How to End The War Over Sex Ed

Teaching kids just about abstinence won't prevent teen pregnancies--and neither will focusing solely on safe sex. But one county in South Carolina is finding success by doing both.

Jewels Morris-Davis is a no-nonsense kind of girl. When the high school sophomore turned 16 recently, she didn't celebrate with any My Super Sweet 16 foolishness. Nor did she rush to get her driver's license and race around the back roads in this rural northwest corner of South Carolina. But Jewels did quietly revel in one achievement. "I am," she says a few weeks later, a proud smile spreading across her face, "the first person in my family to reach 16 without getting pregnant--or getting somebody pregnant."

Five years ago, Jewels was firmly on track to continue the family tradition of early parenthood. Her mother is a drug addict, and the grandmother who raised her had just died of cancer. Shifted to a foster home, Jewels turned to sex to find the love and attention her absent family couldn't provide. "I was lost," she says simply.

South Carolina is the only state in the country that mandates a certain number of hours that schools must devote to sexuality education. In 2004, Jewels' school district in Anderson County decided to do even more. The district partnered with a local teen-pregnancy-prevention organization to implement an innovative relationship and sex-education curriculum that runs through all three years of middle school and into high school, as well as an after-school program for at-risk kids. And that's when the life of Jewels Morris-Davis began to turn around.

Later this spring, Congress will dive once more into the war over sex education when it decides whether to eliminate $176 million in federal funding for so-called abstinence-only programs, which instruct kids to delay sex until marriage. Advocates will debate at top volume the merits of abstinence-only efforts vs. more comprehensive programs that also teach about birth control and sexually transmitted infections (STIs).

These arguments miss the point. We now have a pretty good sense of which sex-education approaches...
work. Substantial research—including a 2007 Bush Administration report—has concluded that comprehensive programs are most effective at changing teen sexual behaviors. They are also largely uncontroversial outside Washington. Vast majorities of parents favor teaching comprehensive sex education.

What we haven’t seen is the political will and community investment necessary to educate kids about sexuality and healthy relationships in a truly responsible and honest way. The program that helped Jewels provided her with information about birth control and encouraged her to try abstinence. But more important, it didn’t end after two weeks, giving her and other students a safe space to return to for answers and advice. It is a model of what can happen when a community decides that it's crazy to spend more time teaching kids about decimals and fractions than about dating and sex.

Teen-pregnancy and birth rates in the U.S. continue to look like an epidemic compared with those in other Western countries. In 2006 there were 41.9 births for every 1,000 U.S. teens ages 15 to 19, a rate more than three times that of Canada (13.3 per 1,000). But the U.S. numbers have dropped dramatically since the early 1990s. Over the past 15 years, teenagers have had less sex than previous generations had, and they have been more likely to use protection when they have had sex. Activists on both the right and the left have happily stepped forward to claim credit for the developments. Conservatives see lower rates of sexual activity as a direct result of abstinence education. Meanwhile, liberals attribute greater use of birth control to better education about and access to contraceptives. (In fact, researchers think fear of STIs—especially HIV—and a natural correction from high rates of sexual activity during the sexual revolution explain much of the change.)

South Carolina has reflected the overall trend of falling teen-sex statistics: birthrates in the state fell 27% from 1991 to 2006. But it still lags behind, with teen birthrates almost 12 points above the national average. Those numbers alarmed a group of women at the local United Way in Anderson County, a semirural, conservative community that is home to 175,000 people. So in 2004 they contacted Impact, a teen-pregnancy-prevention organization in the area, to find out what they could do to help. "They had a curriculum," remembers Carol Burdette, executive director of United Way of Anderson County. "They told us, 'We know this works, but we can't get into the schools.'"

In 1988, South Carolina passed the Comprehensive Health Education Act, which requires sexuality education from elementary school through high school, including at least 12.5 hours of "reproductive health and pregnancy prevention education" at some point during a student’s high school years. It doesn't limit teachers to abstinence-only lessons; rather, it allows each school district to make its own decisions about what sex education should involve. But with federal funding limited to abstinence-only programs, local districts have a powerful incentive to restrict their sex-education curriculum.

Even so—and despite the fact that the women in Burdette's group include both Republicans and Democrats—Burdette says "there was never a question" that they would back a comprehensive sex program in the public schools. She pitched the idea to each of the county’s five school districts. Burdette purposely stayed away from moral arguments and instead emphasized the social and economic costs of teen pregnancy. Researchers working with the National Campaign to Prevent Teen and Unplanned
Pregnancy have calculated that in 2004 alone, teen pregnancies cost U.S. taxpayers more than $9 billion in health care, foster care, public assistance and lost tax revenue. The cost for South Carolina taxpayers that year came to $156 million.

Burdette's arguments swayed school officials in Anderson District 3. With the help of friends, she raised $40,000 to hire a recent Clemson University graduate to be the district's dedicated sex-education teacher.

The Safe Zone

In most middle and high schools around the country, sex education is handled by an athletic coach doubling as a health teacher or by a science instructor who drew the short straw. Kristen Jordan is not one of those teachers. Walk past her classroom on the first day of sixth grade and you'll hear her leading the students in an enthusiastic chorus of "Penis! Penis! Penis! Vagina! Vagina! Vagina!" "Until they can use the real names for their body parts without giggling," she explains, "you can't talk to them about anything serious." The attractive 27-year-old with straight blond hair is one of those rare souls who not only tolerate middle schoolers but also enjoy them in all their overcaffeinated, hormone-addled, hyperkinetic glory.

Jordan has become a constant presence in the lives of her young charges. At Starr-Iva Middle School, she teaches two courses--one focused on basic sexuality, the other on decision-making skills--to each class in the sixth, seventh and eighth grades. The program gives students escalating levels of information about STIs, pregnancy and contraception. But it also encourages them to delay sexual activity, works on building self-esteem and uses role-playing to teach them how to resist pressure from peers and partners.

By the time kids like Jewels arrive at Crescent High School, they see Jordan as a counselor they can turn to with questions and in crises. (The fact that she's not an official school employee helps inspire that trust and also means she can help students schedule medical appointments.) Her classroom is a safe zone for the kinds of questions that pinball inside the heads of teenagers--and that gives her a chance to air out some popular rumors. (Question: Does drinking Mountain Dew lower sperm count? Answer: No.)

No one quite knew how this highly religious community would react to the Impact program. But it has encountered virtually no opposition. While parents can opt to have their children skip Jordan's classes, not many do (fewer than a dozen out of a student body of 600). They can also look through her course materials and sit in on her classes. If a dad walked into one of her after-school programs for at-risk kids--usually students whose parents or siblings were teen parents--he might blush at the candid talk about sex and relationships. But he'd also notice posters covering the room’s walls with slogans like NOT ME, NOT NOW and SELF-RESPECT: THE ULTIMATE CONTRACEPTIVE.

The comprehensive sex-education model used in District 3 is sometimes referred to as "abstinence first" or "abstinence plus" because it combines factual information about birth control and STIs with a
strong message that kids should wait to have sex. From what Jordan and her colleagues have seen, it best fits the reality of most teenagers' lives. Most students won't wait until they get married to have sex, so they need to be told more than "Just say no." But with 66% of teenagers nationally saying they wish they had waited longer before having sex, they're also looking for more than just medically accurate information about birth control.

Jordan's approach seems to be working. During her first three years, teen birthrates in the district stayed steady, with 19 births to girls ages 10 to 19 in 2006. But in 2007 that number dropped to four and then last year dropped again, to two. School officials have been so pleased that they've talked about adding a sex-education requirement in 11th grade (most students take health during their freshman year). Other school districts in Anderson County that initially balked at the comprehensive approach now want Impact to go into their schools and replicate the program. The only thing stopping them is money. "For $2 million," says United Way's Burdette, "we could put a Kristen in every school in our county for five years. But we don't have $2 million."

Doing What Works

There is growing evidence that comprehensive sexuality programs like the ones Jordan teaches can be more effective than abstinence-only curriculums at persuading teens to behave more responsibly. Douglas Kirby, a neutral analyst who has studied sex-education programs for more than three decades, says most evaluations of abstinence-only programs have found "no impact on sexual behavior." However, nearly half the comprehensive programs that have been studied reduced sexual risk in three areas: delaying the age at which teens first have sex, reducing the number of sexual partners they have and increasing their use of condoms.

The crucial difference between comprehensive programs that work and older curriculums that focused exclusively on promoting safe sex (remember learning how to put a condom on a banana?) is the new emphasis on behavior. "The older programs were less likely to deliver a clear message about behavior," Kirby says. "It was, 'Here are the facts, here are the pros and cons. You decide what's right for you.'" By contrast, he explains, the effective programs these days "have a very clear message that not having sex is the safest choice. They put emphasis on skill-building and role-playing, they teach how to use condoms, and they encourage young people not to have sex."

Parents and schools are increasingly putting their support behind the comprehensive approach. In a 2004 Kaiser Family Foundation survey, 95% of parents of middle-school students said contraceptive methods were "appropriate topics" for school health classes. The Pittsburgh, Pa., school board voted 8 to 1 in February to replace the district's abstinence-only curriculum with a comprehensive program after parents raised concerns about rising teen-pregnancy rates.

Yet even if every community in America woke up tomorrow and decided to put an end to the sex-education wars--laying aside the chastity belts and condom bananas and embracing comprehensive, abstinence-first education--it's not clear that much would change. That's because for all the battles over funding and policies, no one really knows how sex education is taught inside most classrooms. While
most states and local school districts have policies regarding sex education, very few set standards on how to give students factual information about sex or teach them to develop healthy relationships. Even fewer attempt to evaluate what is covered in the classroom, and 17 states don't even require sex education to be taught in public schools.

Taking sex education seriously isn't easy. "There are so many ways young people get messages about sex--parents, friends, media," says Sarah Brown, CEO of the National Campaign to Prevent Teen and Unplanned Pregnancy. "It's hard for people to get a grip on those factors, so instead they spend their time arguing about what's on page 128." But we can't afford to keep failing our children. This month the National Center for Health Statistics reported that teen birthrates rose in 2007 for the second year, after a 15-year drop.

Jewels Morris-Davis is the embodiment of why it's so important to get it right. Thanks to her work with Kristen Jordan over the past few years, Jewels is a girl transformed. Sitting in a school office in a hoodie, with a gray-and-white-striped scarf around her neck, she projects a fierce confidence. "I don't need anyone to tell me I'm beautiful," she says, eyes flashing. "I know I'm beautiful." Jewels runs the 400 m on the track team and is on the cheerleading squad. And she's broken out of her family's cycle with a whole new set of goals. "I'm going to be the first one in my family to graduate from high school," vows Jewels. "I'm going to college. And then I'll get a job. And then I want to be married"--she pauses for emphasis--"with no kids."

**Flunking Sex Ed**

At the same time that teen birthrates are rising across the country, one-third of states do not require public schools to provide sex education for students in any grade.

**The U.S. teen birthrate is trending up again ...**

<table>
<thead>
<tr>
<th>Birthrate per 1,000 girls ages 15-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>High 96.3</td>
</tr>
<tr>
<td>Low 40.5</td>
</tr>
<tr>
<td>2007 42.5</td>
</tr>
</tbody>
</table>

... with the southern parts of the country leading the way ...

<table>
<thead>
<tr>
<th>Birthrate per 1,000 girls ages 15-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highest MISS. 68.4</td>
</tr>
<tr>
<td>Lowest N.H. 18.7</td>
</tr>
</tbody>
</table>

South Carolina schools must provide a total of 12.5 hr. of sex education before graduation

... to the highest rate in the developed world

<table>
<thead>
<tr>
<th>Birthrate per 1,000 girls ages 15-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S. 42.5</td>
</tr>
</tbody>
</table>
U.K. 26.7
Portugal 16.8
Australia 16.1
Canada 13.3
Spain 11.5
Greece 11.3
Germany 10.1
Finland 9.4
Norway 8.7
France 7.8
Italy 7.0
Sweden 5.9
Denmark 5.9
Japan 5.1
Switzerland 4.5
Netherlands 3.8

Note: World and U.S. state-by-state birthrates are for 2006 (Australia: 2004)

Sources: National Campaign to Prevent Teen and Unplanned Pregnancy; National Vital Statistics Reports; U.N.

MAP: Flunking Sex Ed

GRAPH: The U.S. teen birthrate is trending up again …

PHOTO (COLOR): Straight talk: Jewels Morris-Davis, with infant simulator, was on track to be a teen-pregnancy stat until she walked into Kristen Jordan's sex-ed class

~~~~~~~~

By Amy Sullivan, Anderson

Copyright © Time Inc., 2009. All rights reserved. No part of this material may be duplicated or redisseminated without permission.