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Evolving the U.S. Sexual Education Program To Reduce STI Rates Among Young Adolescents

When one may consider the knowledge requirements that our education system instills within our youth, they may think of math, reading and writing, history etc. But what is often forgotten is sexual education. This particular subject is crucial in the development of young teens and plays a major role in the ways they treat their bodies. Most recently, an underlying epidemic has been taking hold of our youth and their well-being: its name is STIs. An STI is a sexually transmitted infection that is transferred through a transmission of bodily fluid or skin-to-skin contact. As a nation that now has 1 in 5 people, and young teens, contracting an STI every year, there is a desperate need for change. This change starts in the classroom, where previously, abstinence programs have ruled, but a new type of program has had a greater impact. This program would be defined as comprehensive or covering all aspects, in this case addressing sexual activity and all that it involves. By implementing this new and all inclusive comprehensive education program in our schools nation-wide, we would be able to lower these alarming rates of STIs. This program would provide young adolescents with consistent and medically accurate information, a trusting provider to relay it, as well as a basis of understanding by starting the program in elementary school and continuing it through high school.

The comprehensive sexual education program would contain information to address all

characteristics of sexual behavior, from contraceptive use to developing healthy relationships. It

would also be able to address the young members of the LGBTQ community, seeing as of 2017, 37 states did not require the sexual education program to be inclusive of sexual orientation (America's Sex Education). It has been found that sexually active adolescents from ages 15 to 19, as well as gay and bisexual males are at the greatest risk to contract an STI (Statistics). Therefore, the program would teach safe practices not only during vaginal intercourse, but also for oral, anal, and online sexting. Additionally, information about highly effective contraceptives, such as condoms, would be taught to students to combat one of the biggest issues: STIs.

Along with the prevention of STIs, students would learn what STIs are, how they are contracted, and the resources of places to go, besides the school, if they did contract one. Although the focus of this program is to inform young adolescents of how to make safe decisions while being or becoming sexually active, it does not mean that this program wouldn't address the idea of abstinence. In fact, the program would, indeed, discuss and teach students about that method, showing them that to totally protect themselves from things such as teen pregnancy and STIs, the best method is to not participate whatsoever. In the arguements for abstinence based education, it is believed that sex should wait until marriage, or until this "right of passage" into both becoming an adult and commiting your life to someone else. But "we can't always assume that an adolescent will wait to become an adult to make adult decisions" (America's Sex Education). Seeing as half of the new 26 million STI infections in the U.S., as of 2018, were among sexually active adolescents ages 15 to 24 (Sexually Transmitted Infections), we as a society need to realize that we need to be addressing the issue of sexual education and the alarming rate of STIs

to our youth. We should be showing young teens how to responsibly combat these issues instead of expecting all students to not engage in sexual activity at all.

Implementing a program such as this nation-wide, that covers all topics, will create a more informed youth, capable of making knowledgeable and safe decisions.

This new program would be taught by educators that are required to teach medically accurate and unbiased information. Providing students with a trusted authoritative figure will give them an outlet of communication. Some believe that parents should be the instructor for their child's knowledge of sexual behavior, but "one third to one half of females ages 15-19 years report never having talked with a parent about contraception, STI's, or how to say no to sex" (Comprehensive Sexuality Education). In our nation where STIs have become the new epidemic, we cannot afford to leave our adolescents uninformed about them. While young, gay and bisexual males, are also suseptible to STIs, females are most vulnerable, most commonly contracting chlamydia and HPV. This is because they have a " lower production of cervical mucous and increased cervical ectopy"(Shannon & Klausner), meaning that the cells that line their ectocervix during adolescence create a thin, fragile layer. And contracting an HPV infection requires that the infection itself comes in contact with these thin cells (Hwang). Therefore the layer is not strong enough to protect the cells on its own, making young female adolescents more prone to contracting an STI, specifically HPV. This crucial information needs to be shared and reciprocated through all sexual education courses nation-wide, because a lack of knowledge essentially sends our youth to battle without any armor. Hence, by training our educators on specifics such as those, we will be able to establish young adolescents with the knowledge they need to prevent themselves from contracting an STI and being aware of the consequences if they

choose not to.

The improved sexual education program will not start in late middle school, like the current education programs, but it will begin in elementary schools. Now at first thought, many

believe that a curriculum that starts as early as kindergarten would be exposing their five year olds to intercourse and genitalia, when, indeed, it is the opposite. Starting a comprehensive program beginning in kindergarten would be laying the framework for better understanding and responsibility in the future. The information would be given at an age-appropriate level that increases in maturity as the children grow. Ineke van der Vlugt, a specialist in youth sexual development and responsible for the sexual education program in the Netherlands, believes that sexuality is much more than just intercourse. Sexuality is about self image, gender roles, creating your own identity, and learning how to express yourself, while also learning how to develop boundaries (Melker). Vlugt's ideas on sexuality have been proven more than effective when integrated into Netherland school's sexual education curriculum. Their students' learning begins in kindergarten and is broadened and more complex following up to 12th grade. In the first stages of the curriculum, educators focus on creating body awareness among other students and of themselves, and also developing ideas of what kind of intimacy feels good and which does not, for example giving each other a hug vs taking a bath with friends (Melker). The intensive program contributes not only to the overall knowledge of young adolescents, but also has been shown effective in reducing STIs. In an article published by The Center For Global Reproductive Health, it is discussed that "dutch teens are among the top user of the birth control pill, and nine out of ten used contraceptives the first time they had sexual intercourse" (Katz). This program in the Netherlands is revealing very positive outcomes in reducing STIs. Adopting this type of

sexual education program in U.S. schools would reap numerous benefits including; teaching young adolescents how to respect one another, and how to prevent dangerous STIs and practice safe sex. We would be preparing them for their future while also taking a step to putting an end to the epidemic that is negatively impacting our youth.

Despite the numerous benefits that would follow with adopting this comprehensive sexual education program, there are highly regarded concerns in doing so. Some believe that the responsibility to teach the information is not that of the schools', that this program makes engaging in sexual activities normal or okay among young adolescents, and that it may interfere with one's religion. Amid the societal claims from parents and members of society who believe that the sexual education of adolescents is the job of the parents, evidence has proven them ineffective in informing their youth. In a study conducted by researchers Cheryl L Somers and Jamie H Gleason, they evaluated 157 students, 62 being boys and 94 girls, in 9th through 12th grade. They assessed the effects that multiple sources of education about sexual topics made on the students behavior, attitudes, and knowledge of those topics. From their findings, only 29% of all students learned about STIs through their parents, while 28% of students learned about birth control and 34% learned about sexual intercourse from their parents (Somers & Gleason). Furthering the point that parents cannot be held responsible for educating our society's youth on important sexual topics such as STIs and contraceptives, "parents are not comfortable themselves, they do not have the correct information to disseminate to their teens, and many do not believe that their teens are sexually active when, indeed, the teens are involved in sexual activity" (Somers & Gleason). Although schools have no influence over the information that parents choose to share with their teens, they are able to provide them with a trained professional

instead. This educator would be informed and free from bias in their teaching. They would then be able to relay the correct and important information to young adolescents' regardless of what the parents choose to share and what they do not. We will be able to rely on the fact that our teens are being educated properly and effectively by a trusted figure.

Professionals in the medical field also have major concerns about the content within this type of sexual education program. In an academic journal written by The American College of Pediatricians, they discuss how these comprehensive programs place too much importance on condoms and the effectiveness of them, alluding to the idea that they make sexual activity safe (Zeilier). But the idea that the program would teach that condoms make sexual behavior 100% safe, is false. Rather, condoms would be demonstrated to young teens as a method of protection against STIs because the "consistent and correct use of latex condoms reduces the risks of other sexually transmitted [infections]" (Fact Sheet). So while learning about the benefits of condoms, students would also be informed that they are not 100% effective, and abstinence is the only way to achieve complete safety. In an interview with my school's sexual education teacher, we discussed this topic about the content of the classes and the effects it would have on a school population. His position on abstinence-until-marriage as a teacher was "I believe in abstinence, not only as an educator but also as a father. But I don't walk around this world and my job wearing rose-colored glasses, there will be some that practice abstinence and those who do not" (Brosse). As my teacher inferred, in the end, the sexual decisions of young adolescents is not something we have authority over. But by preparing them with information on how to have safe sex and protect themselves from unwanted infections, we will be giving them the tools to make the right decisions in their sexual behavior.

Another common concern among communities in adopting this sexual education program is that it would interfere with the child's choice of religion. In many conservative states in the U.S., religion seems to affect many of the decisions made in legislation. Considering that in 2018, one of Utah's state representatives attempted to pass a bill that would prohibit schools in the discussion of sexual intercourse, STIs, contraceptives, and homoesexuality (Chen). Although

this bill was eventually vetoed, the current program in Utah is still very restrictive. It does not allow teachers to answer questions about topics that would range outside of the required curriculum and the encouragement of using contraceptives is prohibited (Index Utah Code). The largest religion of Utah is Christianity and it is quite evident that it plays a major role in the sexual education of young adolescents (Adults in Utah). The concern seems to be that teaching a program that demonstrates information that is rather taboo, may put images into teenagers' heads, and possibly increase sexual activity. But it has been demonstrated on many occasions that despite being in an abstinence program, sexual activity is not reduced. In a study performed by Dr, Rosenbaum, she studied a body of students that decided to take a virginity pledge and those who did not within their sexual education program. A virginity pledge is a way that abstinence programs encourage kids to not have sex before marriage and also to see how effective the program is. But in her study she found that adolescents that had taken the pledge were equally likely to have prematrial sex, as those who did not take the pledge (Neale). She also found that "when those that took the pledge did have sex, they were less likely to use condoms or birth control" (Neale). This is just one example of how ineffective these abstinence based programs have been proved to be. The argument that religion is inflicted upon by teaching methods and topics that contradict its teachings, is a valid reason, but "a teen's public education should not be

affected by religion because participation in religion is dependent on the individual" (Chole). Although the information that would be shared within this program may conflict with the religion of an adolescent's family, does not mean that the knowledge should be withheld from them. For if they decided to venture outside of their religion and participate in sexual activity, they would be uninformed and susceptible to experiencing the consequences that follow in unsafe sexual behavior. So instead, we can educate them on all aspects of sexual activity that

way they are informed on how to be safe while still being able to make the ultimate decision of whether they choose to be sexually active.

As young adolescents grow and start to get a glimpse of what independence looks like, many may choose to make unsafe decisions, in which they are forced to live with the consequences that follow. One of the biggest and most common consequence that is affecting our young teens currently is STIs. These dangerous infections have lifelong effects and can be detrimental to the prosperity of young adolescents. But as a society, and as a nation, we can help prevent these effects and lower STI rates by providing them with a comprehensive sexual education program. This program would benefit all ages and discuss topics that teens may otherwise not learn about. It is important that we are informing young adolescents how to be responsible to prevent these STIs, and through this program, we will be giving them the best chance to do so.

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