

## Sexual Health Education Policy - A Federal Recommendation

Federal and state-funded elementary, middle and high schools must teach sexual health education to all students. As this information is most powerful when all students have a standardized basis of information, opting out of this education should not be an option. Sexual health education workshops should happen annually, with certain standards being met and built upon as the years go by. Curriculum development should be based on medically-accurate information, unbiased teaching methods and skill-building, specifically as it relates to maintaining healthy relationships and communication regarding sexual health and consent. The following recommendations are the product of the research collected and presented in this thesis.

Teachers of sexual health education should complete a degree or training program in sexual health through a federally sponsored training program to be supported through SIECUS that teaches them accurate information relevant to the following curriculum guidelines as well as focusing on curriculum and classroom development that puts active participation as central to the sexual health education experience. Teachers should work to build a classroom environment that encourages discussion, raising questions, curiosity and comfort when discussing sexual health. This is important as sexual health education is one of the first experiences students will have discussing sexual health and they should be taught early on that sexual health is important to many aspects of life and there is no shame in discussing it with others. All topics should be taught in an unbiased manner, without the teacher's personal opinions and viewpoint influencing the content. There should be a focus on the positive and negative consequences of sex, which is not to say that engaging in sex at young ages should be encouraged. Instead, curriculum content should focus on providing all the information on

how sexual activity affects the body, mind and identity. Sexual health education should not be used as a method to shame students about their sexual identities, desires and behaviors. It should be a space to answer questions, provide information, build skills and otherwise give a context to sexual experience regardless of how that may look for each individual.

In particular, educational topics should fall under the following umbrella terms: biological functioning of reproductive systems, communication skills focusing on a variety of relationships as it relates to respecting one another's boundaries and consent, risk avoidance through contraceptive options - including abstinence - and resources for health maintenance, and identity-development and understanding. The following section breaks down each broad topic into standards that must be met within each proposed curriculum.

### *Biological Functioning of Reproductive Systems*

- Students should understand the variety of reproductive systems that can exist in humans. This includes bodies with penises, bodies with vulvas and a uterus, and the existence of intersex variations within these two standardized systems.
  - While there is a genetic component to sex and sexual development of physical systems within the human body, teachers should be sure to separate sex and the biological components that make up that identification from gender identity and the social construction of that identification.
  - Reproductive system curriculums should focus on the anatomy and function of the body. This should include questions of pleasure, and sexual function in later years of schooling.

- Students should understand how pregnancy occurs and the basic components of gestation of a human baby. This includes fertilization, implantation, growth and development in utero, and birth.
  - It is important to note that pregnancy should not be taught as something pertaining only to “women”. Terms should be gender neutral whenever possible, and this section should provide entirely medically accurate information.
  - In addition, teachers should refrain from placing moral viewpoints on conception. Students should understand all the steps necessary to successfully produce a fetus, as well as the viability of said fetus throughout development. Any information on fetal pain and abortion should be based on medically and factually accurate studies that are unbiased in nature. This information should not be taught in an effort to sway or shame students into believing any religiously-based moral value system.
  - Students should be taught about birth inside and out of a hospital setting. Natural childbirth should be an included topic and the mechanics of how birth happens in the body should be taught. Again, birth should be portrayed without the use of gendered language whenever possible.
- This section should also focus on maintenance of reproductive health after sexual activity including avoidance of UTIs, proper cleaning of external genitalia and normal secretions of the body.

#### *Risk Avoidance*

- Students should understand that unprotected sex can lead to pregnancy and health conditions such as sexually transmitted infections (STIs).

- While basic information on common STIs should be taught, this should not be used as a forum to scare students into not engaging in sexual activity. Instead students should be taught to regularly get tested from a health professional, recognize warning signs, and resources to use in such cases.
- To avoid unwanted consequences of sex, students should be taught a variety of methods to protect themselves. The following is a list of options that students should be made aware of:
  - Abstinence - abstaining from sex is a legitimate and effective way to avoid pregnancy and STIs. It is the only method that when followed is always effective, but it is not the only effective option and should not be taught on moral or religious grounds.
  - Barrier contraceptives - this includes external condoms, internal condoms and dental dams all of which can be used in a variety of sexual acts with or without a partner. These are the only contraceptive methods that protect against both STIs and unplanned pregnancy and are effective when used consistently by all partners.
  - Non-barrier contraceptives - this includes hormonal and non-hormonal birth control methods such as the pill, the patch, IUDs (both copper and hormonal), implants and shots. It is important to note that when used correctly these methods are effective at preventing pregnancy, but do not protect against STIs. Many of these methods are also used to treat issues having to do with menstruation, or the health of the reproductive system such as polycystic ovarian syndrome. The pros and cons to each method should be discussed, and students should be directed towards their

respective health professionals to decide which method is best suited to their bodies and health.

- Students should be taught how to have conversations about contraceptive use with health professionals, parents/family members and potential partners. While teachers shouldn't encourage students to engage in sexual activity, sexual health educators should be prepared to answer questions and provide information on resources that students need regarding their sexual health. The bulk of this standard, however, should focus on conversations with potential partners.
  - Students should be encouraged to identify their own health standards they need to have met in order to engage sexually, with or without a partner. This means having an understanding of their comfort and knowledge about the potential consequences of sexual activity.
  - Students should learn healthy communication skills that allow them to communicate their personal preferences and needs regarding sexual behavior to a potential partner. This includes understanding and communicating personal boundaries regarding contraceptive use, as well as active listening skills in order to listen and respect a partner's boundaries regarding contraceptive use.

#### *Communication Skills and Healthy Relationship Building*

- From a young age students should be taught and encouraged to understand their own physical and emotional boundaries. As a young student, this may be identifying what behaviors they are comfortable with from adults, such as having their cheeks pinched or being hugged goodbye, as well as with fellow peers, such as holding hands, poking or tickling. Students should be allowed to identify and communicate behaviors they don't like in all regards to their social sphere,

including with adults and authority figures, students and family. Different communication methods should be identified for each situation as is necessary. It is important to begin the process of understanding and communicating personal physical boundaries early in an effort to connect such skills to consent later on.

- Beyond personal identification of physical and emotional boundaries, students should be taught how to respond and respect the boundaries of other people. This means being taught how to react when someone communicates a boundary others may have been crossing respectfully, and how to ask when not sure where the boundary is. Again, beginning this education on boundaries and respecting personal space and decisions is an important foundation for discussing consent later on in sexual health education.
- In later years of sexual health education skills identified previously in regard to respecting and understanding personal boundaries should be applied to consent education. This should be taught as an affirmative, “yes means yes” process meaning a potential partner must verbally agree to sexual activity before engaging in it.
  - It should be noted that consent can be withdrawn at any time by any participating party.
  - Consent education should also discuss confounding issues to receiving consent such as inebriation of any sort, sleeping or otherwise unconscious individuals, and legal age and statutory rape laws.
- Students should be taught about sexual assault and trauma and resources available to help work through such problems. This includes support groups, counseling and mental health resources, what to do in the event of a sexual assault or rape including how to get medical help, and how to talk about past trauma with partners, parents, adult authority figures and peers.

### *Identity-development*

- Students should understand the differences between sex, gender and sexual orientation.
  - Sex refers to the biological makeup of the physical body largely based on how external genitalia, genetic makeup and secondary sex characteristics were identified at birth.
  - Gender refers to the self-identification of the individual based on societal understandings of socialized characteristics relating to a spectrum of genders.
  - Sexual orientation refers to individual preferences for sexual partners and behaviors based on a spectrum of attraction, fantasy and action.
- Gender and sexual orientation should both be presented as a spectrum.

Students should know that there is a wide range of identities to describe personal preferences, understandings and presentation of one's self.

  - This includes an understanding on what it means to be transgender or have gender dysphoria. It also includes non-binary or gender-fluid presentations of gender, all of which should be presented without moral or individual bias on the part of the teacher.
- Students should be given resources on gender and sexual identity development, as well as information on how to discuss gender and sexual identity with parents, partners and health professionals. The classroom should be identified as a safe space to discuss issues related to these topics and reinforced with inclusive language that is gender neutral and includes representations of a variety of sexual orientations and relationship types.

Sexual health education should focus on teaching students skills that are necessary to engage in healthy relationships, maintain sexual health, and utilize resources regarding health, identity development and communication with others. It should promote understanding personal boundaries, and respecting the boundaries of others, while normalizing sex as a healthy part of life. The experience should be inclusive to people of all identities and backgrounds and should be focused on promoting curiosity and conversation. The policy guidelines presented here work to achieve societal change moving away from patriarchal, heteronormative ideas of gender roles, sexual behavior and relationship building.

### Conclusion

In this thesis I have argued that sexual health in the United States, both in terms of maintenance and education, is treated as a public health danger. Between the allocation of funding to sexual health education being done through the management of the department of health and “sexual risk avoidance programs” and the consistent support of a form of education that has been proven to be ineffective in the name of local government control and age appropriate education, sexual health has not been seen as a matter of importance that affects each individual and deserves to be treated as such. Instead, sexual health education is being used a mode to reinforce damaging ideas of gender and sexual expression that are motivated by a patriarchal system of control and oppression over identities that are seen as abnormal. This creates an educational system that is exclusive, harmful and overwhelmingly focused on controlling the impulses, behaviors and decisions of teenagers by withholding vital information and skill-



building designed to support students as they learn to make healthy decisions for themselves.

While the original purpose of this paper was to explore the ways in which sexual health education could be improved to better teach decision-making skills to students that would benefit them in young adulthood and beyond, it has been transformed into a call to action as academics, government and private organizations have shown the ineffective and often damaging effects of abstinence-only sexual health education. With the election of Donald Trump, who immediately put Betsy DeVos into leadership of the Department of Education, I can presume that the fight for effective and inclusive sexual health education will only get harder in the coming years. While little has been said by either of these political figures on the subject, both represent a conservative effort to restrict public educational resources, the reach of Title IX policy to protect all identities in education and simply a lack of expertise on what educational systems and content are necessary and effective at teaching students the skills they need to be functional adults (New, 2016). In addition, Donald Trump's election is evidence that while we as individuals may not support patriarchal, xenophobic, transphobic, sexist, classist and racist intentions, many in our midst do not see them as breaking points in regard to who we choose to run our country. This is further evidence of my point that sexual health education has not been improved because those in power don't want to improve it. The work presented here, as well as the work of countless other reproductive rights advocates, should be seen as educational and aspirational. While I understand that we are in a political climate that isn't interested in benefitting our community in the ways described here, we can use these ideas to begin dialogues, create programming, challenge local communities and continue to fight for the change we need to support one another. The change we want won't come easily, but every step toward it is an important one. If we as a nation are committed to being an inclusive community that doesn't judge

individuals based on race, gender, sexual orientation or religious beliefs we need to commit to creating educational values and standards that allow for students to learn skills in identity development, healthy relationships and understanding how to respect the boundaries of one another. This is a conversation that has the potential to spread far beyond sexual health, and into the health of social interaction more generally. My point is that sexual health education has the potential to reach a pinnacle of influence that can positively affect all parts of health and life. It is because of this that I suggest we follow the lead of other nations such as the Netherlands where sexual health education begins at the age of 4 and follows a progressive comprehensive sexual health education program in an effort to make communities safer and more inclusive for students of a variety of identities (Melker, 2015). It is time we abandon the thin veil of protection of abstinence-only sexual health education in the name of protecting the innocence of adolescence in favor of a program that will respect students enough to give them the skills and responsibility to make choices for themselves. And in this way, we can work toward building a community that is accepting, inclusive and better informed.