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Thesis Prospectus

**Overview:**

My thesis research is a deep dive into the differences between comprehensive sexuality education (CSE) and abstinence-only education (AOE) in our primary and secondary school systems. I researched how sex education has been experienced in both harmful and harm-reducing ways. This information is a means for people to observe any discrepancies that exist between CSE and AOE. The content is meant to highlight whether or not CSE should be consistently implemented into our school systems. My thesis project will be a series of 5 14x14 posters highlighting different aspects of CSE including statistics and facts that people should have learned as adolescents.

**Research Summary:**

For my primary research on comprehensive sexuality education (CSE) and abstinence-only education (AOE), I collected data from 16 participants through a questionnaire, and conducted two in-depth interviews. For my secondary research I analyzed four different articles that each covered part of the spectrum between CSE and AOE. From this combined research, I have uncovered two distinct key findings. The first key finding is that the quality of sex education curriculum directly impacts the rates of STIs, teen pregnancy, birth control, and the number of sexual partners a teen may have. The second key finding through my research is that CSE is the only form of sex education that should be implemented into our schools and it should start being taught at a younger age.

There is quite a bit of evidence that shows how ineffective AOE curriculum is with educating students on how to navigate reproductive health, sex, relationships, gender, and intimate partner violence. In 2004, the House Committee on Government Reform released a report that 11 of the 13 Abstinence-Only-Until-Marriage (AOUM) programs in the U.S. most widely used by Community-Based Abstinence Education (CBAE) grantees

contained false, misleading, or distorted information about reproductive health. The programs also contained misrepresentations about the effectiveness of condoms in preventing sexually transmitted infections (STIs) and pregnancy, as well as gender and sexual minority stereotypes, moral judgments, religious concepts, and factual errors. (Santelli, Kantor, Grilo, Speizer, 2017)

One study found that youth who received information about contraceptives in their sex education programs were at 50% lower risk of teen pregnancy than those in AOE programs. Another study found that over 40% of programs that addressed both abstinence and contraception delayed the initiation of sex and reduced the number of sexual partners, and more than 60% of the programs reduced the incidence of unprotected sex. (KFF, 2018) A 2012 study that examined 66 comprehensive sexual risk reduction programs found them to be an effective public health strategy to reduce adolescent pregnancy, HIV, and STIs. (Advocates for Youth, 2018) According to an interview with MM, teenagers, himself included, who received shame based sex education through the Christian church in the 1980's, were not any less likely to abstain from having sex or prevent teen pregnancy or abortion. (M,M, 2021)

I found mounting evidence to support my second key finding, that CSE is the only form of sex education that should be implemented into our schools and it should start being taught at a younger age. AOE is a curriculum that is more harmful than harm-reducing towards adolescent students. There is considerable evidence confirming that CSE is more effective across the board. (KFF, 2018) According to participants of the primary research questionnaire, there is an overwhelming favor for CSE to be implemented into our school systems. 100% of participants stated that they do not support AOE, while 94% of participants stated that they do support CSE. (Questionnaire, 2021)

According to the International Technical Guidance on Sexuality Education, CSE aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to: realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and, understand and ensure the protection of their rights throughout their lives. Their research affirms that curriculum-based sexuality education programmes contribute to the following outcomes: delayed initiation of sexual intercourse, decreased frequency of sexual intercourse, decreased number of sexual partners, reduced risk taking, increased use of condoms, and increased use of contraception. (UNISEF, 2018)

The International Technical Guidance on Sexuality Education states that healthy habits, and the understanding of how to maintain good health, begin in early childhood. (UNISEF, 2018) Children are susceptible to abuse, and they should learn about bodily autonomy, healthy boundaries, and necessary language to guide them. According to my primary research questionnaire, 50% of participants stated that sex education should begin in elementary school, while 43% stated that sex education should begin in middle school. 62% of participants also stated that sex education should be taught annually in schools.

In an interview with JM, she stated that prior to 1981, CSE was the only form of education that was taught in public schools. (M, J, 2021) There may have been less information available, but a lot took place in the decade prior to the implementation of AOE curriculum. This included the women's rights movement, the legalization of abortion, and the rising of the porn industry. The implementation of abstinence-only curriculum into the public schools was a means to suppress and silence these movements. Currently, 24 states and DC mandate sex education for youth. 37 states require that when taught, sex education must include abstinence, and 26 of which require that it be stressed. In 2017, one-third of federal funding for teen sexual health education programs was for abstinence education. This equates to \$75 million. (KFF, 2018)

Evidence-based sex education works because it arms students with factual information that do not have ties to any moral implications. It is also something that individuals strongly want or wish they had had access to in school. Despite the evidence, AOE remains front and center of schools across the country, if they have access to any sex education at all. There political ulterior motives at play when it comes to making these serious decisions for our youth regarding their sexual and reproductive health. Some of these motives include political funding by the church, using AOE as a means to obtain votes, and using AOE as a means to divide the nation. The evidence for CSE is still relatively new, as it was not well researched prior to the implementation of AOE. With more time for viable evidence to collect, things will shift towards the implementation of the CSE curriculum.

**Audience:**

My thesis project is for people of all ages, genders and sexualities. It will be most relevant for people between the ages of 18 and 40, because this is the age range in which people would have received abstinence-only education in school. It is also for anyone who is not familiar with comprehensive sexuality education and who would like to learn more. Comprehensive sexuality education is not exclusive to any one demographic. The audience that would receive it the most would be people on the liberal end of the political spectrum and were possibly raised in a religious household, but who no longer identify as such.

**Scope:**

My thesis project will reach people through a social media campaign, with the possibility of printing the posters. Through social media and sharing platforms, my goal will be to have this content reach as many people as possible, all across the United States. If I choose to print the posters and hang them, I will put them up in Portland State University, reaching the student and staff base there. I would also like to propose to different public high schools in Portland, to allow me to put the posters up on their campus. I could also put them in a gallery or studio for showing to the general public.

**Budget:**

For sharing sites, my budget will be zero for digital versions of posters. If printed, my budget will be \$120 for 6 prints, or \$20 each. This budget will apply to Portland State University showing or a gallery showing. I would double my budget if I choose to show them at one or more high schools.

**Timeline:** 10 Weeks

Week 1 & 2: Sketches, and begin organizing information for each poster.

Week 3 & 4: Preliminary designs and refining information.

Week 5 & 6: Secondary designs, and complete information.

Week 7 & 8: Continuing to revise designs and utilizing constructive feedback

Week 9 & 10: Creating final revisions and poster designs.

## Annotated Bibliography

### Primary Sources:

Morgan-Montoya, Z. (2021). [Raw Data from Questionnaire]. Portland State University.

<https://docs.google.com/spreadsheets/d/16DFP5EYX8MZKCdBpq2JxwltxDRXdeSHTlDimSeHqU58/edit#gid=0>

A questionnaire consisting of 18 questions used to track randomized qualitative and quantitative data. I received 16 participants of all ages, genders, sexualities, and backgrounds. Each participant answered questions about their experience with sex-education in middle and high school, as well as their opinions on it now.

M, J., 2021. *Personal History of Sex-Education*.

I interviewed J about her history with sex-education from adolescence to adulthood and how it has shaped her world view. I learned from our interview that in the 70s, comprehensive sexuality education was the norm in schools, but it was still traditionally heteronormative with gender separation and with limited knowledge. Abstinence-only was not a curriculum taught in schools and if parents did not want their children to receive comprehensive sexuality-education, they would put them in a religious school. The women's movement was taking place and Planned Parenthood was becoming readily available. People relied heavily on books for sex-education prior to access of the internet. I learned that in the 80's, there were small women's clinics similar to Planned Parenthood, but they unfortunately shut down. Funding seems to be the biggest obstacle with clinics for reproductive health and nonprofits.

M, M., 2021. *Personal History of Sex-Education*.

I interviewed M about his history with sex-education, how it has shaped his world view. I learned from our interview that abstinence-only education was not a widely known concept prior to the 90s, even though the federal funding for it started in 1981. Because there was no social media or internet, decisions such as these weren't as glaring as they would be today. M had never heard of abstinence-only education until we moved to Wisconsin from California in the 90s. There is a huge discrepancy in resources and education between progressive coastal cities and small town, middle America. I learned that in the early 80s, HIV and STI's were not as much of a deterrent from sex as accidental pregnancy was. The HIV epidemic became prominent in the late 80s.

### **Secondary Sources:**

K.F.F. (2018, June 1). *Abstinence Education Programs: Definition, Funding, and Impact on Teen Sexual Behavior*. KFF. <https://bit.ly/2NFsMIF>

This article dives into the elements of the abstinence-only education program implemented into the U.S. It begins with the history of federal funding for the program from 1981 - 2010 and how there was a dramatic shift in funding comprehensive sexuality education during the Obama administration and then the Trump Administration increased federal funding for abstinence-only education in 2018. The article then elaborates on the impact that abstinence-only education has on sexual behavior and outcomes among youth. One study proved abstinence-only education to be effective in delaying sexual intercourse when accompanied with condoms and medically accurate information, but that is not an accurate reflection on most abstinence-only programs. There is considerable evidence confirming that comprehensive sexuality education is more effective across the board, including a

study found that youth who received information about contraceptives in their sex education programs were at 50% lower risk of teen pregnancy than those in abstinence-only programs. The goal of abstinence-only education is to delay sexual intercourse, reduce the number of partners, pregnancy rates, and STIs. Research shows that abstinence-only education is ineffective at delaying sexual intercourse as well as pregnancy rates, and STIs. Despite having this research, political leaders continue to fund the abstinence education program.

Even though it is scientifically clear at this point that abstinence-only education is not effective, it is still being pushed and strongly supported by people in power. It is clear to me that the wrong people are funding and making the decisions regarding sexuality education. The short term effectiveness of a single abstinence-only program does not outweigh the long term effectiveness of comprehensive sexuality education. The rate of STIs are climbing because youth are not receiving the information that they need.

Santelli, J. S., Kantor, L. M., Grilo, S. A., & Speizer, I. S. (2017).

Abstinence-Only-Until-Marriage: An updated review of U.S. policies and programs and their impact. *Journal of Adolescent Health*, 61(3).

<https://doi.org/10.1016/j.jadohealth.2017.05.031>

This review article discusses how although abstinence-only-until-marriage (AOUM) education may be theoretically effective, in reality it is scientifically and ethically problematic. In practice AOUM programs fail to prevent pregnancy, and STIs, and they promote dangerous stereotypes and ignore marginalized identities. The article compares the trends in initiation of sexual intercourse and marriage, finding that the gap between first sexual intercourse and first marriage has vastly widened from the 1950s and 60s. This means that less and less people are abhearing to AOUM teachings. The article's evaluation of the effectiveness of AOUM programs shows how consistently ineffective they are. Health professionals and 74% of the general public overwhelmingly support comprehensive sexuality education instead of

abstinence-only-until-marriage.

This article supports my claim that comprehensive sexuality education is more effective than abstinence-only education. It goes further to say that abstinence-only programs are entirely ineffective while comprehensive sexuality education is widely supported by health professionals. The public prefer comprehensive sexual education whether that may include abstinence as part of their curriculum. Abstinence can be an idea that is encouraged through comprehensive information, but if it is the only orientation youth receive about sexuality, then it is doomed to fail.

*Sexuality Education.* (2018, November 9). Advocates for Youth.

<https://www.advocatesforyouth.org/resources/fact-sheets/sexuality-education-2>

This Advocates for Youth guide outlines the elements of comprehensive sexuality education. Their goal is “Building an evidence- and rights-based approach to healthy decision-making.” This guide describes why CSE is important for youth, which includes; avoiding negative health consequences, communicating about sexuality and sexual health, understanding relationships, understanding and respecting autonomy, respecting other’s gender identities and sexual orientations, and protecting their academic success. The guide discusses what the research has to say about CSE and the research says CSE works. They go on to discuss why abstinence-only education does not work. Lastly, they discuss how the content of student’s sexuality education is decided, and by whom, as well as the political structures that affect sexuality education.

I found this guide extremely well informative with research and evidence based claims to back up their information. It makes the case for my own claim that comprehensive sexuality education is more important than abstinence-only

education. CSE has been proven to be an effective strategy in reducing teen pregnancy, HIV, and STIs, while abstinence-only education uses shame based tactics, and provides false or inaccurate information which does more harm than good. Youth need to learn about so much more than sex. They need to be educated on communication, autonomy, relationships, gender, different sexualities, and STIs. Abstinence-only education ignores all of that.

UNICEF. (2018). *International technical guidance on sexuality education* (2nd ed.) [E-book]. Van Haren Publishing. <https://bit.ly/36igixa>

This technical guide to comprehensive sexuality education is a universal reference for international educators and authorities to use to implement CSE into the educational curriculum. The guide is well versed in the research behind CSE as well as how to implement it into schools. According to UNISEF, CSE provides scientifically accurate information regarding the cognitive, emotional, physical, and social aspects of sexuality. The guide covers eight key concepts in CSE as well as the evidence base for CSE. It also contains a detailed outline for building support, implementing CSE programs and delivering effective programs.

I find this guide extremely thorough regarding the key components of CSE and the evidence and research behind it. Their approach is intentionally inclusive and truly educational. I agree with every aspect of their approach to CSE and it comes across as a high quality curriculum. This guide spends no time acknowledging abstinence-only education and is simply a driving force for CSE.