

EDUCATION

Mississippians Are Ready for Comprehensive Sex Education

Social Science and Public Opinion Polls Agree

By [Eric Thomas Weber](#) | Tuesday, February 14th, 2012

Mississippi will surprise you. A recent Gallup poll found it to be the “most conservative state,” yet Mississippi’s voters rejected the [personhood](#) initiative in late 2011. But another development about reproductive health in Mississippi has gone largely unnoticed and deserves a closer look.

In December 2011 the Center for Mississippi Health Policy released a report titled “[What Do Mississippi Parents Think about Sex-Related Education in Public Schools?](#)” I expected to see a strong reluctance to have comprehensive sex education in public schools. The common political ideology suggests that educating children about sex is a parent’s responsibility, not that of the government.



The related inclination is to think that demonstrating condom use will only teach students that having sex before marriage is acceptable. Such judgments ignore the facts. A 20-year study published in the January 2007 issue of *Public Health Reports* shows that premarital sex has been the norm since at least 1940. The study published in 2007 shows that of thousands of subjects surveyed, 95 percent of respondents between the ages of 15 and 44 had engaged in premarital sex. Plus, 75 percent of respondents had done so by the age of 20. These developments are not recent. The study showed in fact that “the number of Americans having premarital sex hasn’t changed much since the 1940s,” as [Jennifer Warner](#) put it for WebMD.

The 2011 Mississippi survey on sex education showed surprising results. Mississippi parents are overwhelmingly in favor of age-appropriate, comprehensive sex education. [Marie Barnard](#), who is a parent of public school kids in Oxford, Mississippi and the assistant dean of applied sciences at the University of Mississippi, believes that “it is [clearly] a minority of parents” who oppose comprehensive sex education in the public schools, but “they are very passionate about their beliefs and are active in influencing their local school boards.” So it seems that despite the great popularity of comprehensive sex education, a vocal minority is in control.

Sex education is an important topic in Mississippi. We have some of the highest rates of teen pregnancy and poverty, aggravated by some of the lowest rates of educational attainment in the country. Each of these factors can spur the others. A young woman in a school with inadequate sex education is more likely to become pregnant than one with comprehensive sex education. If she becomes pregnant, she is much more likely not to complete school. Having a child, furthermore, will

limit her ability to work full time, diminishing the already low income she will earn if she does not complete high school.

The common refrain we hear from politicians in Mississippi is that there is only one sure way not to become pregnant, which is to abstain from having sex. Beyond the fact that 75 percent of Americans have sex before the age of 20, the crucial fact is that scholars have offered conclusive evidence showing that comprehensive sex education is “the most effective approach to reducing STDs and pregnancy.” This statement was the conclusion of a 2010 Rutgers [study](#) published in the *Archives of Pediatrics and Adolescent Medicine*.

At the same time it is worth noting that abstinence-only sex education is effective for some limited groups. According to a Rutgers news release about the 2010 study, an “abstinence-only program helped sixth and seventh graders delay high-risk sexual behaviors up to two years after the initial intervention.” But “nearly a quarter of these sixth and seventh graders had already had sex by the time they became a part of [the] study.” The study highlighted an underappreciated lesson: “Sex education is not about teaching one topic to one age group and that’s it. It has to start at the earliest ages, build upon and reinforce the previous knowledge and skills learned, and evolve as students get older and become more likely to start having sex.”

In Mississippi the state passed [House Bill 999](#) in 2011, which requires that all schools in Mississippi adopt a sex education policy by the end of June 2012. [Mississippi First](#), a nonpartisan nonprofit advocating for effective, data-driven policy in the state, strongly urges “comprehensive or ‘abstinence-plus’ education-because it works,” following the clearly established lessons learned in countless studies.

Unfortunately, the Mississippi law allows school districts to choose between abstinence-only and abstinence-plus sex education. So some school districts will choose a more comprehensive form of sex education from which objecting families could opt out of the lessons beyond abstinence for their children. But others will teach abstinence-only education, offering no options for those who want comprehensive programs. Even those abstinence-plus districts, however, “shall not include instruction and demonstrations on the application and use of condoms,” according to the law. Advocates for comprehensive sex education such as the Sexuality Information and Education Council of the United States argue that “there are many youth who still need to learn how to prevent errors in [condom] use.” Nevertheless, the Mississippi law against such instruction is clear.

Barnard heard a parent opposed to comprehensive sex education claim that “his disagreement with abstinence-plus was based on his religious beliefs.” She responded that “Our children deserve a comprehensive, factually accurate, nonjudgmental education that is not based on a few individuals’ personal religious beliefs, but on scientifically validated educational programs.” The comprehensive approach with an opt-out mechanism would respect both views, but some districts will not choose it.

One might expect Mississippians to be generally opposed to comprehensive sex education, given the legislation that passed, but Barnard is right. The December 2011 study from the Mississippi Health Policy Center undercuts the common misconception.

First, 92 percent of the 3,600 parents responding were in favor of some form of sex education, which refers either to abstinence-only or abstinence-plus education. Abstinence-only would exclude, among other things, education about the use of contraceptives. The surprising result of the study, however, was that 89.8 percent of survey respondents said that they either “strongly support” (78.4 percent) or “somewhat support” (11.4 percent) education about birth control methods. The total opposition to the teaching of birth control methods came from fewer than 8 percent of respondents.

Despite the overwhelming support for education about birth control, some Mississippi students will be stuck with their school district's decision to teach abstinence-only sex education. This is a serious problem. The approach taken has been to deny some kids education, rather than to offer it with an opt-out policy approach.

Even the most controversial element of sex education in Mississippi, particularly the classroom demonstration of proper condom use, was in fact supported by a large majority of Mississippians. While 15.2 percent of respondents "strongly oppose" and 7.1 percent "somewhat oppose" classroom demonstrations of condom usage, 53.9 percent "strongly support" it and 17.2 percent "somewhat support" it. That means overall that 71.1 percent of respondents support in-class condom demonstrations, which the state's sex education law wholly forbids for all schools.

The Center for Mississippi Health Policy's December 2011 study shows that Mississippians are misunderstood and poorly represented. It is now up to school districts to choose the more effective approach to sex education—abstinence-plus forms instead of abstinence-only curricula. Perhaps in the next few years the legislature will have the courage to require that all schools provide comprehensive sex education—including condom use—while offering parents the choice to opt out of portions for their own children as they see fit.

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