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**Sex Education Laws in Utah are in Need of Contraception**

 According to the Utah Adolescent Reproductive Health Report of 2010, the highest rates of Chlamydia in Utah were among girls ages 15 to 19, and 35 percent of all Chlamydia cases among females were women ages 19 and under (In Utah, Talks About What’s Appropriate in Sex Ed Likely to Continue). Also, “[i]n 2010, 5.9 percent of Utah births – or 3,068 deliveries – were to moms age 19 or younger” (In Utah, Talks About What’s Appropriate in Sex Ed Likely to Continue). These statistics show a small glimpse into the inadequacy of the sex education laws in the state of Utah. Those laws have been given more focus recently with the attempted passage and veto by Utah governor Gary Herbert of HB363. By law, in the state of Utah, public schools are required to teach abstinence until marriage, but are not required to provide information on contraceptives (State Sex Education Laws). If HB363 would’ve been passed into law, it would have allowed school districts the ability to drop sex education courses from their curriculum altogether. Governor Herbert’s veto of HB363 prevented the state of Utah from taking major steps backwards in the education and health of Utah’s teen population, but this veto is not enough. In order to properly and adequately provide the needed information, the state of Utah needs to expand the sex education curriculum under state law. Instead of an abstinence-only program, the state of Utah needs a more comprehensive, or an “abstinence plus”, program.

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In abstinence-only programs, such as Utah’s, abstinence until marriage is taught as the only options for teens when it comes to being sexually active, or inactive as this case would be. In a comprehensive or “abstinence plus” program, emphasis is placed on abstinence, while information on contraception and disease prevention is also provided to students (Sex Education in the U.S.: Policy and Politics). From these descriptions, the biggest differences between abstinence-only and “abstinence plus” programs, is the lack of information that students receive from abstinence-only programs. This lack of information “creates a preventable public health problem in Utah. The rate of new infections of several dangerous sexually-transmitted diseases is skyrocketing, and we’ve seen an increase in the rate of teenage pregnancy for the first time in at least ten years” (Prevention Now Utah).

Besides the lack of information in abstinence only programs, the information that is provided in those programs is frequently inaccurate. In 2004, a review was performed by the Committee on Government Reform of the US House of Representatives on the scientific accuracy of 13 commonly used abstinence-only educational programs. Their report found that “11 of the 13 curricula contained false, misleading, or distorted information about reproductive health, including inaccurate information about contraceptive effectiveness” (Medical Accuracy in Sexuality Education: Ideology and the Scientific Process).

Inadequate information and inaccurate information are not the only things that abstinence-only programs are guilty of. Perhaps the most important reason that the state of Utah should move away from abstinence-only programs is because they’re ineffective as a means of sex education. As reported by the Guttmacher Institute, a non-profit organization dedicated to advancing sexual and reproductive health worldwide through research and

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education, “[t]here is no evidence to date that abstinence-only-until-marriage education delays teen sexual activity. Moreover, research shows that abstinence-only strategies may deter contraceptive use among sexually active teens, increasing their risk of unintended pregnancy and STIs” (Facts on American Teens’ Sources of Information About Sex). Also, a “2007 congressionally mandated study found that federally-funded abstinence-only programs have no beneficial impact on young people’s sexual behavior” (Facts on American Teens’ Sources of Information About Sex).

 The reality of abstinence-only programs ineffective and misleading qualities, and lack of basic information especially concerning sexually transmitted infections and diseases, make a strong case for the need for a more comprehensive program. Most people, teens and adults alike, don’t even know the difference between a sexually transmitted infection and a sexually transmitted disease. A sexually transmitted infection, or STI, is a “germ, virus, bacteria, or parasite that has the potential to cause disease or illness [when] present inside a person’s body. Someone with an STI will not necessarily have symptoms or signs that some kind of pathogen is in the body, and might not even feel sick. Someone with an STI can unknowingly pass on an infection – if they do not have any signs or symptoms” (TeenHealthFX). A sexually transmitted disease, or STD, means “the infection is actually causing the person to feel sick or presents with signs and symptoms alerting the person that something is wrong. Someone with an STD should be aware that there is some underlying medical issue based on certain signs, symptoms, or from feeling ill” (TeenHealthFX). The understanding of the differences between STIs and STDs, is basic health information that everyone needs to be aware of.

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This need can only be filled by the implementation of “abstinence plus” programs in Utah’s schools. Abstinence plus programs provide the necessary information that teens need in order to make knowledgeable choices when it comes to their personal health and well-being. The Guttmacher Institute states that “[s]trong evidence suggests that comprehensive approaches to sex education help young people both to withstand the pressures to have sex too soon and to have healthy, responsible and mutually protective relationships when they do become sexually active” (Facts on American Teens’ Sources of Information About Sex).

 Healthy and informed teenagers are the goal of “abstinence plus” and comprehensive programs, not teaching teens how to “have sex” like most of those that object to more comprehensive programs believe. Research has determined that “abstinence plus” programs can actually delay teen sexual activity, as well as reduce sexual activity and the number of sexual partners, while increasing the use of contraceptives (Facts on American Teens’ Sources of Information About Sex). Delaying sexual activity and increasing the use of contraceptives is a step in the right direction in order to lower the rates of teen pregnancy and the number of teens infected with STIs or STDs, which have been rising in the state of Utah.

 “Abstinence plus” programs, unlike abstinence-only programs, have been proven accurate and effective sex education for students, and would help reduce a “preventable public health problem” (Prevention Now Utah). Comprehensive and “abstinence plus” programs are also supported by medical professionals as the best approach in educating teens. Organizations that include the “American Medical Association, the American Nurses Association, the American Academy of Pediatrics, the American College of Obstetricians

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and Gynecologists, the American Public Health Association, the Institute of Medicine and the Society for Adolescent Health and Medicine” (Facts on American Teens’ Sources of Information About Sex), are among those that are in favor of a more comprehensive plan of action.

 Abstinence-only programs are a disservice to the youth community in the state of Utah. The insufficient and unreliable information that is given to students in these programs hinders those students from making enlightened decisions when it comes to the matter of sex. While abstinence is the only guaranteed method of preventing pregnancy and venereal diseases and infections, not everyone believes that it should be practiced until marriage, and we cannot stop teens from having sex if they choose to do so. The very least that can be done is to provide teens with the information that they need in order to protect themselves from serious and sometimes life altering consequences.

 Because of the emphasis that is placed on abstinence, and the additional information that is given about sexually transmitted diseases and infections in “abstinence plus” programs, those programs would be a perfect solution for improving the sex education laws in the State of Utah. The importance that is placed on abstinence in “abstinence plus” programs should satisfy the sensibilities of the prominent culture that is a part of Utah, while the information that is provided on the prevention of diseases, infections, and pregnancies would help those that choose to be sexually active while providing basic knowledge for every type of teen.

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