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"Boys Masturbate, Girls Menstruate:"

Reframing and Reforming Sex Education in the United States

A Thesis in Sociology

by

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ABSTRACT

This honors thesis explores the socio-political history, current methods, and outcomes of sex education in the public school system in the United States by analyzing government and medical institutions' approaches to sex throughout the 1900s as well as education policy through the Obama and Trump administration and evaluating data on the success, or lack thereof, of various curriculums. The main findings are that abstinence-based and abstinence-only education are not effective in reducing teen pregnancy and STI rates, yet it is the most common form of sex education implemented in American public schools. Abstinence-based education perpetuates often harmful and inaccurate notions of gender roles, sexuality, and pleasure. Thus, adaptations to those curriculums are necessary to improve teen sexual health. The new adaptations to these curriculums should be evidence-based, comprehensive, inclusive, and non-judgemental. Studying sex education reveals societal flaws in our governments and educational institutions that present a disconnect from the lives and needs of students. It also exposes larger health issues, such as race and class disparities in teen reproductive health and education opportunities, as well as the silence around non-heterosexual sexual experiences. The end of the thesis includes a plan for evidence-based and empowering curriculum construction.

I. INTRODUCTION

In February of 2021, a national broadcasting network in the Netherlands offered a new mini series for children that was perceived as quite unorthodox—even for the Dutch. The program is called "Just. Bare.," or "Gewoon. Bloot.," and was produced by Warner Bros and the Rutgers Knowledge Center for Sexuality (De Telegraaf 2021). There are five, sixteen minute videos where a group of eleven-year-olds are seated in front of a panel of completely naked adults of all sizes, genders, and adult ages (De Telegraaf 2021). The aim of the show, according to the host Edson de Graça, is to relieve body shame and stigma at an early age, especially in a world where social media heightens unrealistic beauty standards. Despite the powerful message behind the production, it was still met with both hesitancy and extreme backlash. A Calvinist, morally-concerned group called the Reformed Political Party (SGP) said that it was "in violation of purity and contrary to morals" (De Telegraaf 2021). Thierry Baudet, a member of the House of Representatives in the Netherlands, called it pedophilic, similar to flashing, and that it was sexualizing children (De Telegraaf 2021).

In the same month of February 2021 in the United States, Utah lawmakers rejected a bill that would require schools to teach consent in their sex education programs (Asmelash 2021). This is a state that already has a broken curriculum, prohibiting teachers from discussing the "intricacies of intercourse" and contraceptives (Asmelash 2021). While sexual health advocates stress the importance of teaching consent and coercion in order to protect and support students, the majority of lawmakers felt differently. They argued that talking about consent would encourage students to have sex,

but had no evidence to back the claim (Villarreal and Evelyn 2021). In finding these two contrasting articles on sexual health from the Netherlands and the United States, there are some important takeaways that highlight the case in moving forward with comprehensive sex education. First of all, change will always be met with backlash, even in the most progressive places in the world. As the upcoming findings will show, public opinion on sex has been in moral question for decades, but we have made significant change in policy and in addressing societal norms. Secondly, children do not sexualize situations and other people as much as adults do. Even when children in the Netherlands were confronted with fully naked people, they referred to it as "normal," recognizing that bodies are not automatically sexual (De Telegraaf 2021). So, when there is ever a fear in confronting sexual or body conversations with youth, as in the Utah case, it is important to remember that children do not perceive those conversations the same way adults do. They approach these conversations with genuine curiosity and a need for trustworthy guidance to healthily navigate sexual desire. Essentially, sex education is just another subject in school, but a very important one.

Another purpose for including this experimental sex education story from the Netherlands is to provide some global insight as I begin to talk about sex education in the United States. The Netherlands has often been regarded as one of the most advanced, liberal countries in the world. Their adolescent sexual health numbers speak to that. They have a teen birth rate of 4 per 1,000 and a teen abortion rate of 7 per 1,000 (World Bank 2018; Guttmacher 2015). By contrast, the United States has a teen birth rate of 19 per 1,000 and a teen abortion rates of 15 per 1,000, although it is possible that the latter information has declined since 2015 (World Bank 2018; Guttmacher 2015). This is not

just a comparison between the U.S. and the Netherlands. Other western industrialized nations, such as Germany and France, have teen pregnancy rates under 10 per 1,000. The stark differences in statistics between the U.S. and other countries prove that there are cultural and socio-political aspects at play here.

Growing up in the U.S., particularly in the southern state of Virginia, the cultural and societal messages around sex and bodies was all too clear. There was discomfort, embarrassment, and the overall expectation that children and teens should not talk about it. My public school sex education classes from 5th grade to 10th grade followed an abstinence-based approach, where abstinence was emphasized as the only way to protect against pregnancy and sexually transmitted infections (STIs). Many questions were left unanswered, and I observed how my peers and I went through middle school and high school trying to get answers from each other or the internet. Then, I got to college and the clear miseducation and lack of education in sexual health was still present. Friends and peers over the age of 18 still had questions about their periods, birth control, Plan B, and especially consent and sexual assault. This is what compelled me to dig deep into the sexual history of American society and try to understand how that has influenced our sex education system today. Throughout this thesis, I lift the veil on a long history of a morally-conscious, conservative culture, our past and recent policies, and the sexual health and wellbeing consequences that have surfaced over the years. In light of these discoveries, I offer proposed suggestions for a national comprehensive sex education curriculum in order to better the sexual wellness and overall lives of all people in the United States, starting with our nation's youth.

II. HISTORY OF A SEXLESS NATION

After the general election in 2020, a protest was held in Seattle, Washington against the passing of Senate Bill 5395—a law which "requires all school districts in the state to teach 'comprehensive age appropriate sexual health education'" (Miller-Still 2020). In the photograph that was published in Seattle Weekly, people are seen holding signs that say "Veto School Porn," "Sexxx Grooming" crossed out, and "Keep Them Innocent Longer." These signs echo long held beliefs of those who are anti-comprehensive sex education and pro-abstinence education. Even though the bill still allows parents to pull their children from the class and is in no way showing pornography, reforming any aspect of sex education is a struggle. In addition, if parents are still able to pull their children from the program, then these bills cannot elicit change the way they are intending. A successful sex education curriculum is one that can actually teach students without adverse reactions from parents.

The reason these progressive changes are met with such hostility is because it goes against the age-old message of our society: do not ask questions when it comes to sex, bodies, and intimate relationships. All of these inquiries have to be searched for in the private tabs of phones or desktops, and the answer is usually medically inaccurate, worrisome, or unhelpful. The irony is that despite all of this shame in honesty around human nature, our society is plagued with unhealthy and hyperbolized images of sex and bodies. There is the fetishization of race and disability, promulgation of desirable yet unattainable body types, themes of dominant men and submissive women, objectification of bodies and body parts, the sexualization of children and child-like features in women, and so many other negative representations that the people in society internalize. Essentially, what we have in the United States now is a sexless, sexualized nation.

This does not bode well for sexual wellness and sex education for children and youth. Growing up, they see all these images of sex that are presented in the media and popular culture, yet they are not allowed to ask questions. In creating mystery around basic human functions and not supporting appropriate resources while these unhealthy images persist, our society has managed to perpetuate an equivalent amount of shame and misinformation—both of which are no stranger to United States sex history. This history is messy, and there are so many aspects that could be delved into more. However, for the purposes of understanding how we got to our current sex education system, I will focus on the historical points that best connect to the flawed beliefs in our inconsistent sex education curriculums.

The Beginning

Dating back to before the 1800s, the ideal outcome for a man and a woman in America was to coexist and procreate through marriage. At that time, marriage involved the exchange of property, both human and material. Specifically, there was land, household items, children, and the wife. A wife, or her body, was its own category of property—sexual property. "Sexual property" was coined by Randall Collins, and he describes it as an exchange of the sexualized body for one-sided pleasure and reproduction (1996). This form of property was a very gendered aspect of marriage, as men were not the ones being given away for their child-creating potential. The woman was the object of sexual property, and the man was the owner. Here we have the foundation and overarching theme of Coverture laws. "Husband and wife are one, and that one is the husband" (Filipovic 2008:14). When it comes to sex under these laws, when a woman says "I do," it means she's saying "I will" for the rest of her life (Filipovic 2008:15).

Sexual property and coverture laws have serious implications for marital rape and domestic abuse, but also the future of sex education. These laws of the exchange of a person as property are the foundation of our gender roles and unequal sexual liberation in the United States, as well as the continuous confusion around consent. Women had no rights outside of the home, inside the home, or even within their own bodies, because every part of it was owned by a man. Although it seems like a long time ago, most states did not criminalize marital rape until the 1980s (Filipovic 2008:15). If the system itself is late in changing the legislation around harmful ideas that women are property that men are entitled to, then society cannot be too far behind or ahead of it.

The next early American law that had impact on the sex education system was the Comstock Act of 1873. Anthony Comstock was the leader in passing this act, but he had a large organization behind him that was doing the work even before he came along. Today we are familiar with the YMCA as a gym or summer camp for kids, but originally it was known as the Young Men's Christian Association (YMCA). In the 1860s in New York, the YMCA began to create a standard for morals and imposed those standards on American society. In order to do this, they pursued a mission to end the exchange of "obscene and inappropriate materials," which encompassed pornography, sex toys, and contraceptives (Lieberman 2017:30). To be clear, the YMCA was not implementing laws or persecuting people, but they were influencing public policy and reporting offenses to officials (Lieberman 2017:30-32). At that time, Anthony Comstock was on his own mission to expose sex toy and pornography retailers, eventually succeeding in getting a few arrested. It follows that Comstock and the YMCA joined forces and formed a Commission for Suppression of the Vice—a group that believed masturbation was a sin and "morally and physically damaging" (Lieberman 2017:31). Their entire purpose was to

prevent masturbation, non-marital and pre-marital sex for pleasure, the use of contraceptives and sex toys, and anything in the realm of sex that did not align with their Christian morals (Stone 2017).

Eventually, the YMCA and Comstock succeeded in lobbying for a bill of their creation that banned the mailing of "obscene, lewd, lascivious, or filthy material," with vibrators excluded (Lieberman 2017:31-32). The exclusion of the vibrator mainly has to do with the fact that vibrators were not sold as a sex toy for pleasure, but instead as a household or beauty product (Lieberman 2017:32). Although the vibrator was protected by false marketing tactics, Comstock was given a position within the United States Post Office as a "special agent" that allowed him to confiscate other "obscene" mail and even arrest the senders (Lieberman 2017:32). In passing this law, the lasting accomplishments of Comstock can be noted as adding to the stigma around sexual pleasure. By criminalizing the means to explore sexual pleasure, society adopted a deep-rooted shame and guilt in pleasure and desire. When, in fact, those beliefs originated from a highly influential religious group of men in the late 1800s.

The Comstock Act lasted until the late 1960s, but its influence remains ever present (Lieberman 2017:38). The reason for this powerful influence is due to the fact that it was a federal law that was backed by two major organizations: the YMCA and the American Medical Association (AMA). The AMA was founded in 1847, and as of today their goals are "scientific advancement, standards for medical education, launching a program of medical ethics," and "improved public health" (American Medical Association 2019). Yet, in the 1960s, they were upholding the laws against obscenity with their very own Department of Investigation. They appointed themselves with the same responsibilities that the YMCA had in the late 1800s, which was reporting to officials of any market or advertisements that promoted inappropriate material

(Lieberman 2017:52). Ironically, despite their reinforcement of the Comstock laws, which prohibited the distribution and mailing of "pornographic material," they were simultaneously releasing sex education pamphlets for the American youth.

Early Sex Education

Consistent with their mission statement, the AMA attempted to create a national standard for sex education through the publication of sex education pamphlets from 1910 through the 1970s, approximately. They were not the only organization providing material on sex education, but they were the most chronologically consistent and were a well-revered organization. The use of them is unclear, whether they were passed out at doctors' offices or used as curricula in schools, but they were mass produced and some have survived throughout the years for further study. They resemble mini booklets rather than a standard pamphlet one would see today, ranging from about forty to sixty pages long with simple cartoon illustrations. The pamphlets I focus on are from 1930 to 1967, the latter decade being the exact same time that the AMA was in a fight against obscenity. The reason I chose these specific decades is mainly due to availability. Vintage resources, especially low-quality pamphlets, are easily destroyed and hard to come by. The one pamphlet I found from the 1910s was purely about venereal diseases and geared towards adults and their behaviors, and I was unable to find a pamphlet from the 1920s.

The content inside of these pamphlets provide insight into what the cultural values were when it came to sexuality, sexual health, and relationships. An important aspect of these pamphlets that distinguish one decade from another are the fictional, moral tales. Every pamphlet that was not specifically dedicated to relationships had some sort of illustration and explanation on anatomy, conception, and pregnancy. These sections were purely clinical and included

medically accurate descriptions for the time period. The moral stories, however, reflected the values of the AMA and society of the specific time. Although they appeared to get slightly more progressive as the decades went on, they all resonated the same negative attitude toward teen sex. The most probable reason why the AMA was able to distribute sex education pamphlets and work in favor of Comstock laws is because both were promoting the same anti-teen sex, moral-centric agenda.

The 1930s began with the message that teens should refrain from sex until marriage. In one pamphlet titled "The Age of Romance," a young couple had begun exploring their sexuality with each other, but decided to stop and save themselves for marriage. Not surprisingly, this couple then started planning their wedding and said they felt "infinitely finer than they would have been had they continued their clandestine experiences" (Rice 1933:15). In other words, they are much happier as a married couple, because they stopped engaging in premarital intimacy. This pushes the idea that virginity is equal to happiness, and that premarital sex can only lead to a terrible future.

The message to wait until marriage continued into the 1940s, but in a more nuanced way. In "Those First Sex Question," the pamphlet warns of a baby named Junior whose parents are reluctant to teach him about anatomy and age-appropriate sexual wellness. The lesson is that if the parents do not talk to Junior and answer his questions about his body, then he may have an unsuccessful marriage in the future. Although this may seem more sex positive, the message is still to teach kids about sex and anatomy solely for the purpose of marriage.

In 1955, there was a pamphlet released called "Finding Yourself," which was also published in 1961 with a similar message. The main premise of this booklet was to outline the stages of puberty and forming non-romantic and romantic relationships with the opposite gender.

Similar to years previous, they clearly state that sex is only appropriate between husband and wife, but they also briefly describe what sexual intercourse is.

> During the love-making, there is an increased flow of blood to the sex organs, and an increase in secretions that moisten them, and other changes that prepare the body for mating. The husband's penis becomes erect, and then can fit into the wife's vagina. This embrace can give pleasure to both husband and wife. At the climax of intercourse there is an ejaculation of semen from the husband's penis. After intercourse, both husband and wife feel deeply happy and peacefully relaxed. (Lorrigo and Southard 1955:24)

Through a historical lens, it seems shocking to find any description of sex from medical professionals specifically geared towards teens in the 1950s. They also describe it as a form of pleasure, and not just for procreation. However, this description does push against premarital sex, just in a more nuanced way. They only use the terms "husband" and "wife," and never "man" or "woman." The language consistently reinforced that the penis belonged to the husband and the vagina belonged to the wife. Describing sex this way clarifies that it is an act only for married couples, and the pamphlet ends with warnings of what would happen if teens engaged in premarital sex. In addition, only the husband experiences orgasm in this definition of sex. The wife is described to be happy and relaxed, but her orgasm is not mentioned. Ignoring the female orgasm invalidates women's pleasure and reinforces the notion that sex is for marriage and procreation.

Continuing into the 60s, children are warned about becoming too close in relationships and taking steps towards adult acts. In "Approaching Adulthood," there is an entire section dedicated to instilling fear and shame around premarital sex. With the new development of contraceptives and medicinal treatment for certain Sexually Transmitted Infections (STI's), the AMA feared an attitude shift in favor of casual sex. To combat this, they wrote about how the church opposes the use of contraceptives, and that even if they were to use them, they would most likely get pregnant anyway. They even took it a step further to compare premarital sex to death: "For an airplane pilot to make an error once might mean the loss of many lives… An error

of decision in the love-making of a couple before marriage can result in pregnancy" (Lorrigo and Southard 1960:26).

In summary, the AMA was consistent in their attitudes against premarital sex and did not hesitate to push those morals on the American youth and their parents. The fear tactics and bias may have been overlooked due to the fact that they are a reputable, science-based organization. On the other hand, the bias may have been noticed and widely accepted, which could explain how the pamphlets were popular enough to print for roughly sixty years in a row. Either way, the content of these pamphlets do not come as a surprise, considering the time period and the fact that the AMA was actively in favor of the law against contraceptives, pornography, and sex toys.

New Age of Sexual Conservatism

As new cases were being brought to court that undermined the foundations of policing the exchange of sexual images and materials, the Comstock era slowly came to a close. According to Lieberman, the first groundbreaking change in the laws of obscenity was in 1966 when John Cleland's book, *Memoirs of a Woman of Pleasure,* "was declared not obscene" (2017:53). Essentially, this declaration limited the idea of what was deemed obscene to hard-core pornography, which was believed to be "utterly without redeeming social value" (Lieberman 2017:53). Following that, *Stanley v. Georgia (1969)* ruled in favor of possession of obscenity in one's own home, and *Redrup v. New York (1967)* and *I.M Amusement Corp v. Ohio (1968)* finally declared pornographic magazines and movies legal (Lieberman 2017:53). The world seemed to be changing towards a more progressive sexual attitude. Yet, the late 60s and following decades prove that the progression of sex education has been limited due to political and moral conservative backlash.

As seen in the AMA sex education pamphlets, the adult world was genuinely fearful of sexually active teens. Youth were being taught that sex was part of the adult world. They could learn about the basics of reproduction, but only for the purposes of marriage and creating a family later in life. The tactic that the AMA and many sex education organizations have used to teach youth about sex without them putting it into practice is by encouraging abstinence with an emphasis on fear, shame, and guilt. Even if this method proved to be effective in delaying sex in the teen years, it constructs a serious discontinuity between childhood and adulthood. Benedict argues that it renders this association of "wickedness with sex itself rather than with sex at his [sic] age" (1938:25). In other words, if children are being taught that sex is bad for the majority of their most influential years, it is extremely challenging to deconstruct that mindset later in adulthood.

Despite the fact that even the sexual liberation of adults is stunted by abstinence education, this approach has been deemed as the only measure capable of keeping children pure and innocent—a persistent mission for the family structure in the United States. The battle between conservatives versus liberals and families versus schools in the realm of sex education took over the nation in the 1960s, a decade which is most notable as the start of the sexual revolution. Marking the start of the decade was the Federal Drug Administration's (FDA) approval of the birth control pill. *Griswold v. Connecticut* (1965) granted the right to couples to use birth control (Butler and Clayton 2009:40). There was popular media coverage on topics such as illegal abortion, moral panic about black women on welfare having children, gay and lesbian protests for policy change, and the debate over rock n' roll's effects on teen libido (Irvine 2002:19). During the sexual revolution, Mary Calderone, MD, MPH (Master of Public Health)

founded a groundbreaking, controversial organization that would shape the future of sex education.

Calderone emerged into society in 1953 as the medical director of the Planned Parenthood Federation of America (More and Fee 2015). She began inviting public discourse around sex education during her time as medical director, but the real controversy came in 1964 when she left Planned Parenthood and founded the Sexuality Information and Education Council of the United States (SIECUS). In previous decades, the American public had been relying on public health organizations and medical professionals that focused on a wide variety of health issues, and only few spoke directly about teen sexuality, like the AMA. The significance of SIECUS at this time was that their sole mission was reforming the small, inefficient sex education system of the 1960s, whereas the AMA wanted to uphold that system and keep sex education within the traditional, moral guidelines of society. In part, SIECUS was against the permeation of traditional values in schools. They fought for the "sexual fulfillment and pleasure for all, including children" (Irvine 2002:17-18). However, they also supported an emphasis on "sexual abstinence and regulation" in sex education (Irvine 2002:18).

In comparison to the AMA and the rest of society, SIECUS had a progressive take on the morals and values around sex, including extramarital and premarital sex. They essentially argued that it was up to the individual to form their own set of values around sex (Irvine 2002:28). This is precisely what called religious conservatives, primarily Christians, into battle. On one side, the conservatives were terrified that all morals were being thrown to the wayside and that immorality and sin would be encouragingly taught children. On the other side of the debate, SIECUS was attempting a neutral stance to morals. SIECUS believed that religion does not belong in schools, but at the same time they had to appease the predominantly conservative society to gain any

traction. The two opposing sides went on national television in 1969 on a conservative show called “Twin Circle Headline,” featuring E. James Lieberman, psychiatrist with the National Institute of Mental Health and former board of director member of SIECUS, and Father Daniel Lyons, author and editor for the television program. The debaters appeared to be presenting widespread arguments on the issue of sex education for both sides. For example, Lyons asked if SIECUS condoned amorality and adultery, if teachers were actually competent to teach about the menstrual cycle, and if sex education was merely a ruse for population control. He even argued that having a non-married teacher in a sex education course would be wrong, implying that a single adult who has knowledge of sex means that said adult has had pre-marital sex. Overall, Lieberman’s rebuttal was that SIECUS was intended for the “improvement of the sex life of people,” and that that sex education is a mental health issue and a public health issue. Also, as to the latter argument by Father Lyons, Lieberman stated “marital status is not a qualification for teaching anything.”

From the time that interview was aired in 1969 to 1971, Gallup reported the approval rate for sex education had dropped six percent (Scales 1981:558). This survey is not proof that the interview had a severe impact on the public’s opinion on sex education, but that this was an ongoing debate that the religious, moral conservatives appeared to be winning. In response, the 1970s era sex education supporters came up with a new angle. The worry over population control was hardly over, but the fear of teen pregnancy took the stage in the 70s (Scales 1981:559). In 1971, LIFE magazine published an article on teen pregnancy showing pictures of sixteen and seventeen-year-old mothers caring for their children while in a high school classroom.

Source: LIFE 1971

Teen pregnancy became a national concern to the point where even Planned Parenthood started to push the epidemic narrative in 1977 (Chilman 1980:802). According to multiple studies, there was a "rise in the proportion of babies born to adolescents" and a rise in birth rates for teens under 16, as well as an increase in teen abortions and pre-marital sex in the 70s (Chilman 1980:794). Yet, I would argue that there was not necessarily a crazy surge in teen pregnancy compared to other decades, but rather a surge in research. The only reason we know these statistics is because the federal government passed legislation in 1970 that funded research on teen sex and its consequences for the first time in U.S. history. Despite the fact that there may be research on sex trends prior to 1970, the funding from federal grants to reputable organizations and committees ensures more reliable information. The legislation responsible for

this change was the National Family Planning Service and Population Research Act of 1970 under the Public Health Service Act, which is more popularly known as Title X (Scales 1981:558).

Title X was a product of the Nixon administration, and was a surprisingly bipartisan issue. At the time, the main goal of this act was to provide grants to "public and private nonprofit agencies to provide contraceptive services," fund "human reproduction and population research," and assist those without the means for reproductive health care, including adolescents and low socioeconomic individuals (Rosoff and Kenney 1984:111-113). Essentially, the government was providing family planning services. A common misconception that holds true today is that Title X primarily funds Planned Parenthood, which means government money is funding abortion. First of all, in the beginning of Title X, the legislation clearly stated that no agency could receive federal funding if they provided or recommended illegal abortion, which includes all abortions prior to 1973 (Rosoff and Kenney 1984:11). Secondly, Planned Parenthood has many reproductive and general health services, and they are only a small portion of the family planning establishment pool that receive funding. The reach of Title X is much wider than the public is aware of. According to an Institute of Medicine review on the Department of Human Health Services' (HSS) family planning program:

> Services financed in whole or in part by Title X are delivered through...state and local health departments, hospitals, university health centers, Planned Parenthood affiliates, community health centers, independent clinics, and other public and nonprofit agencies. Clinics supported by Title X provide preventive health care services, such as patient education and counseling; breast and pelvic examinations; screenings for cervical cancer, sexually transmitted diseases, and HIV; pregnancy diagnosis and counseling; contraceptive methods and/or prescriptions for contraceptive supplies and other medications; and basic infertility services (which include an initial infertility interview, education, a physical examination, counseling, and appropriate referral). Other services provided include general physical examinations, follow-up, and referrals. (Butler and Clayton 2009:24-25)

Although Title X was in its beginning phase, this was a huge leap forward in providing comprehensive health care and education.

Title X opened the doors for sexuality information and health resources for youth. For one, there was the development of the Office for Family Planning under the Bureau of Community Health Services, which churned out sex educators, sex positive media, counseling programs, and curricula (Scales 1981:558). The Institute for Family Research and Education also provided sex education programs to communities in 1974 (Scales 1981:560). Other moments in 1970s history that affected the climate around progressive sexuality and women's rights were the passing of the Equal Rights Amendment in 1972 and *Roe V. Wade* (1973), which legalized abortion. Another advance for this decade and sex education is that in 1973 the American Psychiatric Association released a statement that "homosexuality was not a mental illness or sickness" (Turner 2017).

Another important piece of legislation that came later in the decade was Title IX. Originally, it was proposed in 1972 by Oregon congresswoman Edith Green on behalf of a woman who was denied a job because of her gender (Grigoriadis 2017:72). President Nixon signed the bill, not knowing that it would later transform into the core legislation working against sexual assault and rape in schools and college campuses. The first instance of this usage of Title IX was in *Alexander v. Yale* (1977), in which Yale University students reported that professors were sexually harassing, assaulting, and raping students (Grigoriadis 2017:74). The judge dismissed the case due to the fact that the main plaintiff was no longer a student. However, shortly thereafter the courts decided that those acts against even one student were "considered a violation of *all* female students' rights to an equal education free from discrimination"

(Grigoriadis 2017:74). Later, student-on-student abuse would be added to Title IX as well. The 70s appeared to be full of hope; yet all progress has its backlash.

A resurgence of sexual conservatism became successful in 1981 with the Adolescent Family Life Act (AFLA). This was "the first federal law expressly funding sex education 'to promote self-discipline and other prudent approaches'" (Fine and McClelland 2006:305). Specifically, this act funded teen pregnancy prevention programs, but also helped "pregnant and parenting teens in developing 'chastity'" (Advocates for Youth 2007). AFLA marked the beginning of the abstinence only until marriage movement (AOUM)--a movement which began to flourish after the prevention program funding was moved to a larger-scale legislation.

The AOUM movement gained momentum in 1996 under the Social Security Act, specifically with Title V: Maternal and Child Health (Advocates for Youth 2007). This legislation grants $50 million a year to states with abstinence-only education programs that follow the guidelines provided by Title V (Advocates for Youth 2007). Programs had to adhere to the Social Security Act's eight-point definition of abstinence-only education in order to get federal funding. These guidelines existed from 1998 to 2017, until the U.S. Social Security Act instilled a new Section 510 on October 1 of 2017. However, I will still include the original requirements, since they lasted for nineteen years and therefore had a measurable impact on the sex education system.

Table 1. Title V Definition of Abstinence-Only Education

	An eligible abstinence education program is one that:
I)	has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
II)	teaches abstinence from sexual activity outside marriage as the expected standard for all school-age children;
III)	teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;
IV)	teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity;

V) teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;
VI) teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society;
VII) teaches young people how to reject sexual advances and how alcohol and drug use increase vulnerability to sexual advances; and
VIII) teaches the importance of attaining self-sufficiency before engaging in sexual activity.

Source: Trenholm et al. 2007:3

Looking at these regulations, they do not stray too far from the messages of the AMA sex education pamphlets from the 1930s through the 1960s. In fact, the message for teens to abstain from sex has become more regulated and standardized since then.

In the early 2000s, The Bush administration built off of AFLA and Title V by moving the responsibility of abstinence funding to the Administration for Children, Youth, and Families, which led to the creation of Community Based Abstinence Education (CBAE) (Advocates for Youth 2007). To put into perspective just how significant this new abstinence initiative was, the Bush administration spent over $200 million annually to fund programs for CBAE (Filipovic 2008:16). The funding went to public schools and community organizations, which include purity balls and other faith-based chastity programs (Millar 2008:30). This is ironic considering how George W. Bush's father, George H.W. Bush , as former Republican congressman for the 7th district of Texas, voted in favor of Title X, which fought to provide comprehensive sexual health resources to adolescents (Rosoff and Kenney 1984:111).

CBAE is a conservative initiative that instills its morals on the states, much like Anthony Comstock and the YMCA. In addition, it is more strict than the previous abstinence legislation, and it also provides more grants. This creates issues with lower income school districts with more "at-risk" students being taught non-comprehensive and possibly false information. CBAE states that "grantees cannot provide young people with positive information about contraception or safer-sex practices," and those that do are not eligible for funding (Advocates for Youth

2007). They have specifically stated that information on STIs be medically accurate, but they do not enforce it, meaning they will not take away funding for medically inaccurate information being taught. Branching away from public schools, funding also went towards the chastity movement and purity balls. The idea is that daughters pledge their virginity to their fathers in a sort of "hymenal exchange" in the form of a promise ring that later gets replaced by a wedding ring (Filipovic 2008:16). These were relatively popular for a sub-section of the population, namely Protestant evangelicals, but are still an inappropriate use of federal funds (Millar 2008:30).

When Obama stepped into the White House in 2009, he was the first president that was openly anti-AOUM education. His plans for sex education were to completely overthrow what Bush had accomplished, as is expected for many policies when there is a shift from a Republican to a Democratic president. Throughout his presidency, Obama allocated roughly $200 million annually to evidence-based programs for sex education, meaning programs that had statistically significant outcomes in reducing teen pregnancy and STI rates (Gordon 2017). Approximately $110 million of that was taken away from AOUM funding and reallocated towards the Obama administration's creation of the Teen Pregnancy Prevention Program in 2010 (Kappeler and Feldman 2014:S3). Under this initiative, 28 programs were approved as evidence-based, and $75 million in federal grants were awarded to replicate these (Kappeler and Feldman 2014:S5). In addition, the Personal Responsibility Education Program was also founded in 2010 and provided grants to communities to teach comprehensive sex education on subjects like "abstinence, contraception, condom use, and adulthood preparation skills" (KFF 2018). According to the CDC, under the Obama administration teen pregnancy rates dropped 51% from 2007 to 2016, which is roughly an 8% decline per year (Martin et. al 2016:4). Other accomplishments include

the implementation and support of programs that combat violence and abuse against women and children, including Title IX (Council on Women and Girls 2016). However, it is important to note that although Obama did reallocate a hefty amount of federal funding to evidence-based programs, AOUM programs still existed under the Social Security Act during his presidency.

As Obama rescinded the Bush administration's policies, Trump attempted the same tactic against the Obama-era policies. In 2018, grants for 81 programs under the Teen Pregnancy Prevention Program were cancelled, as HHS suddenly claimed that the program was "not working" and had a "negative impact on teen behavior" (Santhanam 2018). Just like that, federal funds were moved back to abstinence-only education programs. Furthermore, the secretary of education under Trump, Betsy DeVos, altered Title IX policies to protect those accused of sexual assault more than the survivors themselves. Under her policy change, survivors could be cross-examined by their perpetrators (Jesse 2018). Her argument for this is that Title IX under Obama "negated the due process rights of college students accused of sexual assault" (Quintana and Wong 2020). Altough it is unlikely that DeVos and the Trump administration will have long-lasting effects on sex education policies, they still reversed four years after eight years of fairly progressive change.

The history of sex education in the United States provides insight as to why systematic change in progressing sex education towards a more comprehensive curriculum has failed to succeed. Attitudes towards sexuality itself were rooted in specific religious morals, and yet those moral codes ended up in our laws. Even with the separation of church and state, having those beliefs in our legislation has falsely created the idea that these certain values are inherent to American ideals. In other words, deconstructing the conservative agenda around sex education is seen as anti-American, because it is essentially deconstructing the entire system we have put in

place. Reform needs to happen, because the curriculums and legislation we typically use have been proven not to work when it comes to teen pregnancy and STI rates.

III. THE MAIN ISSUES

History is taught in hopes that it does not repeat itself, yet the effects of history linger on the issue of sex education. For example, the description of Coverture Laws, though seemingly far fetched, are eerily similar to our issues around defining and upholding consent and bodily autonomy. Some modern conservative Republicans use morally religious rhetoric to implement legislation that echoes the power and privilege of Anthony Comstock, the YMCA, and the AMA. The more recent transitions of power from Bush, to Obama, to Trump, and now to Biden show how easily America can switch from comprehensive sex education to abstinence only and abstinence based programs. With this constant back and forth on policies without federal court backing, the only long-lasting change is within the mindset of the people. New generations are creating organizations and other supportive spaces while the government fails to ensure that every human has a right to comprehensive, medically-accurate education. Although there are still groups that oppose this kind of sex education, such as religious, family-centered conservatives, they are also the ones supporting programs that have been proven not to work. In short, the main issues at hand are that: (1) the methods we have been using for the majority of sex education in the U.S. do not work in decreasing teen pregnancy and STI rates; (2) they are inconsistent and therefore not all students are given equal opportunity to learn; (3) they reinforce lessons and stereotypes that are harmful to a child's safe, healthy development with themselves, their peers, and society at large.

Studies Show

Legislation in the 1970s opened up an entirely new field of research on teenage sexual behavior and teen birth, abortion, and STI rates. Teen sex and its consequences were no longer just a private issue to be taken care of in the home. Teen birth and STI rates became a national epidemic, but more importantly, they became statistics that have helped the U.S. form policy and legislation around education and public health. Within these statistics, we have been repeatedly shown that abstinence sex education does not work. I truly believe that both sides of the debate generally want the same outcomes for the nation's youth: delay intercourse and other sexual behaviors between teens, lower teen birth and STI rates, and prevent sexual assault and rape. Yet, anti-comprehensive sex education groups hold on to the idea that abstinence is the only morally correct route to take to obtain these outcomes, while pro-comprehensive sex education groups keep saying that abstinence does not work. Although science has not always been a successful convincing factor in bringing people to a consensus, especially after the Trump science-denying era, I will provide a compilation of reputable studies that prove why we need sex education reform.

To begin, some teens are having sex, which means that implications for sexual activity should be addressed alongside abstinence. The most recent and reliable data compiled on teen sexual activity and contraceptive use is by the Center for Disease Control (CDC) from 2015 to 2017. They found that 42% of females and 38% of males ages 15-19 had engaged in sexual intercourse. However, the definition of sexual intercourse only includes penile-vaginal intercourse (Martinez and Abma 2020:5). If researchers were to expand on the definition of sex, the percentage of teens in this category would most likely be higher. Another interesting statistic from this report is that 78% of females and 89% of males used contraceptives during their first

sexual encounter (Martinez and Abma 2020:1). At first glance, it seems like U.S. teens are doing fairly well in making smart decisions when they do decide to have sex, so STI and pregnancy rates should be low. Then, I recalled a separate study that found teens "acquire half of all new STDs" (CDC 2018). It turns out that the former research mentioned counted withdrawal, or the "pull out method," as a form of contraception, and it is actually the second most used practice after condoms (Martinez and Abma 2020:4). They also included fertility awareness. Withdrawal is one of the most ineffective methods in preventing pregnancy--roughly 1 in 5 couples a year will get pregnant-- and has zero protection against STIs (Mayo Clinic 2020). Fertility awareness, or the rhythm method, provides no STI protection as well and is the number one least effective method of birth control--24 out of 100 women in the first year alone will become pregnant (Mayo Clinic 2018). This data reveals that the contraceptive methods that are statistically noteworthy do not necessarily equal to what our understanding of safe sex is. In other words, teens are relying on practices that do not protect them from the larger consequences of sex. The most significant way to change this is to educate and equip them with the proper tools and resources to make them smart, safe decision makers.

In an ideal world, sex education would not have to be implemented in schools and other government organizations. Instead, parents and guardians would take it upon themselves to create a safe, trusting environment for their children to have honest conversations about their bodies, relationships, and sex. However, this is not the case for most American households. Researcher Amy Schalet did a comparative study on Dutch parents' and American parents' attitudes towards teen sex in her book *Not Under My Roof: Parents, Teens, and the Culture of Sex.* The first part of the title, "not under my roof," depicts the typical attitude of American parents when it comes to their teens having sex. They approach teen sexuality by "encouraging

separation from home before accepting their sexual activity" (Schalet 2010:20). The separation is both physical and mental. American parents turn a blind eye to their sexually active teens, and their children engaging in sexual acts outside of the house makes it easier for parents to ignore it. Schalet's study illustrates the pure discomfort and disapproval that many American parents have towards teen sexuality. This means that not every parent or guardian is going to be willing to have honest conversations with their children beyond the birds and the bees. Furthermore, it is most likely the case that those same parents received a sex education curriculum that was limited in information, not completely medically accurate, or shame-based. In that case, the parents themselves do not have the proper tools or information to actually teach their children on this topic without doing extensive research and planning on their own, which can be time and money spent. Sex education within the home cannot be enforced and would most likely require a complete change in American society. Implementing sex education in the schools, however, relies on policy and support from our government-elected officials.

Rather than studying holistic issues on teen reproductive health, the American government tends to focus primarily on STI and birth rates. From 1991 to 2015, the U.S. birth rate for 15-19 year olds has dropped 67% (Mahnken 2017). According to the CDC, the 18.8 per 1,000 birth rate for adolescents in the U.S. is still "substantially higher than in other western industrialized nations" (2019). These trends have been attributed to increase of contraceptive use versus nonuse, which includes withdrawal and fertility awareness, as well as delayed sexual intercourse (Santelli et al. 2007:152). There is no doubt that since the 1990s information and contraceptives are more readily available, and there are more health clinics and organizations willing to assist in reproductive care and education. Statistically, teens are showing the capability to take charge of their health and make decisions that are best for them. In some cases, this

means abstaining from sex. I bring attention to this fact because teens that choose abstinence are not a result of AOUM or abstinence-based programs. Also, just because they choose to abstain from sex during the statistically important ages of 15-19, does not mean that they abstain from sex until marriage. Furthermore, choosing abstinence is a personal decision, and one that is made after consideration of personal mental health and beliefs. The CDC recommends that in order to further decrease the teen birth rates and get on track with the rest of the developed world, the U.S. needs to invest in evidence-based programs and "youth-friendly contraceptive and reproductive health services" (CDC 2019). Whether teens choose to be sexually active or not, sex education provides critical information on their health, bodily functions, and sex, whenever they are ready for it.

So far, abstinence-based education has dominated the sex education curriculum, but with little convincing evidence that it is working. This form of sex education was born from moral supremacists, and some Americans cannot break away from the idea that pre-marital and teen sex is bad. Firstly, this is an opinion, and how one feels about their own children should not affect an entire system or generation of children. Morals can be taught within the home, but overall, it is up to the individual child to form their own set of beliefs and values. The anxiety that parents have built around comprehensive sex education, that it is pornographic and encourages their children to have sex, is just that--anxiety. It is a fear of children becoming adults, and the desire for their perceived innocence to be prolonged. Innocence is safety, and safety means their children will not get hurt. I argue that Americans that are against comprehensive sex education for this reason should step away from abstinence-based education and support a form of sex education that has been proven to better prepare teens.

Here are the studies that prove AOUM and abstinence-based programs do not successfully reduce STIs, teen birth rates, and overall reproductive health, chronologically:

1. In 2001, Douglas Kirby with the National Campaign to Prevent Teen Pregnancy released a meta-analysis on studies on teen sexuality and its outcomes called "Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy." All studies analyzed are from 1980 onward, from the U.S. or Canada, and utilize teens ages 12 to 18 (Kirby 2001:83). The section on three abstinence-only programs reveal that they did not delay first intercourse, and had no impact on the frequency of sexual activity or number of partners (Kirby 2001:86). The section on programs that cover both abstinence and contraception state that they do not hasten sex but rather delay first intercourse, and they did not increase the frequency of sex or number of partners (Kirby 2001:88-89).
2. In 2007, Mathematica Policy Research, Inc. provided entry and exit surveys to 2,501 students enrolled in four different abstinence programs, with one control group (Trenholm et al. 2007:18). Students came from Virginia, Florida, Wisconsin, and Mississippi, and ranged from age 15 to 18 at the time of the exit survey (Trenholm et al. 2007:20). Between the control group and the groups in abstinence programs, there was no significant difference in (1) the percentage of abstinent teens; (2) the percentage of teens that planned on being abstinent until marriage; (3) the number of sexual partners; (4) the age of first intercourse; (5) the likelihood of having unprotected sex; (6) and the percentage of pregnancies, births, and STIs (Trenholm et al. 2007:30-35).
3. In 2012, a large scientific task force with the *American Journal of Preventive Medicine* released a meta-analysis of studies ranging from 1988 to 2007 (Chin et al. 2012:275). They reviewed 21 studies on abstinence education and found that these programs had no

impact on "number of sex partners, unprotected sexual activity, and use of protection during sexual activity" and a negative impact on pregnancy and STI rates (Chin et al. 2012:285). However, their review revealed that these studies' results "indicate reduction in sexual activity and frequency of sexual activity," but that they also varied greatly depending on the study (Chin et al. 2012:281-285).

4. In 2017, the *Journal of Adolescent Health* published a review on American sex education programs and their impact. They compare the U.S. teen birth and pregnancy rates to those in other countries, stating that other countries have much lower rates due to "routine access to contraceptive education and counseling, and necessary socioeconomic resources" (Santelli et al. 2017:275). Citing multiple studies, they conclude that abstinence education programs have no positive effect on delaying first intercourse, number of sexual partners, and frequency of sex (Santelli et al. 2017:276). Unique to the aforementioned studies, they note that many teens that pledge abstinence fail to commit to that pledge, and are unlikely to use contraceptives when they do. Furthermore, teenage girls that pledge abstinence have higher rates of HPV and pregnancy (Santelli et al. 2017:276).

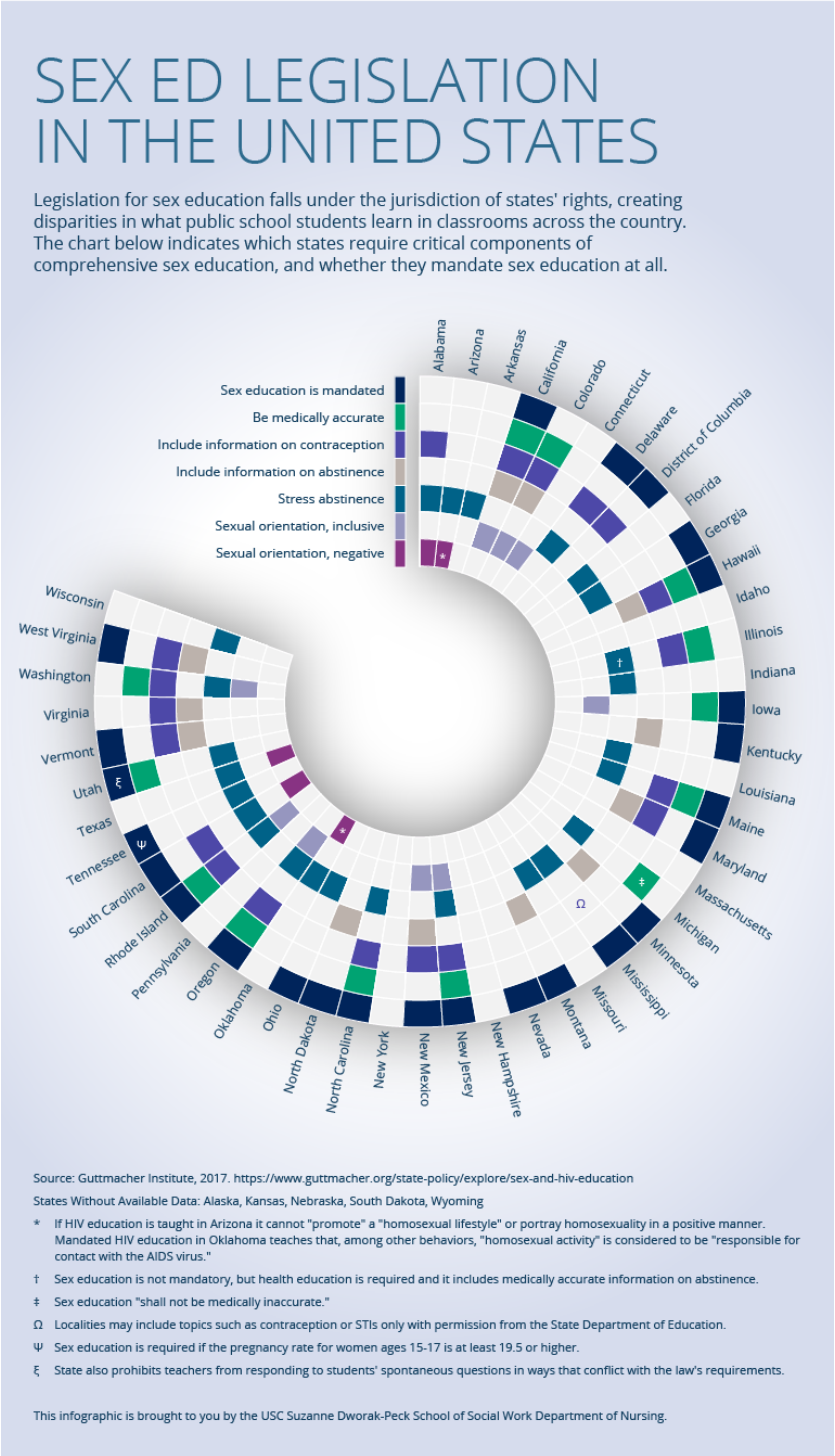
These studies and reviews all cite other sources, which proves the sheer number of studies that advise against abstinence-based and abstinence-only programs. There are faith-based organizations and conservatives opinion pieces that are in favor of those programs, but it is hard to find scientific evidence to back up their effectiveness. Nonetheless, the United States government is still on their side. Two billion dollars in federal funds have been allocated to AOUM programs since their development; meanwhile, spending is nine billion dollars annually on teen pregnancy and births (Santhanam 2018; Guttmacher 2017). In American history, we

have only had about eight years of prioritizing comprehensive, evidence-based programs during the Obama administration, which likely played an important part in the decline in adolescent reproductive health statistics (Mahnken 2017). With scientific evidence all pointing in one direction and the blatant failure of AOUM to protect and support U.S. youth, the government cannot keep supporting abstinence programs much longer.

Not All Districts Created Equal

Not only have these abstinence-based and abstinence only programs failed to lower teen birth and STI rates, but they are also inconsistent. I refrain from using the phrase "U.S. curriculum," because we simply do not have one. We have many curriculums that come from every corner of society—the government, faith-based organizations and churches, non-profit organizations, health clinics, small businesses, and solo sex educators. In addition, the curriculum can change depending on the school district, the school itself, and even the teacher. Now this can be said for the most standard class curriculums, like Biology or English. Not all classrooms have the same teacher or have the same access to textbooks and other materials, which is an issue and speaks to class inequality. When it comes to sex education, though, the courses can vary so significantly that two classes are almost unrecognizable to one another. Imagine if two students were in separate biology classes, and one teacher believes in evolution and the other does not. Even though the two students should technically be learning the same material, they will come out with completely different understandings and attitudes on the subject. Luckily, this is a rare occurrence for regular, required classes, as there are standardized curriculums accompanied by standards of learning tests for each state. This is not the case for sex education or health courses in general.

Since there is no standardized curriculum for sex education, there is a wide variety as to what states are offering, or not offering. One particular infographic using data from the Guttmacher Institute shows the level of disparity between each state's sex education curriculum.



There is data missing from Alaska, Kansas, Nebraska, South Dakota, and Wyoming, and Washington D.C. has been included as a state in this image, making for a total of 46 states. Immediately, we can see that there are many blank spaces in this image. Actually comparing the percentages is even more shocking. Only about 54% of the states mandate sex education be taught. This means that schools can still teach it, but it is not mandated by the state. Only 28% of states require sex education to be medically accurate, and those that do not face that requirement have taken liberties in using fear tactics and false statistics to teach children. Roughly 41% of states have to include information on contraception, but 26% have to include a discussion on abstinence and a little more than 54% have to *stress* it. What this often means is that children are being taught that abstinence is the only 100% effective way to not get pregnant and get STIs. In theory, this is true; but in practice, not all teens are abstaining from sex. Finally, the statistic that only 19% of states require the curriculum to be sexual orientation inclusive is not surprising, given that that is not the top priority of many federally funded programs. However, what was difficult to comprehend is the fact that there are roughly 10% of states that require schools to be sexual orientation negative. Homophobic content lingered in the AMA pamphlets in the 1960s, but it apparently still exists almost five decades later.

About a year later, a 2014 study came out that reflects the previous data and claims of curriculum differences.

> The percentage of schools requiring instruction about human sexuality fell from 67% in 2000 to 48% in 2014, while the share requiring instruction about HIV prevention declined from 64% to 41%. By 2014, 50% of middle schools and junior high schools and 76% of high schools taught abstinence as the best way to avoid pregnancy, HIV, and STDs. Only 23% of junior high schools and 61% of high schools taught about methods of birth control generally, while 10% of middle school and junior high school teachers and 35% of high school teachers taught specifically about the correct use of condoms. (Santelli et al. 2017:276)

The reason these disparities are so important is because it reflects the inequalities in what students are learning and the resources that they have access to. As mentioned before, this issue should be combated across the board, and not just with sex education. However, maybe this can be a new argument to the point that socioeconomic demographics within a school should not be a determining factor in the success of the student. This is particularly important for sex education, because it is the one course that has the space and ability to help the student construct a healthy self-image, decision-making and communication skills, provide relationship guidance, and so much more. Sex education is the key course in giving younger generations the skills they need for a better future.

When we look at educational inequalities, specifically in sex education, they tend to negatively impact marginalized people in society. As provided in prior studies mentioned, we know that abstinence-based and AOUM sex education does not work, but it is still heavily funded by the government. According to SIECUS, “predominantly non-white school districts receive $23 million less than white districts serving the same number of students” (Doyle and Doe 2020). However, one area where school districts can get federal grants is through sex education. What tends to happen is that schools from lower socioeconomic districts will accept this grant from the government in order to provide their students with sex education. The caveat is that they are not allowed to teach their students about contraception or the details of sexual intercourse and have to stress abstinence. Students from impoverished or lower SES towns then do not have all the facts, can engage in risky sexual behavior, and face unintended consequences. Simply looking at the numbers, we find that Black, Latinx, and LGBTQ adolescents are disproportionately suffering when it comes to reproductive health.

The STI rate for teens is high, but Black American youth make up 57% of all new adolescent STI cases, with the rate of HIV for Black adolescent females being 20 times higher than white adolescent females (Schalet et al. 2014:1597). According to the CDC's Youth Risk Behavior Survey, 13.3% of Black teens have had sex with four or more partners, compared to 7.7% of white teens and 9.2% of Latinx teens (CDC 2019:16). For gender findings, male students are more likely to have more sexual partners than females in general (CDC 2019:16). A longitudinal study found that Black adolescent males were 2.8 times more likely to have had sex than white adolescents, but there was no difference for Black adolescent females (Zimmer-Gembeck and Helfand 2008:184). As far as contraceptives go, 55.8% of white adolescents and 56.2% of Latino adolescents reported using a condom the last time they had sex; but only 48.2% of Black adolescents reported doing the same (CDC 2019:20). Hormonal birth control presented staggering data with 39.5% of white adolescents reported that they or their partner used it; whereas, 19.7% of Black teens and 18.2% of Latino teens reported usage of hormonal birth control (CDC 2019:22). Dual method, meaning hormonal birth control and condoms together, is relatively low across the board, but Latino teens came in at the lowest with 4.9% usage (CDC 2019:22). These statistics are important because we can see where the disparities are and which issues specifically need help. Having sex at an early age is not inherently wrong, but there are public opinions and professional recommendations that suggest a benefit for teens to delay sex. For example, earlier age means a less developed mind and body and limited to no knowledge of consent and contraceptives. In fact, early age of first sexual intercourse is "correlated with engaging in sexual risk into adulthood" (Bolland et al. 2018:359).

LGBTQ and gender-nonconforming adolescents are a demographic that have often been ignored when considering policies and are in limited research. One study notes that:

> the known risks for LGBTQ youth are clear: greater rates of HIV for males and

> transgender youth; higher rates of high-risk sexual behavior for males, females, and transgender youth; and higher rates of pregnancy for both girls and boys. (Schalet et al. 2014:1599)

These statistics, although not desirable, are not surprising. Sex education and society in general are based in heteronormativity. Therefore, LGBTQ teens are left out of the government funded curriculums in a multitude of ways, which will be discussed later. This exclusion also results in consequences besides the nationally important statistics. LGBTQ youth, especially female adolescents, face higher rates of violence and sexual coercion (Schalet et al. 2014:1597). To be clear, the current state of sex education, access to contraception, and reproductive health impacts the entire U.S. population in different ways. The reason that I point out the growing disparities between white adolescents and adolescents from marginalized communities is to prove that race, ethnicity, and other forms of identity cannot be ignored in the fight for reproductive health and education equality.

Deconstructing Stereotypes and Advocating for Marginalized Communities

So far, I have presented a case using relevant U.S. statistics to show how our current sex education curriculums, or lack thereof, impact children and youth. These are the more popular statistics that could be used within the government to create legislation. Yet, there more nuanced reasons as to why we need to change sex education. The curriculums we have in place are both ineffective and outdated. When policy is not revisited, there can become a disconnect between the values in legislation and the values of the people. Currently, we have not yet successfully changed our institutions that contain systematic messages of misogyny, homophobia, racism, and ableism. In this section, I will illustrate what I believe to be the most important, and often least-discussed reasons to leave abstinence-based and AOUM curriculums behind.

First and foremost, these abstinence curriculums reinforce the gender binary on many levels, which ultimately results in a misogynist curriculum. I believe it is important to explain what that means and why it is illogical. The gender binary is the idea that there are only two genders: man and woman. Those that hold this belief often tend to conflate sex with gender, meaning that genitalia determines gender identity and, ultimately, gender roles. Yet, sociologists and scientists have proven time and again that both sex and gender exist on a socially constructed spectrum. Sex is biologically assigned, whereas gender is a self acclaimed identity. With biological sex, we know that it exists on a spectrum by chromosome and hormone studies and the mere existence of intersex people. The most simple and outdated understanding of how humans become either "male" or "female" through chromosomes is that males have the combination XY and females have XX. In this cookie-cutter determination of male and female, the combinations XYY, XXY, XXX, X0, and the many other variations are missing. The discovery of these extra sex chromosomes in the late 1950s disproves the idea of a chromosome binary that correlates with a sex binary (Griffiths 2018). In other words, sex chromosomes are not always an accurate predictor of genitalia, and genitalia do not necessarily determine sex.

The combination of external genitalia and gonads can be completely unique from what we understand as the standard vulva/ovaries and penis/testicles combination. These variations in genitalia are what constitutes the intersex population. They can sometimes reproduce and have sexual pleasure the same as anyone else, yet the nature of their external genitalia has been labeled as a "disorder," implying abnormality (Griffiths 2018:130). This classification and fear around abnormality has resulted in cases where infants with ambiguous genitalia are operated on, with or without parental consent, in order to appear fit into either the vulva/ovary or penis/testicle category. Intersex people are also not represented in typical health education and

can feel shame or discomfort in their bodies because of it, especially if a class is split up by boys and girls. Although some believe that this is such a small number that their inclusion and justice in health and education does not matter, they actually make up a significant number of people. For reference, the number of intersex people on the planet is roughly equivalent to the number of redheads (Zomorodi 2020).

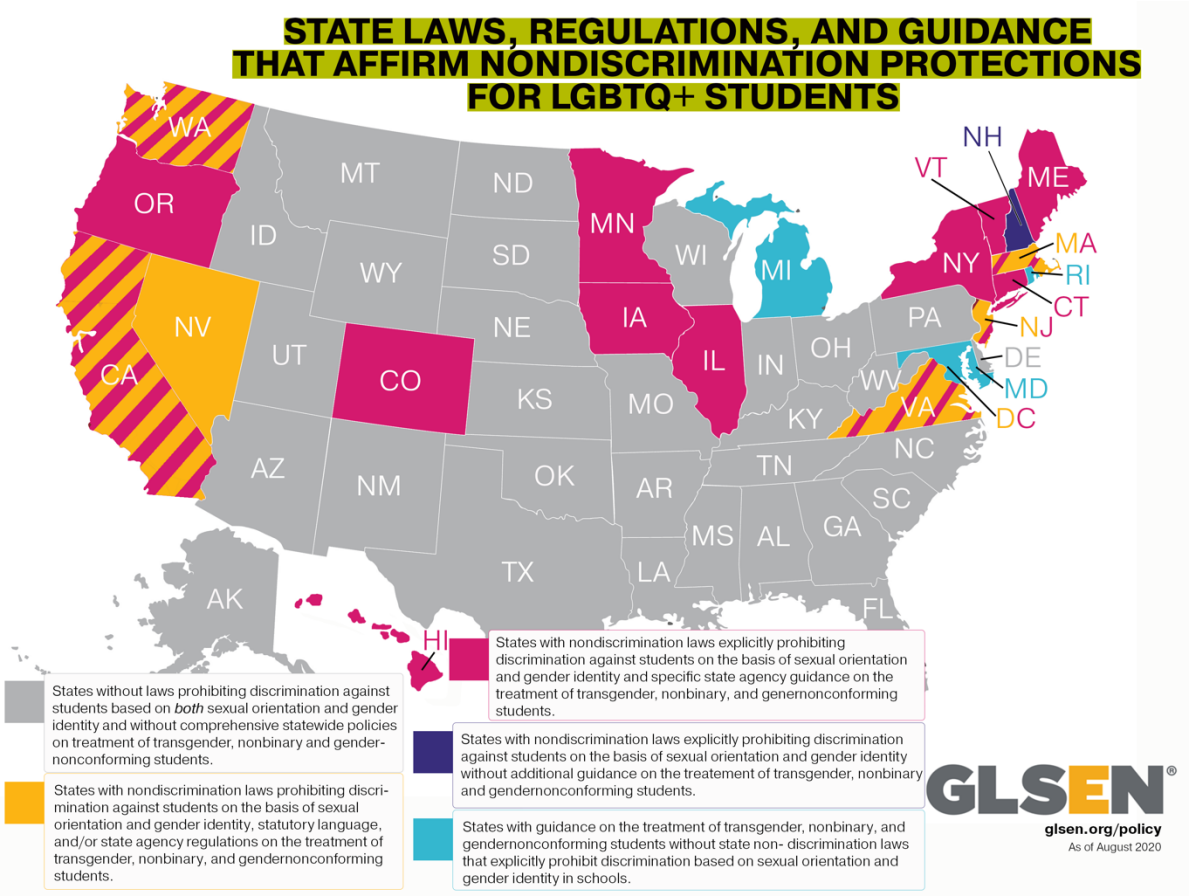
Since sex does not exist in a binary, how can gender? Long held societal standards enforce that sex and gender are interchangeable terms that are determined by what is in your pants; but if there are more than two kinds of genitalia, then there have to be more than two genders. American society is so deeply rooted in the gender binary system, because it is a constant and consistent pattern of gender reinforcement in human behavior and major American institutions—like the family, schools, and the government. However, just because it is familiar and seemingly normal, does not mean that is right. We cannot categorize the entire human race into only two categories of gender, especially when those categories come with all types of expectations, roles, and stereotypes. Throughout time and cultures, people have proven that gender is fluid. In recent years, more people have started using the pronouns “they/them,” or combinations of “she/they” or “he/they” to show gender fluidity or gender nonconformity—which is more commonly known as non-binary. Some people are boys, some are girls, and some are just people. A person’s gender is not necessarily matched with chromosomes, gonads, genitals, hormones, or physical features.

The belief in the gender binary poses many problems within sex education. For one, classes are often separated by boys and girls where the class is tailored more towards each specific gender. Following the previous discussion on the spectrum of sex and gender, that separation could do more harm than good. People in those classes could be non-binary,

transgender, or intersex and forced into a class that does not match up with their identity. This could lead to harassment or bullying from peers, or just general discomfort in their bodies from a lack of useful information. I am not arguing for a spectrum of classes to cater to each gender identity, but instead a co-education class. The structure of male and female physical anatomy is actually more similar than different (Nagoski 2015). Plus, learning about different types of bodies could help create a more understanding community, healthy self-image, de-sexualize the hyper-sexualized body through normalization, and help youth when they become sexually active. When boys and girls are separated, they are being given different lessons and nuanced messages about sex and sexuality. From the mid-60s onward, boys have been taught about masturbation, and girls have been taught about menstruation (Irvine 2002:18). This reinforces a double standard where boys are hyper-sexualized and girls are de-sexualized, especially when it comes to virginity and masturbation. Overall, the separation completely alienates boys and girls from each other. Even if the world did fit neatly into the gender binary, and it does not, every child should have the opportunity to learn about the functions of different types of anatomy in a shame-free place that is safe to ask questions.

This brings me to my next point, which is that sex education is often based in heterosexuality and, in some states, homophobia. Just as the equation "chromosomes ≠ genitalia ≠ sex ≠ gender" is true, so is "gender ≠ sexuality." Heteronormativity describes the normalcy of heterosexuality in a culture, which is what we have today in American society. Heterosexual couples are pictured in the majority of movies, TV shows, billboards, advertisements, and children's stories to the point where it is considered normal, and anything remotely queer or homosexual is considered "abnormal" or "groundbreaking." Heteronormativity is pervasive in sex education, as well. There are hardly any discussions around non-heterosexual sex. Some

states are restricted from talking about it completely, and others have actually implemented "no promo homo" laws. In 2017, anti-homosexual laws existed in 7 states and reached over 9 million students (GLSEN 2018). Only Utah repealed those laws, but failed to enact nondiscrimination laws in its place (GLSEN 2018). In fact, many states have failed to create protective laws for LGBTQ+ students. The map below shows the varying work that has been done, with only about 9 states with firm nondiscrimination laws.



Source: GLSEN August 2020.

The implications of a lack of LGBTQ+ nondiscrimination laws open the door for sexuality and sexual behavior shaming and closes the door on teaching safe sex practices. If sex is discussed at all, it usually covers penile-vaginal intercourse with an occasional mention of oral

sex. There is hardly discussion of the intricacies or safe practices of anal sex, oral sex, or other stimulative sexual behavior.

Heteronormativity is also the driving force in erasing discussions around pleasure for women and LGBTQ+ youth, because heterosexual sex is often described only for conception. As shown in the AMA pamphlets, they described how sex was over when the man had an orgasm, not the woman. With this limited explanation of sex, young women and members of the LGBTQ+ community in particular are not being taught how to advocate for and explore their own pleasure. Instead, they are being advised to avoid sex and pleasure altogether, while young men of the same age are receiving information on masturbation and wet dreams (Fine 1988:36). Heterosexuality needs to be decentralized in sex education in order to create a more inclusive, shame-free environment where all youth can be safely informed and empowered in sexual behavior deicison making.

There is also the issue of systemic racism, which had finally emerged as a nationwide conversation in the summer of 2020. Racism impacts even the smallest parts of American institutions, including sex education. Earlier I discussed how studies illustrated severe disparities particularly between white, Latino, and black youth. However, there are more issues than just the numbers—there are also reinforced stereotypes that can be harmful to emotional development and self worth. For example, the Georgetown Law Center on Poverty and Inequality did one of the first studies on Black girls' childhood and found that Black girls are assumed to know more about sex and adult topics and need less protection and support than their white girl peers of the same age (Epstein et al. 2017). The hypersexualization and sexual objectification of Black children began and persisted through centuries of slavery in the United States. Black bodies were commoditized not only for labor, but also for sexual reproduction. With the dehumanization of

enslaved people by white people, their sexualization had no age limit. David Pilgrim, the creator of the Jim Crow Museum of Racist Memorabilia, highlights the depiction of Black children in popular culture. One particularly shocking depiction is a 1950s postcard of a toddler with adult features hiding her genitals with the words "Honey I'se Waitin' Fo' You Down South" above her, which incites a plethora of pedophilic sexual innuendos (Pilgrim 2012). There is no doubt that these stereotypes that infiltrate our education system today are the result of slavery and post-slavery, racist laws that discriminated against black people. This affects the perception of black children, but also the basics of medical representation. The medical field itself has yet to be fully inclusive with noting symptoms or conditions on black skin. Textbook images, which are commonly used in health and sex education classrooms, are typically white-washed. Diagrams of reproductive systems mainly appear to be a light pink or with a white skin tone, which normalizes and reinforces whiteness while stigmatizing black anatomy.

Another marginalized demographic that is negatively impacted by the current sex education curriculum are those with physical and cognitive disabilities. This demographic of people is often de-sexualized well into adulthood to the point where they are perceived as asexual, even though disability does not erase sexual or romantic desire. Mark O'Brien, famously known as the man in the iron lung, wrote an autobiographical piece on his experience hiring a sex surrogate. His story is unique, but his observations on how sexuality and physical disability interact are eye-opening. O'Brien shares his realization that "sex is a part of ordinary living, not an activity reserved for gods, goddesses, and rock stars" (O'Brien 1990). What he notes here is that sex is for anyone who has the ability to consent to it, and pleasure is for everyone. I think one mistake that we make in sex education is leaving physically disabled people out of the conversation, and that can be easily remedied by an explicit discussion or

representation in examples. Not only would this normalize the idea that disabled people are sexual beings, but it could also alleviate unnecessary mystery and fetishization. This principle is the same for those with cognitive disabilities. As an ableist society, people tend to infantilize those with cognitive or learning disabilities. What this looks like is talking down to people with disabilities, reinforcing codependency, redirecting them towards language and behaviors that are child-like or child-appropriate, and many other things. Creigh Farinas wrote an online magazine piece based on her adult, disabled sister's experiences with being infantilized, and points out that disabled people are adults, "and that means they have the same needs and wants as an adult would—including sexual ones" (2015). Although there may be unique cases of developmental or cognitive disabilities that do not allow a person to be fully independent or consent to sex, that is a situation between them, their caretaker, and their doctor. Depriving people with cognitive disabilities access to sex education "can hinder the development of healthy sexual outlets" (Pfaff 2018). In addition, they miss out on conversations around creating boundaries, respecting others' boundaries, consent, and communication, all of which are important for sexual and non-sexual interactions. We as a society do not have the authority to determine who is able to have sex, feel pleasure, and receive proper education to help them do those things safely and healthily.

That conversation is just a glimpse in the ways that misogyny, homophobia, racism, and ableism permeate into the sex education curriculum. Each of those issues can and should have their own, in-depth research to illuminate problems that are unique to those specific communities that are being oppressed and discriminated against. Furthermore, it is important to note that all of those issues can intersect with each other in some way. When I talk about reforming sex education, it is an effort to dismantle the systems of oppression that harm people every day. When making important legislation around sex education, the loudest, most prominent voice in

the debate has continued to win, which is that of conservatives. The arguments they use that scream to keep pornography out of schools and keep children innocent are hard to argue against and oversaturate the concerned-parent narrative. In turn, the children and youth of marginalized communities who are actually being affected are being silenced.

IV. CURRICULUM

The main question now is: what should the American sex education curriculum look like? In the past, conservatives and religious groups have been the determining factor for what is appropriate and inappropriate sexual health education for children. Currently, there is no standardized curriculum, but a set of restrictions, such as not being able to talk about contraceptives and/or the intricacies of sex. So, in response to the government's failed attempt at creating any helpful guidelines, I made a set of suggestions to create a brand new curriculum for public schools and any school receiving federal funding. I will cover specifics in which it should function, as well as a topic outline. All of my suggestions are meant to meet the government where it is currently in terms of funding capability, as well as the needs of modern-day youth in the United States.

Audience

The intended audience for the proposed curriculum is sixth grade and onward. I will preface this section by saying that I strongly believe that many of these conversations could be started much younger and easily made age appropriate. For example, conversations about consent, relationships, and anatomy should start the moment a child can talk or understand body language. However, I understand that the family and the school as institutions of society may not

be ready for that shift. The reason I specify sixth grade is for many reasons, including that it seems to be the most palatable and similar to when sex education is first introduced now. Sixth graders are just beginning middle school and on the cusp of high school, which contains the age demographics of average first sexual intercourse and the start of romantic relationships. The downside of starting at this age is that children have already begun to go through some of the changes of puberty, assumingly without proper education. Every child is different—some may have had their first period, seen pornography, or had some sexual experience. So the education could have been more helpful to many children had it been started earlier. This does not necessarily mean explaining what sexual intercourse is to a kindergarten class, although that conversation of where babies come from is one that young kids typically have. Starting kids earlier means meeting them where they are in their understanding of their bodies, behavior, and sexuality. In practice, all of the topics that I suggest can be taught to all age groups on some level.

Space and Duration

The ideal container for this curriculum is a classroom in every school. It should not be squeezed into a health curriculum and only last a couple weeks, but rather be an ongoing conversation throughout every year of adolescence and their academic career. I understand that school schedules can be limited, and extra-curricular classes do not always get the amount of time that they deserve. Still, every sex education program should have a required, set amount of hours a year to ensure that students receive the entirety of the sex education curriculum. In addition to this time requirement, there should be after school clubs or programs, as well as outside organizations that come in for assemblies and to help out with certain topics in the

program. Expanding the space in which sex education is taught increases its reach throughout the school. This means that more students are guaranteed to learn about sexual health.

Methods

The sex education curriculum and schools in general need an entirely new teaching methodology. For the new curriculum, it will be based in inclusion and interaction. The first requirement is that schools need to be outsourcing for teachers who are trained in anti-sexist, antiracist, LGBTQ+ inclusive curriculums, or, at the very least, certified sex educators from a legitimate organization, such as the American Association for Sexuality Educators, Counselors, and Therapists (AASECT). As of now, sex education relies too heavily on health and physical education teachers, because it is cheaper and more convenient. The shift in who is teaching sex education will not be easy, but that is a cost that is necessary and beneficial in creating change. This type of requirement reduces the risk of bias from the teacher and the environment of the school and community. Overall, it controls the level of variation in one aspect of sex education, which is the teacher.

Another mandatory element of this new sex education curriculum is that it cannot be separated by gender. This suggestion is not unheard of, and there are some schools that already teach co-ed sex education. Still, there are questions around the potential discomfort of the students and maturity levels in discussing sexual health topics in a co-educational classroom. Some believe that students in a gender segregated classroom may feel more comfortable asking questions that are more gender-specific. There is also the idea that kids will not take the class seriously or joke around if boys and girls are in the same room. A solution to the first concern is to have an anonymous question box where questions can be answered without embarrassment.

There is no solution for the second, but instead the understanding that kids are going to giggle and make jokes in a sex education class regardless of who is in the room. However, in terms of both of those concerns, the simplest solution would be to start the conversations earlier and deconstruct the stigma that exists between boys and girls. Making sex education coeducational allows every student to learn about different kinds of bodies and develop empathy and understanding for people who are different from themselves. On this note, the curriculum will also require anti-discrimination laws in order to protect LGBTQ+ youth, especially transgender students who are disproportionately harmed in schools. Protection against discrimination based on sex, gender, race, and religion is already enacted through the Equal Rights Amendment Act and the Civil Rights Act, but a reinforced statement should be included for clarity.

Students should not be the only ones participating in sex education. I strongly believe that parents and guardians should be echoing the lessons that are being taught in the school at home. Yet that is an occurrence that rarely happens, and is the reason we need sex education implemented in schools. As mentioned before, not all parents are comfortable talking about sex or puberty with their child. They can also repeat misinformation that was taught to them when they were younger, or invent stories to shame or be used as a fear tactic. In order to bridge that gap between the home and the school, I believe that parents and guardians should have access to the full curriculum, including lesson plans. Not only will this provide peace of mind, but it can also be a learning opportunity for the parents and a way for them to become involved in their child's development.

The last function of the sex education curriculum is arguably the most important, because it impacts the way students receive information. Paulo Freire coined the term banking model of education, which is the method that many American schools use today (1970). This is essentially

an information dump into the student's brain solely for the purposes of memorization. In this system, students are not actually gaining knowledge, they are just repeating what they have heard and know is correct. Sex education classes should in no way follow this pattern. The methodology of teaching that is most beneficial for the subject is a more interactive and participatory approach. Now, it is true that there are certain subjects where an educator has certain facts that are important to provide to the student. However, many of the subjects can be informed by guided questions, games, and discussion. This method is more interesting, engaging, and memorable than just listening to a teacher lecture.

With these basic requirements in mind, the following topics must be present in a new standardized sex education curriculum.

Identity and Family

The first subject that should be introduced in sex education is identity and family. This is a huge topic, and every single aspect of identity that is in the world will probably not get to be introduced, which is understandable. The purpose of the identity and family module is to make students aware of the diverse world around them, beginning with their classmates. This also provides a chance for outside sex educators to get to know their new students and for the students to get to know them. A simple example of this could be a family tree or family dynamic. It is a great topic to ease students into, because it is interactive and may naturally bring up subjects like sexuality, gender, race, or religion. To be clear, students are not required to disclose specific personal information about themselves or their family if they feel it could be potentially harmful or uncomfortable for them. For example, a student does not need to share their own

sexuality, gender identity, or disability status. The most important part of this introductory topic is to get students comfortable sharing their thoughts and for them to recognize that it is a safe, shame-free space to have difficult dialogue.

As far as subject matter, the curriculum should guide students to understand how a person's identity interacts with their society. There will be conversations about what LGBTQ+ means, what kinds of sexualities exist, and any questions that the students may have about it. For gender, there will be discussions on the binary of gender and debunking any existing stereotypes that students may have. An easy game that could be played involves a chalkboard split into two sections labeled "boy" and "girl." Students can come to the board and write down anything that they believe to be true about boys and the girls. After the board has as many words or phrases as possible, the teacher can start a dialogue about why they believe these things and explain the concept of stereotypes and prejudice. For race, there should be in-depth conversations to help form a collective definition and understanding of what race and racism are. In these exercises, it is important to note the physical differences that we identify with race, but ultimately come to the understanding that people, regardless of race, are more similar than they are different. Religion can be conflated with race, so it is important to have some kind of discussion about it. It could also lead into a discussion around family and community. Overall, these lessons on sexuality, gender, race, and religion set the stage for recognizing the diverse range of families that exist. This includes nuclear families, blended families, single parent household families, same-sex parent households, and child-free families.

Anatomy and Puberty

Anatomy is one of the most consistent topics in sex education throughout the years. However, as noted in the statistical analysis of states' sex education requirements, some do not provide medically accurate information. In this new curriculum, sex education has to be medically accurate and factually accurate—meaning no false statistics or stories. This topic also needs to be inclusive of different body types. In showing diagrams of the sexual reproductive system, the images should include a range of skin color. They should also include variations in the size, shape, and position of vulvas, especially the labia minora, breasts, uncircumcised and circumcised penises, testicles, and even the amount of pubic hair. Also, different combinations of external genitalia and gonads need to be included. Overall, there should be an emphasis that all bodies are unique, and that uniqueness is normal. The only time a person should be concerned about their genitals or reproductive system is if some part of them is in pain or experiencing an unusual symptom.

In a new curriculum, no part of anatomy is off-limits. Genitals and their functions, both in reproduction and in pleasure, are key. This includes mentioning that the prostate is a pleasurable part of the male reproductive system, and not just something to ignore until they turn 50. This also means fully presenting the clitoris and that its sole purpose is for pleasure. The entirety of the clitoris was not discovered until 1998 by Australian urologist Helen O'Connell. She found that what looks like just a button or a protruding knob at the top of the vulva is just the tip. The entire organ has "legs, or crura, up to nine centimeters long, and also eggplant-shaped bulbs up to seven centimeters long," and can "become erect, just like the penis" (Fyfe 2018). The new curriculum will no longer ignore science.

Puberty and hormones are an important subject that falls along the lines of anatomy. It is so important to understand what is happening inside your body at a time of rapid change and

how to take care of it. There should be conversation around personal hygiene, such as how to wash your genitals, but also how to take care of your wellbeing. This means having the hard conversations around depression, anxiety, body image, and self harm. In addition, when speaking on hormones, estrogen and testosterone should not be described in the binary or as an excuse for certain gendered behavior.

Sex and Its Outcomes

The coupling of anatomy and puberty is a good primer for the controversial lessons on sex and its outcomes. The intricacies of sex should not be kept a mystery, but unfortunately it is often seen as too shocking or inappropriate for youth to hear. For example, in 2018, an Albemarle County high school in Virginia got into trouble for approving videos on male and female pleasure to be shown in the freshman girls' section of sex education (Hammel 2018). The videos were sourced from a YouTube sex educator called Laci Green and recommended by the Sexual Assault Resource Agency (SARA) in Charlottesville. The videos caused a huge uproar, and the physical education department chair was let go and the county ended their relationship with SARA. Although this article shows that some parents may not be ready to "expose" their child to sex, this subject is really in the best interest of the child regardless of the comfort level of the parent.

When discussing sex, it cannot be limited to penile vaginal intercourse. The curriculum has to cover oral sex, anal sex, solo sex, and any other stimulative or sexual behavior. This not only gives youth the understanding of different safe sex practices, but it also expands the options on how a person and their partner can interact on a physical or romantic level. This decreases the emphasis on heterosexual sex and possibly sex in general. Educators should emphasize that

personal pleasure comes first and does not require a partner. This requires discussing masturbation, or solo sex, for different genital types—not just penises. It also ensures that when someone chooses to be sexually active with another person, that they can advocate for their pleasure in that situation.

Alongside the discussion of self pleasure and sexual activity, abstinence should be included as a legitimate choice for students. Although I argue against abstinence-based education, I do believe that acknowledging that not all teens are having sex or will choose to have sex in their young adult lives is important for inclusion purposes. In education, it is important to meet students where they are. For sex education, that means recognizing that abstinence is a choice that people make for various reasons, but it is not the only choice. It should not be presented to students as the only proper way of life or the "correct" decision, as AOUM and abstinence-based curricula have done, but more so as a personal decision to be respected.

The ultimate goal of abstinence-only and abstinence-based sex is to delay sex until marriage, often through methods like STI and teen pregnancy stigmatization or withholding information on contraceptives and safe sex practices. On the flip side, one goal of evidence-based programs and this proposed curriculum is also to delay teen sex, but without the religious connotations and emphasis on marriage. There is a strong argument that teens should delay sex until they have reached sexual and emotional maturity, and in order to avoid the social and medical problems that arise for teen mothers (Bolland et al. 2018; Luker 2000). For example, there was a study done in the schools of Mobile County, Alabama, which is a low-income, predominantly black town. At the time of the study, Mobile County was an area of worry because of the lack of a comprehensive sex education system, a sexually active teen population,

and overall poor reproductive health. The researchers concluded that school-based sex education (SBSE) was crucial in lowering teen STI and pregnancy rates, but that "abstinence-only SBSE may not be most beneficial and effective." (Bolland et al. 2018:367). In essence, they found that curricula that solely focus on abstinence and not on contraceptive methods are not useful or beneficial to the knowledge and overall well being of youth. However, I do argue that abstinence as a choice can and should be a discussion within a more comprehensive curriculum.

Along with the different types of sexual activities, there should be extensive examples of contraception and contraceptive methods, side effects, and their success rates. This includes different types of birth control pills, IUDs, condoms, withdrawal, dual methods, and so many more. There should be a clear distinction of what prevents STIs, what prevents pregnancy, and how to protect against both. Students should be given as much information as possible in order to make an informed decision that best protects themselves and their sexual partner or partners from unwanted sexual outcomes. The two significant outcomes of sex, STIs and pregnancy, should not be framed as shameful or used as a scare tactic. With pregnancy, scaring youth early in life around a natural phenomenon can negatively impact their attitude towards it later in life. Pregnancy should be talked about in a medically accurate way from conception through the trimesters of pregnancy, purely for the purpose of being informative. Using STIs in order to keep youth from having sexual intercourse only reinforces the shameful stigma around STIs and STI testing. Teens need to understand the importance of getting tested regularly when sexually active, but also know that getting an STI is not the end of the world. According to the Guttmacher Institute, 15 to 24 year olds currently make up the majority of major STIs and young women in particular are more susceptible (Keller 2020). Still, it should be clarified that STIs do not make someone dirty, impure, or unworthy of love or sex. STIs are simply another medical

issue that some people have to deal with, the only specification that makes it uncomfortable is that it has to do with genitalia and sexual activity. However, as we normalize STI testing and the practice of checking with sexual partners that they have been tested, we can reduce the numbers of STIs within the young adult population without fear mongering.

Consent

A sex education curriculum cannot exist without the topic of consent. This is one of those subjects that is always evolving and cannot be taught in its entirety in the classroom. There are organizations that are trained in workshops for consent and are extremely helpful in continuing the conversation outside of the sex education curriculum. In addition, it requires lengthy discussion and exploration of both sexual and nonsexual circumstances. Consent is not as simple as no means no or yes means yes. There have to be lessons on how to set boundaries and how to respect other peoples' boundaries, which can be applied to both sexual and nonsexual situations. Students need to explore what it feels like to say no or yes, and to accept those boundaries from another person. Body language and other nonverbal cues need to be analyzed so that students have some sort of guideline to tell when their partner might be uncomfortable or notice a peer who is in an uncomfortable situation. Intervention can be practiced in these instances.

Along with consent comes the conversation about what happens when boundaries are violated and consent is breached, as in cases of sexual assault and rape. When covering sensitive topics such as these, the comfort of the students should always be kept in mind first. Additional resources such as counseling or after class, one-on-one meetings could be beneficial if a student requests it. It is important to know the many ways in which sexual assault and rape can present themselves in the world. The victim can be anyone, and the perpetrator can be anyone. By this, I

mean that educators should address the fact that men are not always the perpetrators and women are not the only victims. However, specific data could be provided that illuminates the gendered issues of sexual assault and rape. Sexual or intimate acts can be seen as consensual in the moment, but upon further reflection may feel more like an act of coercion. In order to successfully explore these difficult topics, situation identification and interactive games such as role playing would be beneficial for showing and fully understanding the plethora of ways that consent can be violated and respected.

Finally, this topic needs to cover the legal side of sexual assault and rape. There should be information on what happens to rapists and perpetrators of sexual assault, especially in instances of intoxication which tends to be confusing for young people. In addition, students need to learn where they can turn and the steps they can take in the event that they have been sexually assaulted or raped.

Relationships

Relationships are another aspect of sex education that can be taught all year long with the help of local and widespread organizations, such as the One Love Foundation for Yeardley Love. The main types of relationships that should be explicitly covered in the sex education curriculum are romantic, familial, sexual, and friendships. These relationships can range from unhealthy to healthy, depending on the ways they interact with a person's physical, mental, and emotional wellbeing. Educators should discuss both types of relationships and explore recognition through situational examples and games. Relationship conversation opens the door for exploring healthy communication and manipulative or ineffective communication.

Pornography and the Digital Age of Sex

A new topic that I find particularly important for modern age youth is pornography. Whether children watch it purposefully or have accidentally stumbled upon it, there is a large chance that a majority of kids have seen some form of Internet porn. This topic should cover why it is important to be cautious with pornography and deal with things such as healthy body image, false and performative portrayals of sex, reinforced gender roles and fetishization, and ethical versus unethical porn. Ethical websites are those that monitor videos from legitimate producers that pay their actors fairly and abide by rules of consent. Unethical pornography could be unsolicited nude photographs or videos on websites that do not regulate their page to omit said videos. Websites such as these can contain child pornography and actual sexual assault and rape crimes. The digital age of sex also covers nude photographs and sexting, and why it can be dangerous to do those things as a minor. To teach this successfully, it would be beneficial to have an expert come in to talk about internet safety, because the internet and social media are already a huge part of our modern world.

Learning Outcomes

The most important transition that students should go through in this type of sex education curriculum is that they learn something that helps them throughout their entire life. They should be able to identify and understand basic anatomical and human functions, and accept that their body is perfectly normal the way it is. For life skills, they should come out of the curriculum with the skills and tools they need to formulate and enforce personal boundaries. For the world at large, they should leave with the understanding that it is increasingly diverse. They should be encouraged to be tolerant and accepting of people who appear or act differently

from them. Lastly, they should leave the class knowing where to turn if they have more questions. We never stop learning about our bodies or relationships, and things will happen in adolescence that can be made easier with guidance or mentorship.

V. Where Do We Go From Here?

In reforming sex education in America, the solution seems almost impossible. Sex and sexuality have been policed since Americafor deceades. Obscenity and appropriateness were subjective terms that were turned into law, and what should be basic health care was turned into a debate on morals. Progressive sex education has no social foundation, because that social foundation is rooted in moral conservatism. I am arguing in favor of a seemingly anti-American curriculum, because it goes against tradition. A federal, standardized sex education curriculum that normalizes bodies and sexuality has never been done before in the United States. There are private, small-scale organizations and places in the U.S. that provide comprehensive sex education, such as the Unitarian church program called "Our Whole Lives," but they can only reach so many kids. The Obama administration attempted to implement some form of comprehensive sex education, but it was short lived as the Trump administration removed most of the policies. An overhaul of the current abstinence-based curriculum and replacing it with a national comprehensive sex education could be monumental. Similar industrialized countries, like the Netherlands, have done it with clear evidence of success in low teen birth rates and STI rates. In theory, this could work for the United States. We just have to put it into practice.

There is one clear obstacle that we can actually work on changing to enact comprehensive sex education: conservatism in Health and Human Services (the HHS). So far, the HHS has been responsible for the vast majority of legislation around sex education, both the

progressive and conservative. The laws that are enacted under this department that they are required to enforce depend on who we elect as our government officials and president. Ronald Reagan and the Republican party helped put AFLA into effect, the Bush administration fueled AOUM, and Obama set out to replace it all with comprehensive sex education. During election season, some people advocate how important it is to vote and fulfill your civic duty. On the other hand, some are still skeptical that their one small vote has any effect on the outcome of elections. This is not simply about who wins elections, but the question of who is going to sit in office and make decisions on behalf of you, your children, and your community. U.S. citizens have the right to call out those public servants and candidates running for office to get a clear answer as to what their stance on certain issues is. In this case, that means sex education. Very rarely is this a topic of interest or debate for government officials, but it can be gauged by the type of issues that they stand for if a direct answer is not available. To change sex education, we need to elect diverse people in office who believe in science, women's rights, LGBTQ+ rights, and are explicitly anti-racist.

VI. Conclusion

The aim of this thesis is to highlight the societal patterns in culture and policy around sexuality and sexual health that have shaped the United States today. Throughout all of my research, I found that the most important voice that was missing was that of our youth. The only time children voiced their opinion on sexuality issues was about the show "Just. Bare." in the Netherlands. It was eye opening to see how mature and understanding these kids were about the naked body. Whereas throughout United States history, we have had angry and uncomfortable parents and religious groups silencing the demographic that is being directly affected by the

sexual wellness policies we put in place. Even the articles and studies that I used were primarily testimonies from academic professionals, parents, or young adults that had already graduated from high school.

The main takeaway from this thesis is that we need to listen to our youth and respect what they want when it comes to their education. The STI and teen pregnancy rates and the continuous ineffectiveness of abstinence education are a cry for help on their own. Not all teens are able to claim space in the political realm as activists like Malala Yousafzai and Greta Thunberg have. However, when youth do speak out about issues, whether in a public or private eye, it is important to listen. Furthermore, it is our job as researchers and activists to amplify their voices through academia. For further research on this subject, I suggest an ethically sound investigation of the knowledge that teens from different sex education curriculums have. I also suggest further research on consent and coercion in both high school and college in order to see where our youth stand in understanding bodily autonomy and respect. Finally, as we move into the new Biden administration, I am eager to see how they deconstruct Trump era sex education and reproductive rights policies. As I have depicted above, there are many reputable studies that prove the ineffectiveness and harm of abstinence-based sex education, support comprehensive sex education, and a number of social scientists, educators, and activists that can help pave the way to an ideal, national sex education curriculum.

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