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Advance Composition

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Sexual Education Should Be Mandatory In All Schools

My god daughter sister who’s thirteen years old in middle school recently was having stomach pains. Her mother took her to the hospital to find out why she was having pain. After waiting, the doctor finally came in to tell Brittany’s mother that Brittany was pregnant. Not only that she was pregnant but she was in labor and about to have a baby. Brittany delivered a 7lbs 9oz baby that day. It is one thing when you hear about teenagers having babies from your co-workers, church members and the media and another thing when a teenager in your family surprises you with a new born baby. What continuously went through my mind when I heard the news was: how could her parents not know for nine months that Brittany was pregnant and are schools providing sex education? So I did some research. The school system’s job and the reason for school existing is to prepare young students for adult life. Schools teach math, English, reading and writing to prepare students for life. These subjects are mandatory.

Sexual education should be mandatory in schools, to prevent teen pregnancy and sexual transmitted diseases, so that students can be afforded a more positive and healthier life.

Only 22 states require their public schools to teach sex education, which is an embarrassment for a country that claims to be progressive. According to America’s Center for Disease control, 47.4 percent of high school students have had sex. And these are only the kids who admit it (It’s Time). Minority youth including Black and Hispanic adolescents have much higher teen birth rates than white youth. In 2006 the American School Health Association stated “the birth rate among 15 to 17 – year – old Blacks was 36.1 per 1000 which was three times as high as Whites, and the birth rate among Hispanics was 47.9 per 1000 which was four times as high as Whites which only 11.8 per 1000 (Figure 1). There was a told of 435,427 births to 15 – 19-year old in 2006 (Basch), and the large majority were births to unmarried mothers (Teen Pregnancy).



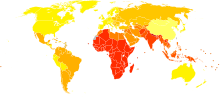
Journal of School Health. *Birth rates per 100 Among 15-17 Year-Olds in the United States by Race/Ethnicity.*2006.

This is a trend that has persisted for decades. The U.S. Birth Rates and Population Growth study done by the Sierra Club’s Campaign for Support U.S. Population Stabilization states, the United States has a population of over 291 million, which is the world’s third most populous country, after China and India, and has the highest population growth rate of all industrialized countries. Fertility, or births per woman, contributes to the U.S. population growth. Each year there are approximately 4 million births in the U.S. and 2.4 million deaths. This growth is due to natural increase total births minus deaths is therefore 1.6 million per year. Yet according to the Census Bureau’ decennial census, U.S. population is growing by approximately 3.3 million per year (U. S. Birth Rates). The United States is a thriving country. People from many other countries come to the United States to have a better life and better education. Yet the United States has higher fertility rates among teenage girls compared with other developed countries of the world. For example, girls ages 15 to 19 have fertility rates more than five times higher than their counterparts in developed countries such as France, Italy, Japan, Slovenia, and Switzerland (U.S. Birth Rates).

Back to a real world example, Brittany attends Valley Middle school. It does not provide sex education in the middle school health class. Why aren’t they being educated? One benefit of having sexual education mandatory in schools is prevention of teen pregnancies.

According to a study by the National Survey of Family Growth, teens who received comprehensive sex education were 50 percent less likely to experience pregnancy than those who received abstinence-only education. I am not going to argue over which method is better, but the federal government should be looking at which method is working. Since 1997 the federal government has invested more than $1.5 billion dollars in abstinence-only programs. Any sex education in the schools is better than nothing. Douglas Kirby, a researcher for the National Campaign to End Teen and Unplanned Pregnancy, found two-thirds of the 48 comprehensive Sex Ed programs studied had positive effects. The results included: 40 percent delayed sexual initiations, reduced the number of sexual partners, or increased condom or contraceptive use, 30 percent reduced the frequency of sex, including return to abstinence, and 60 percent reduced unprotected sex. The statics go even further; Advocates for Youth undertook exhaustive reviews of existing programs to compile a list of programs that have been proven effective by rigorous evaluation. Twenty-six effective programs were identified, twenty-three of which included comprehensive sex education as at least one component of the program. The other programs were early childhood interventions. Of the 23 effective, comprehensive sex education programs: fourteen programs demonstrated a statistically significant delay in the timing of first sex, 13 programs showed statistically significant declines in teen pregnancy, HIV or other STIs, 14 programs helped sexually active youth to increase their use of condoms, 9 programs demonstrated success at increasing use of contraception other than condoms,13 programs showed reductions in the number of sex partners and/or increased monogamy among program participants, and 10 programs helped sexually active youth to reduce the incidence of unprotected sex (Comprehensive Sex).

Another benefit of Sex education in schools it that sex education can provide youth of both sexes information on birth control and the use of condoms. Condoms help prevent the high rates of STDS and teen pregnancy. If teens receive sex education while they are still virgins, they are more likely to delay their first sexual experience and to use contraception when they do become sexually active (Comprehensive Sex). Middle school youth are not completely physically mature. They are more susceptible to acquiring a sexually transmitted infection STI than older youth and adults if they engage in sexual behaviors. Youth who initiate sexual activity in middle school are more likely than those who initiate sex at an older age. Thus, have a greater number of partners due to being sexually active for a longer period of time. This, combined with the fact that younger youth are less likely to use condoms and contraception, results in a higher rate of STI and pregnancies (Moore). American School Health Association states that, 19 million new sexually transmitted diagnoses occur each year among school – age youth such as Chlamydia. Chlamydia infection meaning “cloak” in Greek is a transmitted infection in humans caused by the bacterium Chlamydia trachomatis**.** The term Chlamydia infection can also refer to infection caused by any species belonging to the bacterial family Chlamydiaceae. C. trachomatis is found only in humans. Chlamydia is a major infectious cause of human genital and eye disease. Chlamydia infection is one of the most common sexually transmitted infections worldwide; it is estimated that about 1 million individuals in the United States are infected with chlamydia. Trachomatis is naturally found living only inside human cells. Chlamydia can be transmitted during vaginal, anal, or oral sex, and can be passed from and infected mother to her baby during childbirth. Between half and three- quarters of all women who have a chlamydia infection of the cervix or cervicitis have no symptoms and do not know that they are infected. In men, infection of the urethra or urethritis is usually symptomatic, causing a white discharge from the penis with or without pain on urinating. Occasionally, the condition spreads to the upper genital tract in women causing pelvic inflammatory disease or to the epididymis in men causing epididymitis. Chlamydia infection can be effectively cured with antibiotics. If left untreated, chlamydia infections can cause serious reproductive and other health problems with short term and long-term consequences (Chlamydia infection). This is something I know firsthand. My god daughter contracted chlamydia at the age of 16. She did not even know she had chlamydia and also did not want me to know she was having sex. As a result, according to her doctor she will never be able to bear a child. This is a major consequence of having unprotected sex. Chlamydia conjunctivitis or trachoma is also common cause of blindness worldwide. The World Health Organization estimates that it accounted for 15% of blindness cases in 1995, but only 3.6% in 2002 (Chlamydia infection). In the United States 2.8 million cases of chlamydia are reported annually among females aged 15-19 years (Teen Pregnancy).



**English:** [Age-standardised](http://en.wikipedia.org/wiki/Age_adjustment) [disability-adjusted life year](http://en.wikipedia.org/wiki/DALY) (DALY) rates from **Chlamydia** by country (per 100,000 inhabitants).

   no data

   less than 10

   10-20

   20-30

   30-40

   40-50

   50-60

   60-70

   70-80

   80-90

   90-100

   100-110

   more than 110

Chlamydia infection. Wikipedia. n.d.

I believe sex education in schools should also provide girls with birth control information and options. Youths having information on birth control can help teen births tremendously. If a teen has already made up in her mind that she’s going to have sex, having the proper information about birth control can help prevent teen pregnancy. Birth control helps the U.S. population. Teens have a choice of becoming a parent, giving the baby up for adoption, or to terminate the pregnancy. Any of these decisions are life-altering decisions for any human being. Being a minor just makes it more intense. The majority of states require minors to engage their parents or legal guardians in their choice to obtain and abortion, but not in the decisions to give their baby up for adoption or to become parents. Though the United States Supreme Court has held that parental consent and notification laws do not infringe on a minor’s constitutional rights judicial bypass options are available, the reality of these judicial proceedings demonstrates a biased and unworkable legal avenue. The Supreme Court itself acknowledge the difficulty in measuring “maturity,” but has continued to affirm “maturity” as the standard judges should use when evaluating minors’ petitions (Bonny). Children born to teen mothers are more likely to become teen mothers themselves. A recent analysis of the National Longitudinal Survey of Youth indicated that, after adjusting for other risks daughters of teen mothers were 66% more likely to become teen mothers. Example, Brittany’s grandmother had my god daughters’ mother at the age of 15 and my god daughters’ mother had my god daughter at the age of 16. A new report in 2013 from the Centers for Disease Control (CDC) says one in five births to U.S. teenagers 15-19 is not a first child. The data comes from 365,000 teens that gave birth in 2010 and shows that 67,000 of those were the teen mom’s second child. School – age children are increasingly engaging in sexual practices. The media continually reports that the ages of these young people continue to decreasing. My first thought about teens ages 15-19 or on their second child, was that they have already made this mistake once (It’s Time). Teens that become pregnant are less likely to complete high school or college. Brittany’s mother never completed high school. She stated “high school was tough enough. Trying to attend school with my daughter made it even tougher so I drop out. It wasn’t until I was thirty years old did I receive my GED, by then I had already had 3 more children.” It is more likely that teen mothers and their children will live in poverty father rising a cycle of poverty. People who live in poverty are also more likely not to have proper housing, healthcare, employment and social support. Are the schools and parent too emotionally immature to educate our children about one of the most beautiful parts of life? Sex is a very popular topic all over the world. For example children can’t even watch TV without something coming up in a commercial or movie about sex. Children can be easily influenced into thinking sex is just a casual part of life. The human sex drive is the most powerful force on the earth (Siebold 1). As parents and teachers will admit, adolescents think they are invincible. I am not going to get pregnant, they think. This is a mismeme which is defined as any persistent error in the history of human thought. Richard Bergland, a brain researcher, defines this in his book the *Fabric of The Mind* (Freeman 1)

This allows youth to continue their education without interruptions, follow their dreams, and gives them the opportunity to plan families.

The question of what age should youths be taught sex education in schools will always be a high topic and highly opinionated. My belief is sex education should be taught starting at the age of 13. After doing more research I have found out that youths are having babies as early as 11 years old.

Parents believe it’s their job to educate their children when it comes to sex education. They question, whether sex education belong in the schools? At what age should sexual health education begin? Should sexual health education in schools include topics such as birth control and sexual orientation? Previous research has consistently shown that a strong majority of parents want sex education to be taught in the schools. Survey research also suggests that parents want sexual health education programs to include a wide range of topics, and that schools should begin addressing most of these topics at elementary level (Mckay).

(Prevention of stds)(benefits of escaping Poverty)

I interviewed Brittany age 13 on February 18th to find out what kind of education did she receive before having sexual intercourse and here are the results of my interview.

Does Valley Middle School offer sex education? Brittany, “no”.

Do you think they should? Brittany, “yes”.

Does the baby father support you and the baby financially? Brittany “no”

Will you continue with school? Brittany “yes”

Who will watch the baby will you attend school? Brittany “my mother and father”

If you could change things what would you do differently? Brittany “keep my leg closed”

If you were provided with sex education would you have used protection? Brittany “probably not”

Now that the baby is here are you proud of it? Brittany “no, but I’ll deal with it”

What are your future plans? Brittany “be the best mother I can be”

How do you plan to be a good mother? Brittany “get a job”

What is the hardest part of being a mother? Brittany “getting up at night”

What stood out for me the most was Brittany’s immaturity. Brittany stated she would get a job but never stated that she would finish school.

Other program like Comprehensive Sex Education Programs can help with sex education. Evaluations of Comprehensive Sex Education programs show that sex education can help youth delay sexual activity reduce frequency of sexual activity, reduce the number of sexual partners, and increase condom and contraceptive use. Our public school system is still debating whether or not providing condoms in school promotes sexual promiscuity. Condoms don’t promote promiscuity – hormones promote promiscuity.

informed adolescents escape the cycle of poverty, continue their education, have a better quality of life, and contribute to society.

Works Cited

“Abstinence Education Is to Blame for Rising Teen Birth Rates.” *Opposing Viewpoints in* *Context – Document*. (2011): 4 pgs. EBSCO, 25 Feb. 2014.

Basch, Charles E., PhD. “Teen Pregnancy and the Achievement Gap Among Urban Minority Youth.” *Journal of School Health*: Vol. 81, No. 10 (October 2011): 614-618 pgs. EBSCO, 25 Feb. 2014.

Bonny, Anna C. “Parental Consent and Notification Laws in the Abortion Context: Rejecting the “Maturity” Standard in Judicial Bypass Proceedings.” *2007 Regents of the University of California UC Davis Journal of Juvenile Law & Policy:* 11 UV Davis J. Juv. L. & Pol’y 311. EBSCO, (Summer 2007): 1-20 pgs. EBSCO, 21 Feb. 2014

“Comprehensive Sex Education Reduces Teen Pregnancy.” *Opposing Viewpoints in Context –* *Document.* (2011): 4 pgs. EBSCO, 25 Feb. 2014.

Corngold, Josh. Introduction: “The Ethics of Sex Education.” *Education Theory*: Vol.63, No. 5 (2013): 439-442 pgs. EBSCO, 26 Feb. 2014.

Elders, Joycelyn. et al. “Sex Education Should Be Taught In Schools.” *Annotate Bibliograhy* – *Sex Education.* (1998): 9-12 pgs. EBSCO, 6 March. 2014.

“Government Should Support and Fund Abstinence Education.” Opposing Viewpoints in Context – Document. (2012): 5 pgs. EBSCO, 25 Feb. 2014.

Lamb, Sharon. “Just The Facts? The Separation Of Sex Education From Moral Education.” *Education Theory:* Vol. 63, No. 5 (2013): 443-460 pgs. EBSCO, 26 Feb. 2014.

McKay, Alexander. et al. “Parents’ Opinions And Attitudes Towards Sexuality Education In the Schools.” *The Canadian Journal of Human Sexuality:* Vol. 7(2) (Summer 1998): 139-145 pgs. EBSCO, 4 March. 2014.

Moore, Michele J. PhD. et al. “Sexual Behaviors of Middle School Students: 2009 Youth Risk Behavior Survey Results From 16 Locations.” *Journal Of School Health.* Vol. 83, No. 1 (January 2013): 61-68 pgs. EBSCO, 21 Feb. 2014.

