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Teach moral, as well as practical, behavior

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There is a raging national debate over abstinence versus sex education. Some people argue that sex-education programs start pre-teens and teens on a path of promiscuous sex instead of encouraging them to pursue lifelong love.

These voices of optimism make the point that traditional values such as love, commitment, responsibility, integrity, self-control, self-respect and healthy relationships are **STILL** relevant today and should be taught in school.

Other voices argue for government-financed, comprehensive sex education that resembles how-to guides complete with condoms and contraceptives. Given the high rates of divorce and illicit sexual activity among married and unmarried adults, I believe that we must search for a middle ground that balances sex education with encouragement to be virtuous.

If sex education is truly comprehensive, it will have to include a balanced treatment of abstinence, using both health and moral justifications for keeping pure.

Nationwide, news accounts reveal that our children are having sex at younger and younger ages. Sexually transmitted diseases, abortion and unwanted pregnancies are the byproducts of this behavior.

In a study commissioned in 1996 by the U.S. Congress, Mathematica Policy Research Inc. reported that students who had attended abstinence classes had the same rates of sexual activity and sexual initiation age (14.9 years) as students who had not been exposed to the classes.

Why programs have failed

Why does abstinence education fail? I believe it fails for two reasons. First, it fails because it needs a stronger, more effective justification than is now being allowed in public schools because of First Amendment concerns about church-state issues. Educators are not allowed to offer scriptural injunctions condemning fornication or those that promise fire and brimstone to offenders.

Nor is there much celebration of virgins in modern society. They are treated as oddities with a malady in need of a remedy. The fear of judgment might work a bit better than the statistics that promise them 100 percent protection from disease and pregnancy.

Secondly, abstinence may fail because of its association with hypocritical people who engage in moral double standards while leading the charge against abortion, gay marriage and sex education in schools. Our children are smart. They can see when the "emperor has no clothes."

What to do? The best protection for our children will come from a balanced curriculum that offers unbiased information about consequences and choices. Abstinence probably works best in religious homes where the children have made personal choices to wait for marriage or where they truly fear God.

We must protect our children by taking responsibility for their sexual education and teaching them by word and example at home. We should resolve the issue by working collectively to ensure that all children are given exposure to a balanced curriculum that includes what children need to know to make healthy choices in secondary and middle school, where sexual activities have migrated.

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