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Let's Build Together: Expanding Comprehensive Sex Education in the United States

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Let's Build Together: Expanding Comprehensive Sex Education in the United States

Olivia Cecchi

August 2016

A Policy Brief

Submitted to the faculty of Clark University, Worcester,
Massachusetts, in partial fulfillment of the requirements for
the degree of Master of Arts in Community Development and Planning

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Abstract

“Let’s Build Together:” Expanding Comprehensive Sex Education in the United States

Olivia Cecchi

This paper seeks to critique the current state of sex education in the United States by examining the history of funding and the perceived effectiveness of some programs. In the past the American government has overwhelmingly supported abstinence-only methods of sex education through several federal funding streams. Yet there is little evidence to show that abstinence-only programs even work, thus there has been efforts to shift support to comprehensive sex education programs. This paper analyzes the results of several studies, which compare and evaluate the effectiveness of different types of sexuality education programs. Although these studies provide measurable evidence in support of comprehensive programs, our findings recognize that many of these programs are heteronormative and not inclusive of marginalized bodies and identities. Despite these critiques we offer up the Masakhane Center as an example of a program, which embodies a comprehensive, intersectional, LGBTQIA+ inclusive, non-heteronormative form of sexuality education.

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Table of Contents

Introduction	1
The Government in Our Pants: A History of Federal Support	7
Is Comprehensive Sex Education the Answer?	16
A Model for Best Practice: The Masakhane Center.....	31
Conclusion.....	36
Bibliography.....	41

Introduction

It is hard for me to remember exactly what my experience with sex education programs was like during my time in public school. From what I can remember in middle school we were separated by gender and put into different classrooms, in the girl's group our teachers taught us about menstruation and puberty. At the end of the class we got little bags with some sanitary pads, tampons, and some informational packets. I remember that our teacher felt awkward, and we ended up just playing games amongst ourselves. The memory of mine that stands out the most from this time period, was after both sections of the class learned about anatomy, some of my classmates started to call me "Ovaries," because Olivia also started with an "O."

While I do not remember much about my health class in middle school, I do remember the questions and conversations I had with my peers about aspects of sexuality at the time. Although a lot of it was harmless conversation, our uneasiness to voice larger concerns or questions to our teachers or other adults in our lives contributed to the adoption of unhealthy, risky, and in some cases non-consensual choices. Paradoxically, our society is obsessed with sex, yet sex remains taboo and it is particularly heinous for young people to talk or engage in issues of sexuality. By creating spaces that discourage youth from asking questions about sex we not only strip them of their autonomy but also perpetuate a society where young people are forced to learn through trial and error, often at the expense of themselves and or others.

The social climate that surrounds teenage sexuality is shrouded in complex ideals about innocence, race and gender, and while our government has historically supported separating teens from their sexual identities, the United States is still facing challenges when it comes to issues of teenage sexuality. Although teen pregnancy rates have been on the decline in recent years, when we compare the United States to other nations these rates are substantially higher than other industrialized countries (CDC A, 2016). One organization states that in 3 in 10 girls in the United States will become pregnant at least once before they turn twenty (Do Something A, 2016). Additionally, the birth rates for Hispanic and African American youth were more than two times higher than non-Hispanic white teens (CDC A, 2016). When it comes to Sexually Transmitted Infections (STIs), young people make up one of the most at risk groups for contracting an STI. Unfortunately, teens between the ages of 15-24 account for 50% of new infections each year, and 1 in 4 teens will contract an STI each year (Do Something B, 2016).

Many sex education programs focus on reducing teen pregnancy rates and STI transmission rates amongst youth, however the “crisis” of youth sexuality goes far beyond these challenges alone. Some studies have recognized that LGBTQIA+ youth are at increased risk of facing emotional, physical, and sexual violence within their schools and are more likely than their cisgender heterosexual (cis-het) peers to have attempted suicide (CDC B, 2016). To put that in perspective 4.6% of the overall population of the United States has reported a lifetime suicide attempt, but one survey

revealed that 41% of transgender respondents reported a suicide attempt at some point in their life (Haas, Rodger & Hermann, 2014). Another issue facing youth is illustrated by a study conducted by Planned Parenthood regarding understanding of consent and sexual assault on a college campus. This study not only uncovered divergent views on what constitutes sexual assault, but also that there are varying beliefs about which behaviors communicate consent. Only about 15% of these participants reported that they learned how to recognize whether a partner is giving consent. Furthermore, although almost everyone agreed that when one person is incapacitated or passed out this is sexual assault, the report notes that there is still a lot of confusion to address with young people both when alcohol is and is not involved (Planned Parenthood, 2016). Although there has been progress in addressing some of these issues there is clearly a need to continue to educate and work with youth in order to better address these challenges.

Yet many sex and sexuality education programs still approach sex as *the* problem, rather than addressing the structural inequalities that perpetuate the adoption of precarious sexual behaviors. These programs, often define what sexual risk looks like and targets “vulnerable” populations, rather than empowering people to ask for a broader range of safer sex options (Jolly, 2007). Researcher Susie Jolly questions our expectations for young people’s understanding of the importance of consensual sex and negotiating skills when our education system is so often limited to preventing pregnancy and STIs (2007). Socially we are told that sexuality and gender is incredibly

complex, but these concepts are merely socially constructed ideals, upheld to relegate people to the cis-gender, heterosexual and monogamous norm. This being said, education programs ought to integrate understandings, which embrace and challenge the status quo into their curriculums to better meet the needs of youth. Thus this paper, which seeks to illustrate the effects that sex and sexuality education programs have on sexual behavior, is built upon intersectional feminism and queer pedagogy which assert these programs should strive to be non-heteronormative, LGBTQIA+ inclusive, and both intersectional and comprehensive.

As we have seen, youth who do not comply with heteronormative and gender binary standard already face difficult odds in our society and some researchers have suggested that sexuality education programs could serve as spaces to support LGBTQIA+ youth. Ideally these programs would not only present a wide array of inclusive sexuality information, but also acknowledge and validate the experiences of LGBTQIA+ youth. Sex education that provides instruction not only on how to prevent STIs and HIV, but includes other sexualities helps to promote a better understanding of the varying identities, bodies, and desires of people. Queering sex education is beneficial not only for LGBTQIA+ youth, but with this education cis-het youth can learn to accept and respect those who identify differently. In groups that are largely composed of cis-het youth this means that they will learn about the privileges they are afforded because of their identity, and “will be encouraged to engage in active self-reflection about their role in oppressive structures” (Masakhane 2015, 6).

Moreover, it is important for sexuality education programs to recognize that notions about sex and gender are deeply rooted in other aspects of our identities. We cannot continue to deny that both our identities and positionalities in the United States affects how individuals and communities understand, define, and repress sexuality. In an effort to create truly “effective” sexuality education programs, we must make an effort to incorporate and stand in solidarity with other social justice movements, especially the racial and reproductive justice movements. Repressive methods of sexuality education are not only ineffective in their efforts to reduce pregnancy and STI transmission, but help to perpetuate the inequalities and racism toward marginalized identities and bodies.

In addition to adopting an intersectional approach, it is important that sex education programs make an effort to be comprehensive. By comprehensive I utilize a definition, which states, “...the aim of comprehensive sexual and reproductive health education is to promote behavior that protects learners’ good sexual health” (Masakhane 2015, 25). This can mean a bevy of things, but includes access to information about safer sex, abstinence, gender identity, consent, body positivity, and STIs to name a few. Comprehensive sex education is unbiased and all encompassing, and strives to improve the youth’s access to knowledge and services. This paper hopes to illustrate that it is not enough to simply teach young people about abstinence and condoms. As sexuality educators we should strive to provide youth with as much information about sexuality as possible with which young people can utilize to make

informed decisions for themselves. Adopting these notions into sexuality education programs could lead to a more effective, understanding, and legitimatizing approach to youth's sexual experiences and identities.

This paper seeks to illustrate that despite the United States government's historic support and funding of abstinence-only based education programs these methods are not "effective." Additionally, although comprehensive sex education programs are hailed as the better option, we see that there is incredible variation in the curriculums of these programs. I assert that not all comprehensive programs are inherently better, and that in many cases the curriculum can be even more problematic than abstinence-only based programs. By examining evaluations of sex education interventions I recognize that the measurement of effectiveness is often steeped in the complex social expectations of sex, gender identity, and age. Therefore, these standards of measurement, illustrate what types of sex and identities our society validates and accepts. I argue that sex education programs must strive to go beyond teaching family planning and STI prevention in order to be effective in encouraging young people to both understand and adopt healthy sexual practices. Ideally sexuality education programs will address a bevy of topics that intersect with aspects of sexuality, in addition to being medically accurate, and age appropriate. In conclusion, I offer up a model of best practice the Masakhane Center, an organization that strives to create and implement a sex education curriculum that is comprehensive, non-heteronormative, intersectional, and sex positive.

Lastly, it is important to state that although these are the guiding principles of my beliefs on sexuality education, my identity is one of incredible privilege. As a cis-het, white, able-bodied, educated, American woman I recognize that no matter how important intersectionality is to me, I still have the ability to perpetuate and reproduce inequalities within this work. Although I strive to deconstruct the power of my privileges, this is something that I am continuing to work on. I realize that my privilege may serve as a barrier to understanding and addressing certain inequalities within sexuality education. While I acknowledge these privileges, I still believe that changing the ideals of sex education is incredibly important and work that must be pursued. In conclusion, I would like to co-opt the popular saying, “real sex education saves lives,” to argue that non-heteronormative, LGBTQIA+ inclusive, comprehensive and intersectional sex education saves lives.

The Government in Our Pants: A History of Federal Support

The issue of sex education is largely a political one, as youth are systematically denied access to certain information based on policy implemented by the government, and schools. The following section seeks to highlight the fact that the US government has historically shown its support for abstinence-only education via their overwhelming financial investment. Although opponents argue that there is hardly enough evidence demonstrating the “effectiveness” of abstinence-only programs, the government has continually supported this “moral” movement. Many argue that comprehensive methods of sex education are a far more efficacious way of reducing youth’s adoption of risky

sexual behaviors. One study conducted by the Guttmacher Institute revealed that seven out of eight comprehensive programs that were evaluated demonstrated positive impacts on delaying sexual initiation, and increasing condom use (Guttmacher C, 2007). Yet, through these policies the United States government has created and perpetuated a standard that youth engaging in sex is criminal, youth that defy the heterosexual and gender binary norm are wrong or disturbed, and that sexuality is isolated from other aspects of our identities and positionalities.

Since the 1970's the United States has sought to reduce teen pregnancy and sexually transmitted infection (STI) rates via school based sex education programs. At the time, funding for these programs was fragmented with government, state, and specific organizations funding different topics like teen pregnancy, and STI transmission separately (SIECUS C, 2016). One of these sources of funding was the Adolescent Family Life Act (AFLA) of 1981, which provided comprehensive health services to pregnant teens and their families, in addition to providing funds for counseling and education services (Perrin & DeJoy 2003, 447). However, the intention of the program was to promote "family values" with a focus on "chastity and self discipline." This was done specifically through restricting the use of grant funds to be utilized for family planning services, and prohibiting any promotion or encouragement of abortion (Perrin & DeJoy 2003, 447). This "moral" approach to prevention made the AFLA fundamentally different from other teen pregnancy prevention programs of the time.

Sex education has long held ulterior motives to simply providing youth access to knowledge. In addition to helping to set the standard for sexuality and gender, this has also been a means in which to control reproduction. Author Dorothy Roberts elaborates stating that teen pregnancy is often condemned, because it is seen as an expense to tax payers, yet this assumption is wrapped in contexts of racism, sexism, and classism. Roberts states that people think teen mothers are more likely to rely welfare, yet this value judgment reveals that our society believes that relying on the government is immoral or unfair. Roberts asserts that efforts which stop teens from becoming pregnant in turn prevents the birth of babies would require government aid (Roberts, 1997). In her book Roberts focuses specifically on the relationship between contraceptives and policies, however her analysis can be applied to the lens of sex education.

That being said, these ideals of morality stand in conjunction with the social mores of what is considered acceptable in terms of gender, children and race in the United States. Our society is intrinsically intertwined with values, which perpetuate systems of racism, patriarchy, heteronormativity, etc., these systems reproduce themselves within so many aspects our lives effecting laws, curriculums, and interactions with one another. It is important to recognize this as we delve through the history of sex education in the United States, and understand how these systems of oppression have influenced the state of sexual norms and expectations within this country.

Abstinence-only programing that employs methods of fear based instruction

largely fall under two categories. The first introduces religious morality and states that sex before marriage and other aspects of sexuality are punishable by God. The second relies on health indicating that engaging in sex before marriage would result in infection of diseases and even death. Some of the threats in religion based abstinence-only curriculums argued that because methods of contraception interfered with the natural act of conception those who use these methods are committing a “grave sin,” and are “intrinsicly evil” (Donovan 1984, 224). Additionally Susan Rose, author of *Going to Far? Sex, Sin, and Social Policy* illustrates one fear-based technique which an abstinence-only video, “...juxtaposes discussions of having sex outside of marriage with images of men dying from AIDS” (Rose 2005, 1208). Equating sex to death, and convincing young people that they will be divinely punished for sex not only reproduces misconceptions about sex, but also creates an incredibly treacherous environment for young people.

Moving forward, under the Reagan administration enormous amounts of funding was being pushed towards “abstinence-only” sex education programming, in addition to continuing support of the AFLA. Many recipients of these grants were far right and religious groups that utilized these funds to create and implement fear-based curricula. Relying on fear tactics to promote abstinence, and provided inaccurate information concerning contraceptives in order to taint participant’s perceptions of them (Saul, 1998).

When it became known that certain ALFA grantees were utilizing government funding to inject religious dogma into sex education classrooms (Donovan 1984, 222), critics of these programs sought to challenge this practice. A suit was filed against the AFLA, claiming it violated the separation of church and state mandated by the first amendment (Saul, 1998). In 1993, the suit finally reached a settlement and as a result conditions were created in order for AFLA grantees to receive funding. These conditions stated that AFLA funded sexuality education programs must not include religious references, must provide medically accurate information, and that programs respect teens' right to choose, explore, and learn about contraceptives (Perrin and DeJoy 2003, 447).

Section 510 (b) of Title V of the Social Security Act, P.L. 104-193	
For the purposes of this section, the term "abstinence education" means an educational or motivational program which:	
A	has as its exclusive purpose teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
B	teaches abstinence from sexual activity outside marriage as the expected standard for all school-age children;
C	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;
D	teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of sexual activity;
E	teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;
F	teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society;
G	teaches young people how to reject sexual advances and how alcohol and drug use increase vulnerability to sexual advances, and
H	teaches the importance of attaining self-sufficiency before engaging in sexual activity.

Table 1: Eight- point definition of abstinence only until marriage, as written in Section 510 (b) of Title V of the Social Security Act of 1996.
Source: Sexuality Information and Education Council of the United States, *A History of Federal Funding for Abstinence-Only-Until-Marriage Programs*, Jan 2016, Web, table 1.

Despite other's opposition with the AFLA, the government sought to fund more abstinence-only programs, and in 1996 President Clinton passed the Personal Responsibility and Work Opportunity Reconciliation Act. Nestled in this Act, was Title V, Section 510(b) that established a new federal funding stream for abstinence-only programs. Like the AFLA, Title V was deftly created to bolster these concepts of "morality" and "chastity" as the *expectation* within American society specifically by creating an eight point, "abstinence-until-marriage-only" definition as illustrated by **Table 1**. It is apparent that these stipulations seek to foster the criminalization of youth sex within the United States. For example in part C, the definition asserts that abstinence is the *only* means of avoiding health problems and unplanned pregnancy. Possibly even more problematic is how this definition constructs relationship standards defining what is acceptable and what is not, as highlighted by parts B and F. In a way, the terms utilized in these definitions demonize any act or anyone that strays from the heterosexual and monogamous norm, and discourages youth from considering other types of relationships or life styles that they may prefer or are interested in.

In 1998, Congress allocated new funding to go towards the Maternal and Child Health Block Grant's Special Projects of Regional and National Significance-Community Based Abstinence Education (SPRANS-CBAE). Unlike other programs SPRANS-CBAE grantees had to incorporate all 8 points in all programming (Advocates for Youth, 2016). Proponents of abstinence-only worked diligently to convince legislators that this was the *only* effective and appropriate means of conducting sex

education (Future of Sex Education, 2016). However, in 2004 Representative Henry Waxman released a report, “The Content of Federally Funded Abstinence-Only Education Programs,” which criticized abstinence-only programs funded by SPRANS-CBAE. The report found that the majority of the most commonly used curricula contained inaccurate medical information, utilized fear and shame tactics, blurred religion and science, and upheld gender stereotypes (Waxman 2004, i-ii). Specific information from different programs funded by SPRANS-CBAE was included, in which one curriculum was discovered to be using problematic expressions to describe facts.

For example, educators would use the word “baby” to describe a blastocyst, or an embryo in the early stage of development. Using terminology like baby is a purposeful strategy to attribute qualities of children or newborns to a fetus in utero, this approach promotes the idea that life begins at conception, and by humanizing the fetus these groups hope to discourage and guilt young people from possibly preventing or terminating a pregnancy. In addition, this overemphasis of the relationship between a “mother” and “baby” neglects to acknowledge that not everyone who becomes pregnant identifies as female. Thus, these programs continue to promote a heteronormative and heterosexist agenda, limiting young people’s access to critical information about the fluidity of gender expression. Waxman’s report uncovered that out of the 13 most commonly used curricula, only *two* of them used accurate information (Rose, 1208).

Despite these findings, conservative groups countered that the evidence was taken out of context.

In 2007, although new stipulations were attached to SPRANS-CBAE grants which mandated medically accurate information and contraceptive inclusion, there was no system of accountability set up to enforce these stipulations. Without explicit enforcement many of the grantees continued to disseminate information full of inaccuracies and biases (SIECUS C, 2016). By 2008, Henry Waxman led the first Congressional hearing on the effectiveness of abstinence-only-until-marriage education programs. At the hearing, three panels of witnesses attested to the ineffectiveness of abstinence-only programs, and factual evidence was presented which showcased that abstinence-only programming had little to no effect on the delay of sexual activity, had done little to reduce teen pregnancy rates, and prevent the spread of STIs. Witnesses who had participated in SPRANS-CBAE funded abstinence-only programs, endorsed this evidence by sharing how these programs had left them unknowledgeable and vulnerable (SIECUS B, 2016).

In addition to highlighting the ineffectiveness of abstinence-only programs, there was a call for the end of such exorbitant funding structures for abstinence only programs, and a recommendation that more federal and state funding be spent on comprehensive sex education programs. Proponents provided evidence that showed that certain comprehensive programs were able to delay initial sex, prevent STI transmission, and lessen pregnancy rates. One proponent stated that youth needed to

have a comprehensive sexuality education in order to best protect themselves. The following year, SPRANS-CBAE received its first funding cut, and in 2010 the program was entirely terminated (SIECUS C, 2016).

DEDICATED FEDERAL ABSTINENCE-ONLY-UNTIL-MARRIAGE FUNDING BY FICAL YEAR (1982-2011)

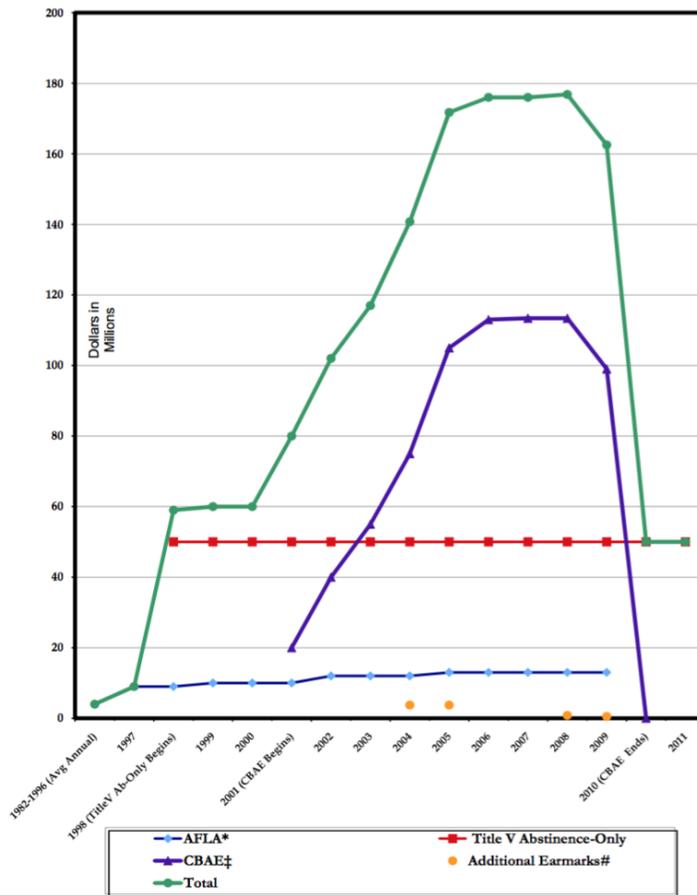


Figure 1: Dedicated Federal Funding Abstinence-Only-Until-Marriage Funding by Fiscal Year (1982-2011). Source: Sexuality Information and Education Council of the United States, A History of Federal Funding for Abstinence-Only-Until-Marriage Programs, Jan. 2016, Web, Graph via page link.

By 2005, nearly \$1 billion in state and federal state funding had been dedicated to abstinence only education since 1996 (Rose 2005, 1208). There is little evidence which shows that abstinence-only education is actually effective, yet many people believe that this is the best way to address the “problem” of youth sex, pregnancy rates, STI transmission rates, and other relevant issues. Conservative

government values continued to finance abstinence-only sex education, as illustrated by

Figure 1, and from 1996 to 2008 there was exponential growth in the amount of federal funding for these programs. Although the AFLA, Title V, and SPRANS-CBAE represent the majority of federal funding that went towards abstinence-only education there were other sources, including other federal sources, which helped fund programs throughout the United States (SIECUS C, 2016). Therefore, this sizable congressional investment in tandem with the conservative understanding that abstinence should be the “moral” standard for teens, allowed for abstinence-only programming to reach numerous communities. Thus indicating that thousands of young people were subjected to harmful and inaccurate abstinence-only programming over the course of 4 decades.

Is Comprehensive Sex Education the Answer?

Unlike abstinence-only programs, there was no federal funding for comprehensive sex education programs until 2010. Although attempts to change this had come forward, it was not until the Consolidated Appropriations Act of 2010 that federal funding could be utilized for comprehensive sex education programs. Other acts, like the President’s Teen Pregnancy Prevention Initiative (2010), and the Personal Responsibility Education Program (2010) allowed for more resources to be allocated to comprehensive sex education programs (SIECUS A, 2016). In 2010, President Obama called for an end to the support of ineffective sex education efforts those focused primarily on abstinence-only. Instead he proposed that funding specifically tied to the eight-point definition of abstinence-only education be shifted to support evidence-based, medically accurate, and age appropriate programs (Guttmacher D, 2010). Most

recently, in his proposed federal budget for 2017, President Obama removed all funding for abstinence-only education, and proposed an increase in funding for the Teen Pregnancy Prevention Program (WITW STAFF, 2016).

As aforementioned, there has been incredible federal support of abstinence-only programming in the United States. The combatants of abstinence-only education argue that these programs are largely ineffective in reducing risky teen sexual behaviors. Comparatively, some opponents of comprehensive programming assert that these methods encourage young people to initiate sexual activity at a younger age. So after decades of conducting these programs, I pose the question do these programs work? By utilizing studies that have measured the efficacy of several curriculums, I hope to better understand the effects these programs have on the behavior of young people.

Although tides are shifting in the support of comprehensive programming, a lot of this shift is due to the perceived “effectiveness” of these programs as compared to that of abstinence-only programs. As all measures of effectiveness are a social construction this leads us to the question, how do we quantify the potency of sexuality education programs? How do social mores and expectations shape how we approach sexuality programs? Of the studies I examined, almost all of them measured efficacy by tracking pregnancy rates, and STI transmission rates. Some looked at the amount of partners a young person was engaging with over the course of the study, and others looked for trends in increased contraceptive use. None of the studies talked about the

curriculums of the programs they were evaluating, they simply focused on the outcomes. Although these studies show that comprehensive methods are quantifiably more effective on a few key measures, these measurements fail to address and recognize the bevy of intersectionalities of sexuality in both their measurement and the programs themselves. These reports illustrate that there is a limited understanding of what constitutes a successful sex education program, evaluating programs in an inherently heteronormative, and non- inclusive way. Lastly, these standards of measurement indicate how and what American society deems normal and acceptable when it comes to sexual behaviors.

In addition these reports yielded that there is an incredible variation in the curriculums of comprehensive programs, specifically a lack of inclusive terminology. Although school based sexuality and safer sex efforts are often considered to fall into either category of abstinence-only or comprehensive programming, there is an incredible difference in the information youth are being exposed to at the state, regional, and individual school levels. Even amongst the reports I analyzed there was a difference in what each study determined comprehensive programming to be. For example, one author defines comprehensive sex education as promoting abstinence, but also teaching about birth control (Lindberg & Maddow-Zimmet 2012, 526).

In comparison, Elia and Eliason authors of *Discourses of Exclusion: Sexuality Education's Silencing of Sexual Others*, dub comprehensive education as the

“antithesis” of abstinence-only curriculum, asserting that this form of sex education should cover a broad range of topics, including sexual orientation and gender identity, as well as addressing the socio-cultural, biological, psychological, and spiritual dimensions of sexuality (34). This lack of uniformity between different programs is not only remarkable, but also problematic, heteronormative, and heterosexist. By omitting certain information denies youth access to critical knowledge that could impair their ability to make educated choices about both their sexual and reproductive health, and sexuality. The following seeks to critique core aspects of both abstinence-only and comprehensive curriculums, and to examine how inconsistencies in the definitions of comprehensive programming negatively affect youth.

That being said, it is important to think critically of the goals of behind these programs, what is there to gain by equating a reduction in unplanned pregnancy to the efficacy of a sex education program? Is the exclusion of LGBTQIA+ inclusive measurements just a mistake, or indicative of our heteronormative and gender binary society? Since these studies were seeking to measure the efficacy of these programs in terms of unplanned pregnancy, STI transmission rates, etc. it is difficult to pinpoint if and how the curriculum of these programs addressed other aspects of identity and how it relates to sexuality. It is possible that because these programs did not utilize an intersectional approach, the needs of young people who are comprised of varying identities are not being met within these classroom settings. Thus these methods of

measurement illustrate that comprehensive programs themselves could potentially be just as if not more problematic than their abstinence-only counterparts, because they are not inclusive or intersectional. We need to push past this notion of efficacy as lower pregnancy and STI rates, and focus on building comprehensive sex education programs that cover a wide range of topics that intersect with sexuality.

The first study, conducted by Kohler et al. (2008) examines data from the National Survey of Family Growth, looked at the responses of never married heterosexual youth between 15-19 years old who had reported that they had received formal sex education before their first sexual intercourse. The researchers specified that they focused on teens who had reported no formal sex education, formal education on “how to say no to sex” which they defined as abstinence-only, and those who had formal education which taught “how to say no” in addition to teaching about birth control which they defined as comprehensive. The responses of these participants indicated that abstinence-only programming did not discourage young people from initiating sex, nor did these it reduce the risk of pregnancy or STI transmission (2008, 349). Additionally, compared to those with no sex education and abstinence-only education, youth who had participated in comprehensive sex education programs were associated with a 50% lower risk of teen pregnancy (Kohler et al. 2008, 348-349). Additionally, Kohler et al. found that comprehensive sex education was marginally associated with reduced reports of vaginal intercourse (2008, 347). Kohler et al. rule

that comprehensive education revealed no significant difference in the initiation of sexual (read: vaginal) intercourse, and a decreased likelihood of teen pregnancy.

Additionally as a result of their findings, Kohler et al. suggest that youth who receive abstinence-only education may in fact engage in higher risk behaviors once they initiate sexual activity (2008, 350).

Before we begin to break down the results of the other studies, it is important in this instance to understand how pervasive both heteronormativity and the gender binary are in the American education system. As mentioned before, because the goal of these studies were to discover the effectiveness of sex education programs on sexual behaviors, it is difficult to assess the attitudes and curriculums of these programs when it comes to including and addressing LGBTQIA+ identities. However, of all the studies examined in this paper, the inclusion of data that reflected trends in LGBTQIA+ youth and their experience with either type of sex education programs was pretty much non-existent. One study, mentioned that a small percentage of youth who participated reported that they had sexual relations with someone of the same gender, but that was the only mention of non-heteronormative relationships within the study. The study by Kohler et al. (2008) was the only other work, which mentioned same-sex relationships. However, this study actively rejected results of youth who reported being interested in the same sex, presumably because these participants had no risk of unwanted pregnancy (Kohler et al. 2008, 345).

It is clear through these studies that sex education's focus on preventing pregnancy amongst heterosexual teens, is not inclusive of couples who do not conform to gender binary standards or the perceived heterosexual norm. The thought that cis-men and cis-women are the only identities that can engage in reproductive sex is inherently transphobic and heteronormative. **Figure 2** illustrates some ways in which non-binary and queer individuals can engage in sex that could result in pregnancy. For these studies to reject certain responses or participants because they indicated a sexual relationship with someone that identifies as the same gender indicates a heteronormative bias.

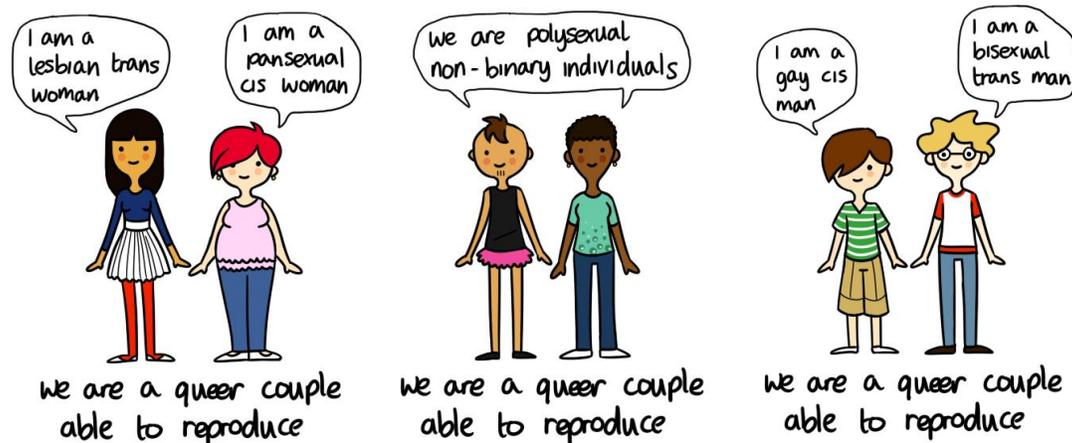


Figure 2: Illustrations depicting how non-binary and queer individuals can engage in sex that leads to pregnancy. Everyday Feminism. "'We Are a Queer Couple Able to Reproduce.'" RT to Start an Essential Dialogue among Your Followers. #lgbtq Pic.twitter.com/scaBVe85hZ." *Twitter*. Twitter, 31 Jan. 2014. Web. 07 Apr. 2016.

Additionally, almost all of the studies that examined virginity, or first time sex, defined this as vaginal-penile penetration. By using penile-vaginal intercourse as the

standard for “virginity” these studies help to highlight how our society defines “true” sexual intercourse, therefore denying the existence of other types of first time sex young people engage in. Lastly, although some of the studies called for more inclusive or comprehensive curriculum, especially when it came to sexuality or sexual orientation, the rigid use of simply female and male in these reports to describe gender identity indicates either ignorance or an attentive exclusion of varied gender identity expressions. Even though the programs and data examined may have shown comprehensive sex education programs that were more “effective” in some capacities, the exclusion of LGBTQIA+ issues can reproduce harmful understandings and reinforce negative practices amongst youth.

Comparatively, Elia and Eliason state that abstinence-only education is “outright hostile to LGBTQ issues and people” (2010, 36). Not only do these methods of sex education actively silence the voices of LGBTQIA+ people, but also the authors argue that these programs can foster disrespect and hostility towards non-heteronormative youth. Furthermore, not addressing these issues can reaffirm sexual prejudice, which can in turn lead to physical harm, psychological distress, and unsafe sexual practices to only name a few. According to a study conducted by the Gay, Lesbian and Straight Education Network, one third of LGBTQIA+ youth who had abstinence-only education in their schools would occasionally skip because they did not feel safe (Elia and Eliason, 36). Again we are faced with a situation where youth are being denied important information about non-heteronormative sex, which results in the

possibility of LGBTQIA+ facing actual physical and psychological harm at the hands of their peers, themselves, and in some cases reinforces unsafe sexual practices amongst youth. As the majority of these studies speak to the bevy of inclusivity issues that public sexuality education programs have, and points to the moralistic tone of so many sex education programs, both abstinence-only and comprehensive programs. The following studies further illustrate this lack of inclusive identities within sexuality education, as they too ignore the voices of anyone deviating from the “ideal.”

Although Joseph Sabia’s study did not address LGBTQIA+ identities within his work, the results speak to a crux of tension that lies at the heart of “moral” views of youth engaging in sex. Sabia found that in relation to other types of sex education programs, youth who were exposed to family planning-inclusive comprehensive programs *are* associated with an increased likelihood of exiting virginity. However, he explicitly states that, “despite these results, I do not find that exposure to family-planning focused sex education is associated with increased rates of unprotected sex or increased pregnancy rates” (Sabia 2006, 799). Therefore, although there may be some connection between initiation of sex and comprehensive family-planning inclusive programs, these programs encourage youth to adopting methods of practicing safer sex. However, for combatants of comprehensive sex education it simply does not matter that this method is tied to a decrease in pregnancy rates or STI transmission, because it is scandalous even criminal for youth to engage in sexual activity.

One example of this is during the 2008 hearings on the effectiveness of federally

funded abstinence-only education programs, Charles Keckler, deputy assistant secretary for policy at the Department of Health and Human Services' Administration for Children and Families, stated that, "the administration continues to support abstinence education programs...to address the continuing problems created by adolescent sexual activity" (SIECUS B, 2016). "Problematic," this is how Mr. Keckler describes youth sex and many others feel this way as well. Thus even if sex education programs are meeting traditional and heteronormative standards of "efficacy," they are still not acceptable because it still allows for youth to be sexual beings. In "*Children Having Children*": *Race, Innocence, and Sexuality Education* author Jessica Fields addresses the political power behind this idea of childhood sexual innocence (2005, 559). Fields describes how seductive the idea of childhood innocence is, and the overwhelming feelings of adults wanting to protect children.

Another study entitled "*NOW WHY DO YOU WANT TO KNOW ABOUT THAT?: Heteronormativity, Sexism, and Racism in the Sexual (Mis)education of Latina Youth*" by Lorena Garcia similarly finds how both the intertwining of racism and ideals of innocence effect sexuality education programs aimed at Latina youth. Garcia writes, "The implementation of sex education has been guided by the perceived need either to protect the sexual innocence of youth or to protect youth from the dangers of their own sexual curiosity" (2009, 521). Again we see this pervasive idea that youth must be protected from the dangers of sexuality, and that their own sexual curiosity is as much if

not more of a threat to innocence than coerced, forced, or non-consensual sex. In her research Garcia includes snippets of interviews with young Latina women, who speak to their experiences with sex educators that pushed certain types of birth control, ideas about teen pregnancy, and morality based on the educators misconceptions of Latina/o culture (2009, 532). One could interpret these “misconceptions” of these sex educators as racial micro-aggressions, as these educators either neglected to include or barely covered important sexual health information because of their own assumptions based on cultural and racial stereotyping. The denial to provide information to Latina/o youth not only strips them of their autonomy over their sexuality, but also reinforces racist stereotypes and traditional notions of the gender binary. By recognizing that societal powers and conceptions of race and morality play into sex education programs, we can not only better recognize how even “comprehensive” programs can be “ineffective” at addressing intersectionality.

Other studies from Jemmott et al. (2010) and Lindberg & Maddow-Zimet also offer up statistical evidence that comprehensive programs are “effective.” In the study conducted by Jemmott et al. (2010) the results revealed that abstinence only interventions had no effects on condom use, nor did abstinence only participants differ in self-reported condom use. The authors also found that comprehensive interventions had significant effects on sexual risk-related behavior, specifically reducing the incidence of multiple partners as compared to other methods of intervention (Jemmott et

al. 2010, 8-9). Although the authors found some efficacy in their abstinence-only interventions, they explicitly state that their use of theory based abstinence-only programming would not have met federal criteria. Specifically because it was tailored to the target population, in addition to addressing the context of sexual activity and beliefs about consequences of sex (Jemmott et al.2010, 9). These intentional features set this program apart from other abstinence only programs, thus one hypothesis for why this particular abstinence program was efficacious could be because it took all these factors into account.

In the study conducted by Laura Lindberg and Isaac Maddow-Zimet, findings supported two assertions also reported by aforementioned studies. The first, was that respondents who had received instruction about abstinence and birth control (or comprehensive education) were *significantly* more likely to use any means of contraception or a condom, and less likely to have an age discrepant partner (Lindberg and Maddow-Zimet 2012, 1). When all respondents were controlled for age, they found that only those who had received AB+BC (comprehensive) education were significantly associated with increased likelihood of contraceptive use and condom use at first sex (2012, 11). The second finding revealed that regardless of the type of education a participant received any type of sex education was associated with delays in first sex for both genders, when compared to no sex education at all (2012, 1). Additionally, evidence suggested that the receipt of AB+BC (comprehensive) education was associated not only with the delayed onset of first sex, but also a greater use of

contraception or condoms at first sex, and healthier partnerships at first sex (13).

Lastly, this study in particular noted that some of the most vulnerable populations including young people of color, who lived in poorer households, and were not living with both parents were the most likely to report not receiving any type of sex education (10). Without access to sex education programs, these youth are more likely to develop higher risk sexual and reproductive health behaviors.

Although all of the studies worked with youth of varying backgrounds, Lindberg and Maddow-Zimet and Kohler et. al, are the only authors to draw attention to the results of their study when the results were controlled for race. The authors recognized that overall many of the participants who had received no sex education tended to be from low-income non-intact families, black, and from rural areas. While those who received abstinence-only education were typically younger, and from low-to-moderate-income intact families, and those who reported comprehensive education were somewhat older, white and from higher-income families and more urban areas (Kohler et al., 347). Although it is interesting to see what services these populations are being served, it acknowledges a larger societal inequality where youth with the most social mobility are being provided greater access to arguably the most effective services. Thus, we can postulate that the programs or interventions utilized in all of these studies did not tailor their lessons and objectives to the populations they worked with. Additionally, we can speculate that young people of color in these studies may be more likely to develop higher risk sexual and reproductive health behaviors because these

programs lack an intersectional approach to sexuality education.

That being said, author Jessica Fields explains how that the concept of sexual innocence is saturated in a long and racialized history in which the United States equates purity to whiteness. Thus, Fields argues that people of color are generally excluded from this protection of purity (2005, 560). Fields connects this assertion to a study of black masculinity in public schools, where authority figures “adultify” the actions or rather misbehaviors of African American youth. Where Euro-American children’s disobedient actions are cast as a misstep or a factor of growing up, African American youth are considered fully conscious of their “sinister” acts (Fields 2005, 560). These racialized perceptions of youth’s actions are closely tied to sexuality: where African American boys are viewed as trouble makers, and African American girls are *always* and *already* sexually opportunistic, excessive, and a drain on public resources (Fields 2005, 560). Therefore, sexuality education programs and facilitators that fail to address these racist conceptions within themselves ultimately fail to serve their participants.

Additionally, this notion of innocence arguably disproportionately affects young women within our society. In her work detailing young Latina women’s experiences with sexual health classes, author Garcia mentions that many of the girls she interviewed reported that within these classes boys were scolded for misbehaving during class, or when they were “not taking it seriously.” However, they said that girls

were reprimanded for active engagement, or being “too interested” in learning about sex (2009, 528). When girls asked questions about sex, they are immediately interrogated for their curiosity, and worse they were shut down with their questions unanswered. Garcia points out how problematic this experience is by stating, “teachers and sex educators were never described as warning boys that their respect was tied to their sexual behavior” (2009, 529). These gendered messages show that our society places the brunt of sexual responsibility on girls, but reinforces ideas that overall a young woman’s sexual behavior should reflect modesty if she desires respect. This virgin-whore or good girl/bad girl dichotomy reinforces problematic understanding that sexually active women should only deserve respect if they are “pure,” creating an understanding that women who desire sex, or enjoy sex are “impure” or no good. In addition, it also disconnects desire from women’s sexuality, stripping women of their autonomy over their bodies. Building on both the assertions of Fields and Garcia young women of color experience significantly more disadvantages within a sex education curriculum, which is not conscious of the intersectional aspects of identity. Additionally, youth of color who identify outside of the gender binary face discrimination, erasure, and violence within classrooms which refuses to acknowledge their experiences and truths.

Throughout this section we have drawn attention to the fact that comprehensive sexuality education programs *are* quantifiably more effective in having youth adopt

healthier sexual and reproductive behaviors. However, the overall lack of inclusivity found in both the methods of measurement and the results of these studies indicates a much larger problem within comprehensive sexuality education. Although it is incredibly important for sexuality education programs to be comprehensive in terms of including information on birth control and abortion resources, this is simply not enough to meet the needs of all the youth in these programs. Furthermore, inclusivity and intersectionality are necessary in order to actively combat the white cis-het norms our society so vehemently demands.

A Model for Best Practice: The Masakhane Center

As we look at the bevy of societal and systematic factors, which influence sexuality education programs we understand that it is simply not enough to just be comprehensive. That being said I would like to draw attention to the model of the Masakhane Center; a non-profit that conducts sexuality and sex education and seeks to create sex positive education through comprehensive and non-herteronormative youth focused workshops. Masakhane itself means “let us build together,” and the intent of the organization is to create spaces where young people can engage with concepts of sexuality in ways that are honest and open. It is my recommendation that Masakhane Center’s methods be acknowledged as a best practice that would have impressive effects in both engaging American youth in discussing sexuality, and increasing their understanding of topics and methods like contraceptive methods and gender identity. Masakhane currently works with schools to fill the gaps of sex and sexuality knowledge

where current and historical education systems have failed, and implementing a similar model in other communities could garner significant effects.

The Masakhane Center strives to provide comprehensive, non-heteronormative and sex positive education to youth and adults alike within the Newark, NJ community. A youth-driven organization, the main focus of the Masakhane Center is to build and promote healthy outlooks on sex and sexuality. This non-profit seeks to create sex positive education through the following principles:

1. Using a comprehensive definition of sexuality (more than just sex or sexual orientation).
2. Viewing sex as a basic human right.
3. Focusing on the life-enhancing aspects of sexuality as well as attention to the negative aspects.
4. Being non-judgmental and challenging narrow social constructs.
5. Using inclusive language rather than value-laden language which makes assumptions based on sexual orientation or gender stereotypes.
6. Assisting individuals to be aware of the choices involves in sexual decisions.

These beliefs guide the center and its employees as they conduct workshops that cover a plethora of sex and sexuality topics. Masakhane primarily conducts workshops in middle and high schools, but also works closely with other youth-serving programs like live in therapeutic communities, or youth homeless centers. These workshops function like a dialogue, and include learning activities, and games in order to teach lesson plans which range from introducing gender identity and sexual orientation, to fact based and medically accurate lessons on anatomy and STIs.

Identifying that sex and sexuality happen within the larger cultural framework,

the Masakhane Center strives to incorporate and acknowledge the social, racial, and economic issues that effect the larger community. Additionally, the Masakhane Center recognizes that racial justice must play a role within sexuality education, and utilizes a statement entitled “Solidarity Statement on Racial Justice in Sexuality Education,” released by the Women of Color Sexual Health Network. The statement reads as follows:

Because we are in the field of Sexuality Education, a profession skilled at creating space for dialogue, acknowledging difficult topics, and facilitating change;

Because we stand on the shoulders of many before us, some who have received recognition and others who have not;

Because we live in a country founded on systems of oppression, institutionalized racism, and violence;

Because we see police brutality, racial profiling, and mass incarceration as a gross misuse of power which terrorizes individuals, families, and communities;

Because we know the system is not broke, it is doing exactly as it intended;

Because of all of this, and so much more, we also know—

Because we are part of the problem, we are also part of the solution;

Because we as sexuality educators teach about love, equity, justice, relationships, communication, and safety;

Because we believe in living our lives fully, with intention, agency, and freedom from fear;

Because we hold power, as individuals and as organizations;

Because we can, and we must;

As a multicultural group, we commit to addressing and working to undo racism on personal, professional and institutional levels within the field of sexuality education and in our diverse roles within it, in solidarity with other movements towards racial justice;

As a sexuality Educator, you commit to using your position to work towards racial justice in sexuality education.

(Masakhane 2015, 6)

By incorporating this knowledge into their trainings, staff utilize this competency to

craft distinct lesson plans for the youth they are serving. The Center also recognizes that these issues affect the Newark community in specific ways, and staff members are trained to understand some of the idiosyncrasies of Newark.

The organization stresses inclusivity both within company culture and within curriculum creation, and there is an emphasis on providing material that is not heteronormative and inclusive of diverse gender-identities. Compared to other “comprehensive” or abstinence only programs that have been examined earlier in this paper, Masakhane’s dedication to creating spaces for students to safely discuss sexual orientation and gender identity is momentous. The organization states that, “queering sexuality education is about challenging the status quo. It is about pushing boundaries and re-imagining the world we live in. And in doing so, paving the way towards a more equal and fair society” (Masakhane 2015, 6). The curriculum includes gender identity, sexual orientation and biological sex irrespective of how society has conditioned us to think (6). I argue that it is this dedication and inclusion of LGBTQIA+ narratives and issues within youth sexuality education is the definitive reason why Masakhane’s structure must be celebrated and replicated. Although all youth that may attend these workshops may not identify under any of these terms, by inviting youth to dismantle the taboo status of sexuality they are changing the perceptions of what is “normal.” Thus as a result creating a culture where young people are open to discussing and understanding these aspects of human sexuality and identity. Furthermore, by default this type of involvement could decrease the homophobic and transphobic bullying within our

community and an increased understanding and tolerance amongst youth (Masakhane 2015, 7).

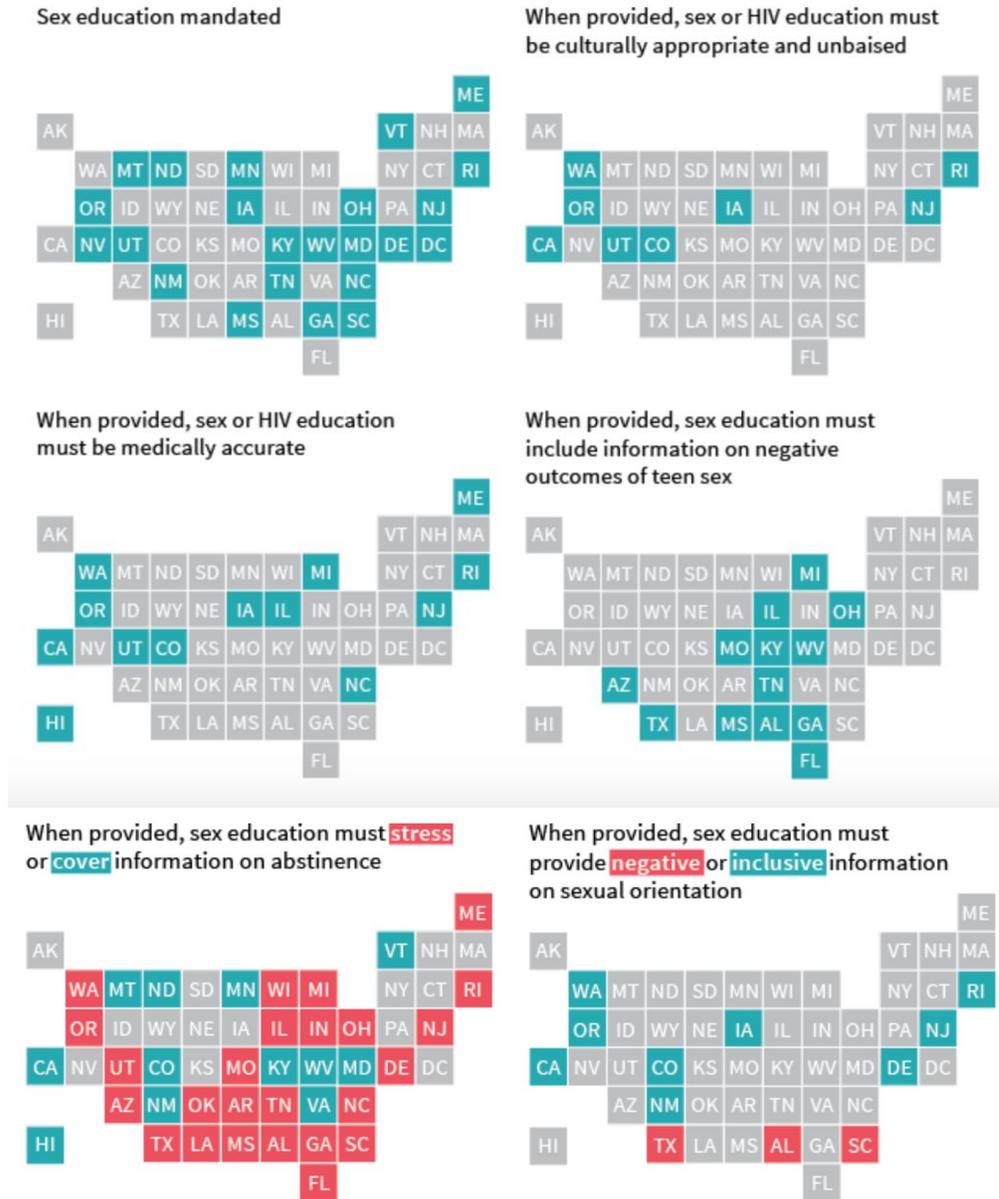
It is important to note that Masakhane's programming is indeed considered "comprehensive," but as was mentioned before, it is their intentionality in creating inclusive spaces that sets them apart from other programs. Furthermore, Masakhane introduces youth to a wide array of subjects in order to empower youth to engage with sex in the ways they are most comfortable with. This includes teaching about abstinence, but also answering any questions the participants have about any subject.

Some of the challenges of the Masakhane Center are that it is currently a very small organization, with only about 4 permanent staff members and hires interns on a seasonal basis. In addition, the Masakhane Center lacks a continual funding structure, which impacts the scale and reach of the organization. Lastly, the Masakhane Center does not have quantifiable data to illustrate their "efficacy." However, my analysis has illustrated that traditional notions of "efficacy" are rooted in problematic norms, however this does not mean that alternative methods of measurement could not be utilized to capture the successes of Masakhane. Some examples could include asking participants to identify the steps to using condoms correctly, indicating signs of enthusiastic consent, or recalling HIV is transmitted. These questions could be asked in the form of surveys, or apart of longer conversations that could be built into the workshop itself. Additionally collecting other types of data or feedback trough

interviews or check-ins with participants would not only help to understand the strengths of the program, but strengthen relations with the participants. Although the standards of evaluation may not be ideal, this does not mean that we cannot build new methods that better illustrate the comprehension of the participants.

Conclusion

Based on everything we have discussed and analyzed, it is clear that the state of sexuality education in America is overdue for some updates. According to the Guttmacher Institute as of 2012, schools continue to teach abstinence more than methods of contraception. Although 65% of high schools in the United States taught lessons about condom efficiency, only 39% of curriculums instructed students on how to correctly use a condom (Guttmacher A, 2016). Furthermore, states continue to keep strict control over sex and HIV education policies, and even specifics of sex education curriculums. In total, 27 states have requirements that when sex or HIV education is taught it must meet certain guidelines, for example *only* 13 states require that the information on HIV be medically accurate. Additionally, according to the report, some States still require that only negative information of homosexuality should be provided to youth (Guttmacher E, 2016). **Figure 3** illustrates these and other state regulations of sex education within the United States (Scheller, 2015).



Graphics by Alissa Scheller. Source: Guttmacher Institute, April 2015

Figure 3: Maps illustrating different state mandates for sex education across the United States. Source: Huffingtonpost, *Cliteracy* “What you didn’t learn in Sex Ed,” Mar. 2015, Web, figure 2.

In recent year there have been movements within the government to create some forms of federal funding streams to support comprehensive programming. In addition

to creating funding sources, there are efforts to reshape legislature concerning sexuality education throughout the country. For example in Massachusetts, a bill called An Act Relative to Healthy Youth, also referred to was the Healthy Youth Act, is currently on the table at the Massachusetts House of Representatives. According to Sex Ed Matters, a grassroots campaign to support access to comprehensive sex education in Massachusetts, The Healthy Youth Act requires that schools which choose to teach sexuality education must select an appropriate curriculum, which is medically accurate, age-appropriate, and *truly* comprehensive meaning the curriculum is inclusive of *both* abstinence and contraception. This is not a mandate, but an effort to create a standard of sexuality education within Massachusetts's schools, the bill also allows parents an opt-out option if they feel uncomfortable with their child receiving sexuality education. According to Sex Ed Matters, other states including California, Colorado, Maine, and Washington have similar laws instituted (Sex Ed Matters, 2016). However, states are not the only ones mobilizing to combat the pitfalls of many sexuality education programs and the Masakhane Center is an example of a number of organizations working to provide a more inclusive kind of sexuality education.

Sexuality education has long been dominated and defined by politics, and in this paper, we have explored how a history of federal support and funding has played a role in creating a complex system of sex education programs in the United States. Despite lack of statistical evidence in the past, the United States government has invested millions of dollars into abstinence-only education. Even then the measures at which we

perceive “effective” are riddled with complexities and intentions when it comes to controlling youth sexuality. That being acknowledged, there is a multitude of data supporting comprehensive forms of sex education, yet the underwhelming support of federal, state, and regional governments subvert this truth.

However, as tides shift comprehensive programming is beginning to win favor amongst government officials, and there are movements to change what type of sex education is administered to youth from both the ground up and top down levels. Although there is evidence illustrating the efficacy of comprehensive in preventing pregnancy, promoting safer sex, and reducing the rate of STI transmission, there remains remarkable variation in the definition of comprehensive sex education. This lack of universal definition means that some programs teach the bare minimum, simply incorporating condom demos into their abstinence curriculum. On the other hand some programs recognize and strive to make their curriculum inclusive and intersectional. Lastly, because both abstinence-only and some comprehensive sex education programs create curriculums based on conceptions of race and heteronormativity, youth are systematically prevented from attaining autonomy over their sexuality. Furthermore programs that continue to ignore aspects of sexual identity, like gender identity/fluidity and sexual orientation attribute to creating damaging environments for LGBTQIA+ youth, and could contribute to their physical or psychological harm.

However, there are several programs that exist in the United States, and are not federally funded, that are creating sex education curriculums, which are inclusive, and

conscious to the intersectionality of sexuality education. As mentioned the Masakhane Center which endeavors to create sex and sexuality education programs that not only discuss the multitude of aspects of sex and sexuality, but also seeks to push the boundaries of what is acceptable within our society.

As I stated before sexuality education has long been dominated and defined by politics, therefore comprehensive LGBTQIA+ inclusive, non-binary, and intersectional sex education can be considered as an act of political revolution. Straying from the political and social norm should be celebrated, and we should encourage our youth to push the boundaries that have been subscribed to. As sexuality educators should strive to support and validate the voices of youth who identify differently from us, and make conscious efforts to make our own communities more inclusive and accepting of others.

That being said, implementing intersectional, inclusive, and comprehensive sexuality education programs across the United States is not going to solve the perpetuation of problematic systems, but these programs could play a role in helping us to dismantle these systems within ourselves. By working with youth to think about and discuss these issues there is hope that we cannot only encourage safer and sex positive attitudes, but work to alter the overall climate in which we discuss or enact our lives as sexual (or non-sexual) beings.

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