

How Sex Education Contributes to Reproductive Injustice in Franklin County, VA

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History of Sex Ed in US Public Schools

During the 20th century, cultural attitudes regarding sexuality drastically changed. After World War II, widespread economic prosperity and the proliferation of the automobile allowed teens to experience greater sexual autonomy, leading to a growth in sexuality education programs (Goodman, 2014). Then, the Sexual Revolution of the 1960s, as well as the HIV/AIDS epidemic of the 1980s, called attention to shifting patterns of sexual behavior in youth and signaled the need for comprehensive sex ed in public schools (Hall et al., 2016).

However, such programs were not introduced without controversy. In many ways, US culture is tied to traditions of religious conservatism that moralize sexual behavior and view sexual activity outside of a traditional marriage as a form of deviance that should be discouraged at all costs (Goodman, 2014). Therefore, in 1981, Congress passed the so-called "Chastity Law," also known as the Adolescent Family Life Act, to establish funding for abstinence only approaches to sex ed (Planned Parenthood, 2016, pp.7).

This tension between individuals who advocate for comprehensive sexuality education and those who support programs that promote "traditional values" continues to underlie discussions about sex education today.

States Mandating Sex Education

- Require Sex Ed and HIV Education (54%)
- Require Just Sex Ed (4%)
- Require Just HIV Education (20%)
- Do Not Require Either (22%)



Figure 1 (Guttmacher Institute, 2020)

Abstinence in State's Sex Education

- Require Abstinence be Stressed (58%)
- Require Abstinence be Covered (20%)
- Do Not Require Information on Abstinence (22%)

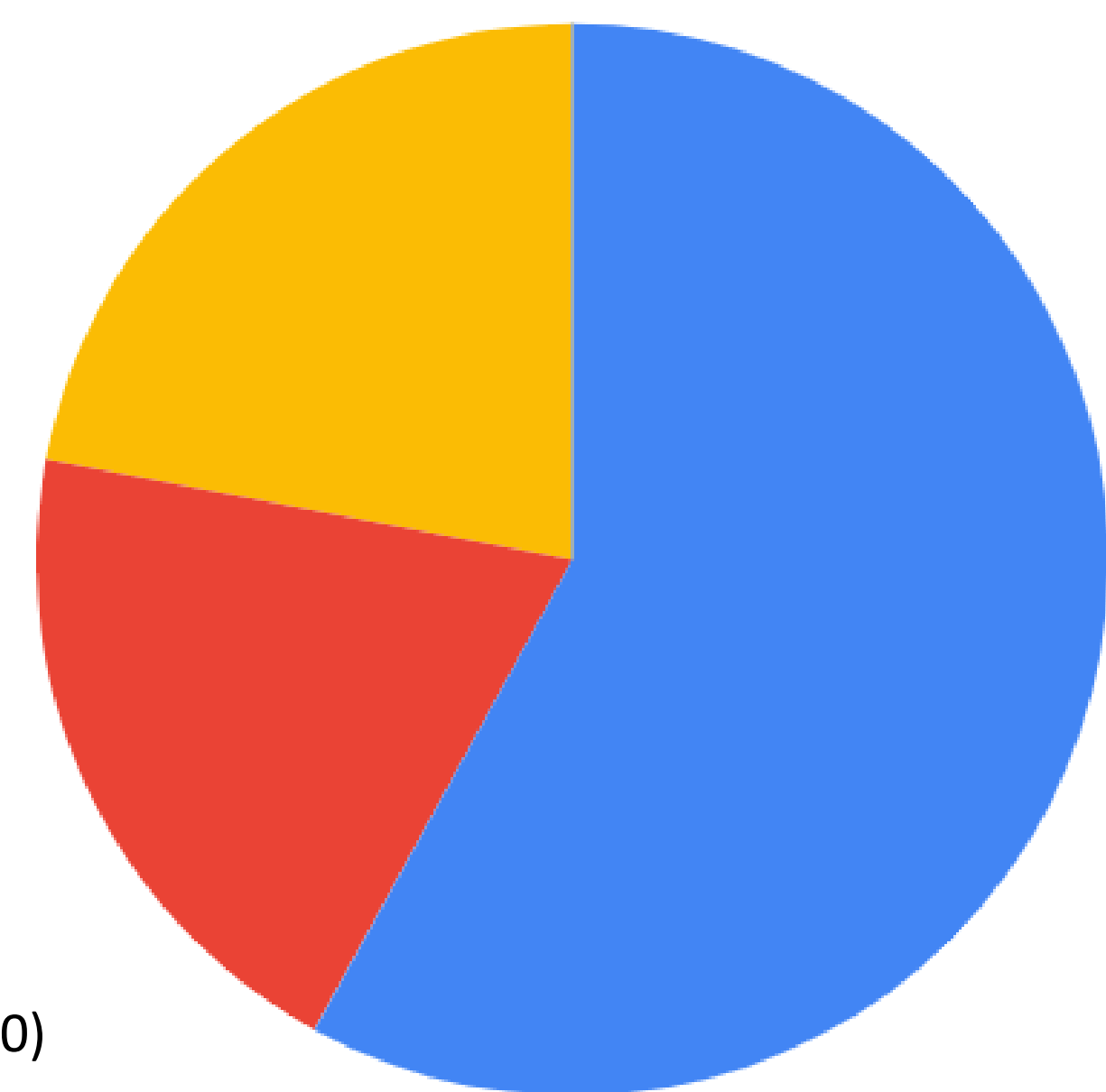


Figure 2 (Guttmacher Institute, 2020)

Reproductive Justice and Sex Education

Reproductive Justice is a framework for evaluating social paradigms that values all people's rights to choose not have a child, to choose to have a child, and to parent their children in a safe environment. In fulfilling this ideal, education is critical to ensure that all individuals are empowered to make informed decisions regarding their own reproductive processes. According to Hall et al. (2016), research suggests that comprehensive sex education leads to positive sexual health outcomes, including decreased rates of teen pregnancy and higher rates of condom and contraceptive use; however, these benefits are not shared by "abstinence only" sex education programs. Since teenage pregnancy is associated with higher high-school drop out rates and intergenerational poverty (National Conference of State Legislatures, 2018), comprehensive, age-appropriate, and medically accurate sex education in public schools is essential to promoting social justice.

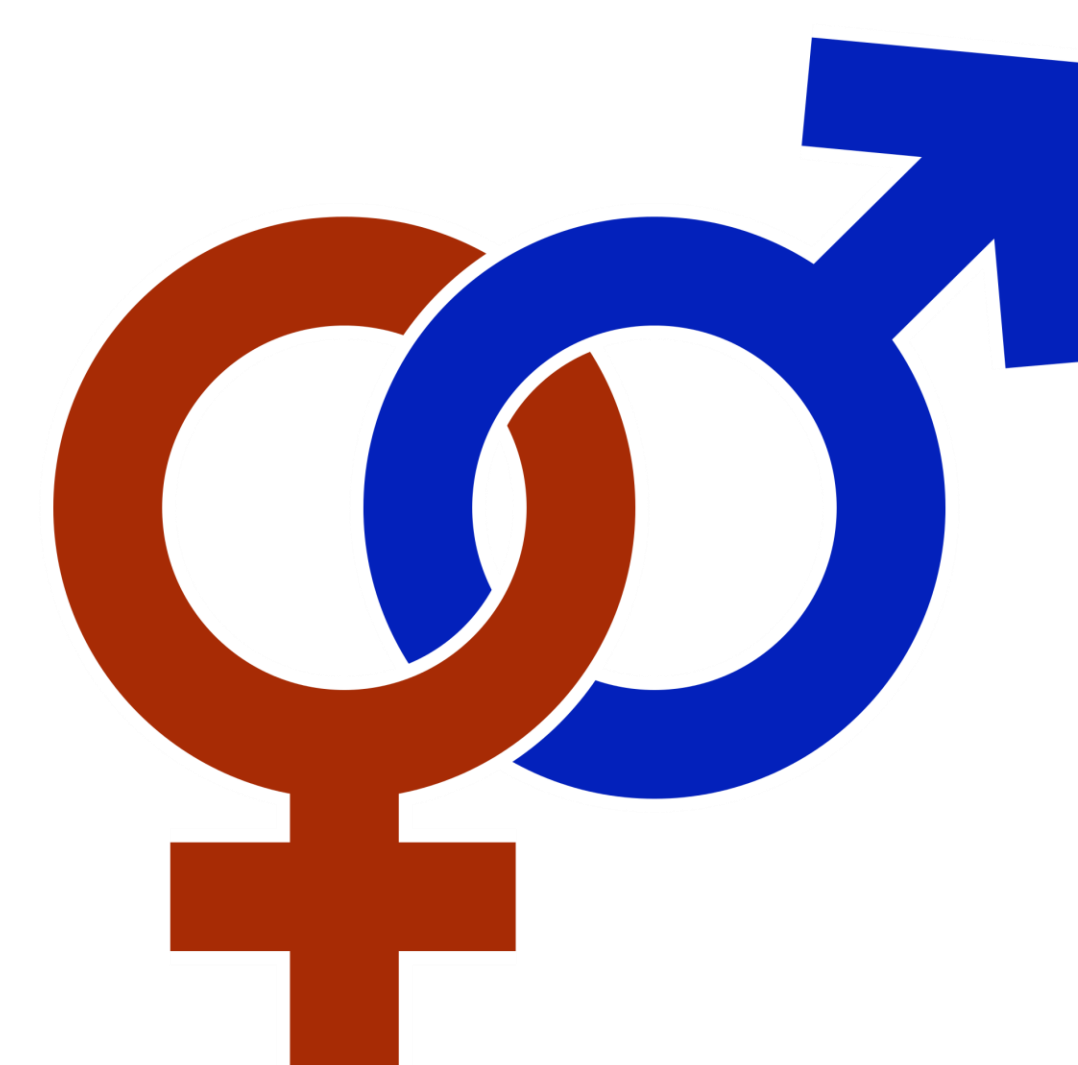
Virginia's Current Family Life Guidelines

- The current Virginia sex education program, known as Family Life Education (FLE) originated in 1987, when the Virginia legislature directed the Board of Education to develop standards of learning and curriculum guidelines for a family life program. The program was first implemented in the 1989-90 school year, and school divisions were allowed to use the state-provided Standards of Learning or "develop their own learner objectives (Virginia Department of Education [VDOE], 2017, p.p. 4).
- Since then, the Virginia General Assembly has added a few topics to the FLE guidelines including:
 - "abstinence education" in 1999,
 - "steps to avoid sexual assault" in 2004,
 - "dating violence and the characteristics of abusive relationships" in 2007 (VDOE, 2017, p.p. 5).
- In 2017, the General Assembly amended the guidelines to add that "the prevention of sexual violence curricular may include instruction that increases awareness that consent is required before sexual activity" (VDOE, 2017, p.p. 6-7).
- According to the Sexuality Information and Education Council of the United States, just 27% of Virginia schools taught all 20 critical sexual health education topics, as identified by the CDC, in a require high school course during the 2017-2018 school year (Sexuality Information and Education Council of the United States [SIECUS], n.d.).

References



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(Franklin County High School, n.d).

Sex Education in Franklin County Schools

Franklin County is served by a public school system with one middle school (Benjamin Franklin Middle School) and one high school (Franklin County High School). The county's residents tend to be of lower socioeconomic status than most of Virginia: according to US Census Bureau Data included in Carilion Clinic's 2018 Community Health Needs Assessment, just 20.6% of adults hold a bachelors degree, compared with 36.9% of adults throughout the state, and nearly 15% of people county live below the Federal Poverty Line, compared with 11% overall in Virginia (Carilion Clinic, 2018, pg. 73-75). Thus, much of the community lacks the educational background and economic resources necessary to independently access comprehensive information on sexual health, making sex education in public schools even more essential to promoting reproductive justice. However, throughout the BFMS family life curriculum, contraception is only mentioned in one, 30 minute lesson in 8th grade. During this lesson, students are also reminded that "abstinence is the only 100% effective way to prevent unwanted pregnancy" and "the purpose of contraception is for family planning (Flora, et al., 2017, pg. 25). Thus, students in Franklin County Public Schools are likely to receive less than an hour of instruction on safe sexual activity prior to their freshman year. This is even more concerning when one considers that the school division does not offer any information regarding the sex education curriculum for 9th and 10th grade health courses, suggesting that sex education is offered inconsistently, if at all.

Conclusions

Despite evidence that the majority of people become sexually active in their teenage years (National Survey of Family Growth, 2020), Franklin County fails to provide youth with the information necessary to promote positive sexual health outcomes throughout the lifespan. However, Hall et al. suggests that "gaps" in current programs should be treated as "opportunities" to implement evidence-based, comprehensive sex education curriculums (2016). Therefore, Franklin County's lack of a standardized high school family life education could enable educators to employ innovative strategies for teaching values-free sex education. Such programs would draw on the opinions of leading medical organizations, such as the American Medical Association, the American Academy of Pediatrics, and the American College of Obstetrician Gynecologists [ACOG]. The ACOG, especially, has called for sexual health programs that include the benefits of delaying sexual activity (abstinence education), but also include information on contraception, STI prevention, sexual expression, healthy sexual and non-sexual relationships, and consent (2016). If public schools are used to provide access to unbiased, medically accurate information on sexual health, including contraception and STI-prevention, they become powerful tools for empowering individuals to make informed decisions about their reproductive processes. Thus, comprehensive sex education in public schools is not only a matter of improving public health, but also of reducing inequality and furthering the goals of Reproductive Justice.