

**Yale** FOX INTERNATIONAL FELLOWSHIP

US FEDERAL GUIDELINES FOR SEX EDUCATION

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Sex education has been an extremely controversial issue in US federal and state policymaking since the 1960s. For some years, amidst what was perceived to be a 'revolution' in sexual mores and behaviours in the US, the assumption that young people should receive increased sexual information and education in public schools in the wake of these changes was fairly widespread, and this was initially reified through the Carter administration's Adolescent Health, Services, and Pregnancy Prevention Act in 1978. However, over the course of the late 1970s and early 1980s, sexual education became newly politicized in the rise of the New Right in Congress, and in extra-governmental, grassroots groups, who helped to elect Republican nominee Ronald Reagan to the presidency in 1981. This trend saw sex education become central to the 'culture wars' between liberal and conservative factions of US government and wider society, with those to the political Right viewing sex education as dangerous and harmful for young people. Once elected, one of Reagan's first major policy moves was the Adolescent Family Life Act, the first federal policy which designated funds solely to abstinence only sex education. These were extended exponentially by President William J. Clinton, through his 1996 Welfare Reform Act, in which he introduced a list of guidelines for all States accepting federal funding for their sex education programs. This act specified that absolutely no sexual information shall be given to teenagers in high schools receiving this fund, apart from information and guidance on how to abstain from sex until (heterosexual) marriage. The act also allocated \$50 million per year to states willing to accept these guidelines, making them hard to refuse, which in effect saw the majority of US states adopt abstinence only sex education. Clinton's guidelines were removed by President Barack Obama in 2015, who has removed all traces of these funding guidelines beginning with the Federal Budget of 2017. However, no new guidelines have been proposed thus far.

There is vast empirical and historical evidence of the inefficacy of abstinence-only sex education. Non-governmental public health research organizations including the American Medical Association, Planned Parenthood Federation of America, the Guttmacher Institute, Advocates for Youth, and the Sexuality Information and Education Council of the United States (SIECUS) have produced annual reports since the early 1980s on the correlation between abstinence-only sex education and increasing teenage pregnancies, teenage STI transmission rates, and suicides of LGBTQ teenagers in the US. Reports by these groups have also demonstrated the impact of insufficient sex education on young women who are already structurally disadvantaged in the US; namely, young women from lower socio-economic families and regions, young Black teenagers, and young Latinx Americans. These empirical studies have also been explored discursively through a vast sociological and psychological literature on sex education and American teenagers, all of which demonstrate through interviews, oral histories, and ethnographies, the damage that abstinence education has caused

to the emotional, psychological, sexual, and reproductive health of America's youth. The dangers posed to teenagers without access to comprehensive sexuality information were heightened immensely after the arrival of the AIDS epidemic in the 1980s. What my doctoral research has shown is that this crisis and its impact on American youth has caused much of the cultural debate over sex education to fall away, with many conservatives and religious groups changing their initial position to campaign for widespread sex education for teenagers. My research has also revealed that the groups who have campaigned most ardently against comprehensive sex education have lost their footing in recent years, with other issues (such as trans rights, and abortion) moving to the centre of conservative activism. In this regard, I can deduce that this might be a fruitful time in which to put forward new comprehensive sex education at a time, as it may not be noticed by concerned advocates in a way it might have been in earlier periods.

I thus propose that liberal members of the Department of Health and Human Services must act quickly to introduce a new set of guidelines for States receiving federal public funds for sex education programs in their schools. President Obama's decision to remove the 'A-H Guidelines' for abstinence education, in place since the 1996 Welfare Reform Act, sets an important new precedent for further policy change in this area. The lack of fanfare or upheaval surrounding this move suggests that the issue of sex education has become depoliticized in recent years, and that the onslaught of medical advice and literature, and the increasing support of various conservative and religious groups for comprehensive sex education over the past twenty years has led to a political moment where sex education can be underwritten in federal policy without much political turmoil. However, because many programs still exist that teach only abstinence, the Department of Health and Human Services must have a clear bottom line on what would be forbidden to teach in public schools in the US, which would disallow for individual schools to continue to practice abstinence only programs. Based on my doctoral research in to the history of former sex education policies and their impact on American young people, I put forward that these guidelines must include 1) That young people at all stages of American schooling will receive some form of sex education, made appropriate for their age group 2) That this education would be truly comprehensive in that it would cover all areas of human sexuality, including gender and sexual orientation, reproduction, and pleasure and 3) That while abstinence from sex would be normalized in these programs, the focus instead will be on preparation for emotionally and physically safe sex when it *does* happen, whether that be in marriage or not. Finally, 4) These programs would include, from their earliest stages, a focus on consent and gender equality. These proposals are drawn from the extensive and exhaustive medical and sociological literature on adolescent sexual health in America, and will enable schools to provide their students with high quality health information.