

### Introduction

The sex education infrastructure of today’s U.S. public schools was developed on themes and ideologies that are exclusive, filled with health and wellness inaccuracies, and reliant on discrete limited outcomes of pregnancy and STD/STI. Abstinence-Only-Until-Marriage Education (AOUME) uses fears of pregnancy and disease to teach “healthy practices”. The paper favors turning school systems toward incorporating a social justice component paired with healthy discourse on a wider range of topics and well-established medically-accurate truths. Systemic collaborative change must uproot the nation’s entrenched history in AOUME to address the gap in policy attentiveness toward important sexual health and wellness outcomes. Monitoring and evaluation practices must also reflect progress holistic sex education practices and expand past one-dimensional indicators.

I begin by explaining how sex education has been framed and implemented through a history of the Progressive era, the Intermediate era, the Sexual Revolution, and the Modern era of sex education programs. The second section introduces four state-based policy stories. The cases of Texas, Virginia, Colorado, and California present the patchwork variation in sexuality education across the United States and have each introduced largely disputed policies across the spectrum of progress and regress. Third, the project turns to an empirical analysis of state mandates and outcomes. The final section will conclude this project with anticipation for a collaborative solution. This project will conclude with a call for standardization alongside an understanding that uprooting entire belief systems is the greatest challenge to U.S. political acceptance comprehensive holistic sex education.

### Methods

**Hypothesis:** Holistic sex education delivered to multiple age groups with an appropriate delivery of the material will show a decline in risky sexual behaviors/experience and an increase in healthy sexual behaviors.

The independent and dependent variables used to operationalize the theory were derived from the 2011 Sexuality Information and Education Council of the United States (SIECUS) state profiles and the 2015 Youth Risk Behavior Surveillance System (YRBSS) data. My controls included 1) The Commonwealth Fund’s Scorecard on State Health System Performance used to rank the health systems of each state in along the dimensions of Access & Affordability, Prevention and Treatment, Avoidable Hospital Use & Cost, Healthy Lives, and Equity and 2) total school expenditures spending, per pupil by state. The methodology rests on a limited operationalization, but it grounds the overall argument in a manner that should prove that a more complex collection of data is required.

### Timeline: Deriving The Need For Holistic Sexuality Education

“...the parents who have the courage, intelligence, and tact to explain the sex organs and functions to their children are so rare that its needs must fall on the school system to convey this info.” - Dr. Ella Flagg Young, the first woman president of the National Education Association and the first woman to head a big city school system

Three movements within the Progressive Era underline how ambiguous language, censorship, ideologies of purity, and an emphasis on abstinence participated. Social-hygienists, social-purists, and progressives led diverging movements.

1874: Federal Comstock Law passed. Comstock Law prohibited the distribution of pornographic or sexually informative materials from mailing.

1913: 20,000 high school students in Chicago Public Schools completed the first public-school sponsored sex education program.

1913 and 1914: Irving Steinhardt released Ten Sex Talks to Girls and Ten Sex Talks to Boys to contribute to the sex educator pedagogy.

1914: Congress enacted the Committee on Training Camp Activities which initiated sex education programs to protect soldiers against the threat of syphilis and gonorrhea.

1921: Sanger and her fellow advocates in favor of equal access to contraceptive products and services founded the American Birth Control League, renamed Planned Parenthood in 1942.

By 1920: 40.6 percent of the 6,488 schools who responded fell into the category of providing “sex instruction of some sort”.

1936: Margaret Sanger was victorious in the case of the United States v. One Package which overturned an important mandate of the Comstock laws.

1960: The FDA finally licensed the first oral contraceptive in 1960.

1964: The “free love” movement spurred Hugh Hefner’s Playboy Foundation form SIECUS.

1966: Betty Friedan created the National Organization of Women.

1981: President Reagan’s Adolescent Family Life Act required schools to include religious entities to promote self-discipline approaches to premarital sexual relations.

1988: After a direct appeal, Supreme Court Bowen v. Kendrick overturned the AFLA.

1991: SIECUS produced the Guidelines for Comprehensive Education.

2002: Congress reauthorized “A-H guideline” funding.

2010: President Obama’s budget eliminated AOUME funding, announcing political commitment to contraceptive-based sex education programs.

The Progressive Era  
(1880-1919)

The Intermediate Era  
(1920-1959)

The Sexual  
Revolution  
(1960-1979)

The Modern Era  
(1980-present)

### Analyses and Conclusions

Holistic sex education has emerged to discuss the Reproductive Justice movement addressing racialization and discrimination and inclusion of lesbian, gay, bisexual, transgender, queer, questioning, intersex, and allies (LGBTQQIA) communities. In further ethnographies, researchers should use a framework as proposed below:

AOUME

Abstinence-based

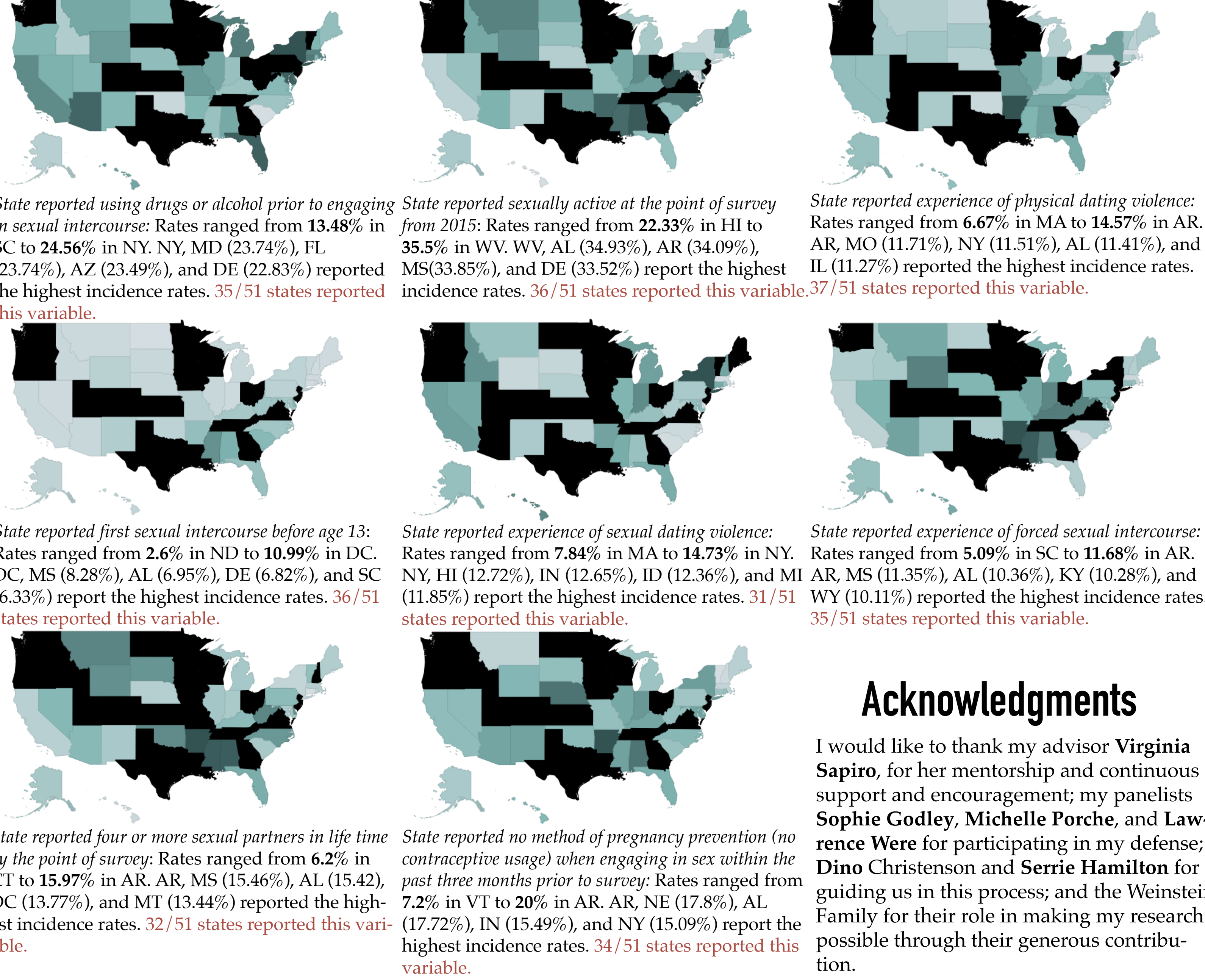
CSE

Holistic

In weighing the cross-sectional analyses, many of the included models have moderate differences in means and moderate significance, and the coefficients of the relationships did not confirm the anticipated story. The conclusion could not indicate a causal mechanism because the data was not aggregated at an individual- or school-based level. Instead this study intended to portray those states with better mandated programming as those with greater youth outcomes.

For each variable, 14-20 20 states do not report the included variables at all. There are also regional trends present in those states who do not report altogether. Many of the mid-Atlantic states, a few key southern states, Pacific northwestern states, and a selection of Midwestern states repeatedly did not report certain survey questions. Those states that did not report a single one of the indicators are listed as follows: Colorado, Georgia, Iowa, Kansas, Louisiana, Minnesota, New Jersey, Ohio, Texas, Washington, and Wisconsin. And, Tennessee, and Utah only reported one of the eight variables each. Students in states that underreport are clearly affected, but when a state refuses to widely proctor surveying as a whole, state health systems face an even larger hurdle.

### State Representations of Adolescent Health and Wellness Outcomes, YRBSS 2018



### Acknowledgments

I would like to thank my advisor Virginia Sapiro, for her mentorship and continuous support and encouragement; my panelists Sophie Godley, Michelle Porche, and Lawrence Were for participating in my defense; Dino Christenson and Serrie Hamilton for guiding us in this process; and the Weinstein Family for their role in making my research possible through their generous contribution.