Education reported that 94 percent of high school students get some kind of training in healthy relationships. Only half hear any formal discussion about sexual orientation and fewer than a third receive instruction in correct condom use.

While Riley says that many school districts are doing a great job of navigating such delicate terrain in an age-appropriate way, some educators may retreat from such topics entirely, for fear of offending the sensibilities of a few vocal parents and others in their districts. Last year, pressure from the Minnesota Family Council, which claimed that sex ed causes “acceptance of alternative sexual lifestyles and behaviors such as anal sex and anal-oral sex,” led to what council education specialist Barb Anderson described to the *Minnesota Christian Chronicle* as an “overwhelming grassroots response from Minnesota citizens who called their legislators and the governor and told them they did not want sex education mandated in their school.” She went on to describe the proposed comprehensive sex ed mandate as “graphic, unhealthy, [and] pro-homosexual.”

Of course, not talking about sex with teens is no guarantee they won’t test the boundaries anyway. An eight-year, federally funded longitudinal study of 20,000 young people, published in the *Journal of Adolescent Health* in 2005, found that teens who took “virginity pledges” of the sort favored in abstinence-only training were actually more likely to experiment with oral and anal sex than peers who didn’t promise to stay pure.

Such troubling statistics are the reason comprehensive sex ed advocates say it’s more important than ever for parents to talk to their teens early and often about their sexual health. October happens to be “Let’s Talk Month,” when youth health experts encourage parents to bring up the subject. (A helpful hint: Raise the topic when you’re in the car. Seat belts prevent kids from squirming away; facing forward limits the need for eye contact that might otherwise make them clam up.) But talking with your teens is only the beginning.

“The second step is to talk with teachers or your school district about what’s being taught,” Riley says. “You have the right to ask what your children are learning, and you have the right to view curriculum and say, ‘This is great’ or ‘This isn’t.’” If parents want to protect their kids with the best information out there, we have to speak more forcefully about what we expect from sex ed, she adds. “The vocal minority has won the day. The nonvocal majority needs to let kids know we’re on their side.”

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