Sex Education Policy Compared in Denmark and the United States

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Introduction:

Everyone has their own story about how about how they found about it. An American child sitting in her 5th grade class for the famous birds and the bees lecture to a another child discussing where babies come from on the playground. Some were told that waiting until marriage is the only option. In the Untied States, these stories vary across schools, states, and cultures. In contrast in Denmark, a child starts their sex education journey in kindergarten.

Denmark and the Untied States are both industrialized western countries. Both nations have high literacy rates and access to health care; however, Denmark has a significantly lower teenage birth rate than the United States. In Denmark, a country with one of the lowest teenage birth rates, 0.04% of teens aged 15-19 gave birth in 2013 compared to 2.94% in the United States ("Trends" 2013). What causes this discrepancy? While we are aware that cultural and socioeconomic factors may play a role, our research focuses on how educational policy contributes to teenage birth rates in Denmark and the United States. We will examine health education in Denmark and the United States in order to analyze how health education polices impact teenage birth rates.

Sex Education Policy in the United States:

Sex education in the United States varies largely from state to state, and there are no national laws mandating sex education in schools. Of the schools that do provide sex education, the topics may include how to say "no" to sex, contraception, how to prevent HIV/AIDS, and

STDs (Martinez 2010). However, some states have chosen to emphasize abstinence as the best method of birth control, and may not discuss other forms of contraception. Teen pregnancy and birth rates are very high in the United States, and so it is necessary to examine the type of sex education being offered throughout the country, and the correlation with sexual behavior and teen pregnancy. Several studies have collected information on sex education among teenagers in the United States and examined the relationship between sex education and outcomes such as teen pregnancy and STDs.

From 2006-2008, the National Survey of Family Growth collected data on sex education in the United States among 15 to 19 year olds. It looked into what ages the teenagers had received formal sex education, if any, and what topics were covered. Formal sex education was defined as received at school, church, a community center, or other place. The survey found that 96% of females and 97% of males had received some sort of sex education before the age of 18 years old (Martinez 2010). The majority of teenagers in this study reported receiving sex education in middle school, which includes grades six through eight. On the topics of how to say no to sex, methods of birth control, STDs, and how to prevent HIV/AIDS, the percentage of males receiving this education in middle school was 57%, 52%, 55%, and 54%, respectively (Martinez 2010). This was 57%, 46%, 53%, and 50%, respectively, for women (Martinez 2010). While this study shows that most teenagers are receiving sex education in the four previously mentioned topics by the time they enter high school, it does not examine the quality of this education.

Sex education is a controversial topic in the United States due to some schools emphasizing abstinence as the best method of birth control, with some only teaching abstinence and no other methods of contraception. A study by Stanger-Hall using data from 48 states found a positive correlation between increased emphasis on abstinence education and teenage pregnancy and birth rates (2011). Another study using data from the 2002 National Survey of Family Growth looked at abstinence-only versus comprehensive sex education and its relationship with the initiation of sexual activity and teen pregnancy. This study found that abstinence-only education did not delay the initiation of sexual activity or reduce the risk teen pregnancy or STDs (Kohler 2008). Additionally, comprehensive sex education was found to be associated with a reduced risk of teen pregnancy as compared to no

sex education or abstinence-only education (Kohler 2008). Data from the 2002 National Survey of Family Growth was used again to look at the relationship between sexual education and the type of contraception use at coital debut. While there was not an association between type of formal sex education and contraception use, there was an association between abstinence-only messaging and use of a less reliable method of contraception at coitarche (Isley 2010).

The type of sexual education received by teenagers has a significant impact on future sexual activity. Several studies have found correlations between the type of education and teen pregnancy. Teen pregnancy is major public health concern, especially as the rates are very high in the United States as compared to other countries. Thus it is important to evaluate sexual education in the United States and how it can be improved.

While the United States does not have very many national policies regarding sex education in public schools, for years the federal government has provided funding for these programs. In 1981 President Reagan's administration was the first to dedicate a large amount of tax dollars to sex education programs. Because of his conservative background, Reagan only funded abstinence-only-until-marriage programs. Future presidents continued this pattern of funding and between 1996 and 2009 funding for abstinence only programs increased exponentially (SIECUS brief history). President Obama was the first president to not follow this trend. He cut abstinence-only funding by two-thirds and dedicated new funds to his Teen Pregnancy Prevention Initiative, which funds comprehensive and medically accurate sex education programs. Comprehensive sex education was also funded through the Personal Responsibility Education Program, which is a provision of the Affordable Care Act of 2010 (SIECUS brief history). Although federal funding for abstinence-only programs remained very high until 2010, many states, such as New Hampshire, Vermont, and Massachusetts, had moved away from abstinence-only sex education by that time (SIECUS sexuality policies by state).

Despite the changing trends in sex education in many states some states are more reluctant to change. For example, Texas continues to remain the model for abstinence-only programs. Texas has received the most abstinence-only federal funding, and 94% of its school districts exclusively teach abstinence-until-marriage in their health classes (TFN

report). Apart from mandating that Texas schools teach abstinence, there is very little instruction on how to go about this. Therefore, Texas school districts decide when and how to teach sex education in their classrooms. In a comprehensive 2009 survey conducted by the Texas Freedom Network Education Fund, researchers found that most of these districts employ abstinence-only programs that rely on undocumented "facts", religious messages, inadequate information about STDs, little to no information about human sexual anatomy, and exaggerated negative information about the effectiveness of other forms of contraceptives (Sex Ed Report).

A 2007 federal survey of abstinence-only sex education programs revealed that students that participated in these programs were just as likely to engage in sexual intercourse at the same age as students not enrolled in these programs. Furthermore, the study found that students in abstinence-only programs were just as likely to engage in unprotected sex as those not in a sex education program (Mathematica study). Because the majority of Texas youth participate in abstinence-only-until-marriage programs, it is no surprise that the teen birth rate in Texas is so high.

The previously mentioned survey conducted by the Texas Freedom Network Education Fund reveals other negative aspects of abstinence-only-until-marriage sex education. Besides simply failing to promote abstinence among the adolescent population, these programs also negatively affect the emotional health of their students. Many programs utilized in Texas schools teach that premarital sex is evil and often leads to cervical cancer, divorce, infertility, poverty, and death (Sex Ed Report 28). The message that having sex means getting sexually transmitted diseases and dying combined with the message that contraceptives have very high failure rates lead students "to dismiss the risk message as propaganda" (Sex Ed Report 27). In other words, using fear and intimidation as tactics to prevent teens from having sex does not work. Many abstinence-only programs not only vilify premarital sex, but also those who engage in it. In the curriculum of one such program, sexually active adolescents are said to lack self-control and morals while abstinent teens are morally superior (Sex Ed Report 30). Furthermore, sexually active youth are portrayed as "damaged goods" with no hope of a normal, healthy future (Sex Ed Report 31). These messages have a negative impact on the fragile emotional state of developing adolescents and demonize students for engaging in an act that many Americans

consider a normal part of adulthood.

While the above evidence indicates that adolescent Texans are not benefitting in any positive way from the current state of sex education, one has trouble finding an effective method of teaching students about sex and sexuality in a nation as morally and religiously diverse as the United States. In his study of sex education in America, Josh Corngold of the University of Tulsa reveals the pitfalls of four of the most common approaches to teaching students about sex. He claims the "outright avoidance" approach is simply irresponsible in an age where families do not always talk to their teens about sex and sexually transmitted diseases such as HIV and HPV are common (Corngold 464). The "plumbing and prevention" approach teaches students the science behind sex, including anatomy, reproduction, and disease prevention. However, it leaves teens to find information about the emotional side of sex from outside sources, such as their peers, the Internet, and the sexually saturated media (Corngold 464-465). In the "value neutral" method of teaching adolescents about sex, educators present a wide variety of topics and the different moral views of each. While this may seem like a good strategy, it is almost impossible for a teacher to use totally impartially wording in his or her lessons. Furthermore, it is irresponsible to give a completely unbiased view of topics such as pedophilia (Corngold 466-468). Finally, Corngold critiques a "morally univocal" approach to sex education, which is the category abstinence-only programs fall under. His criticism of this approach is very similar to the evidence cited in the above paragraphs (Corngold 469-470).

Teen Pregnancy in the United States:

Compared to all other industrialized nations, the United States is struggling to control adolescent pregnancy with a current rate of 68.7 pregnancies for every 1000 American girls age 15-19 ("Trends" 2013). Although this is the national rate of teen pregnancy, it is difficult to generalize statistics for a nation as diverse as the U.S. For example, the rate of adolescent pregnancy varies widely from state to state. New Mexico has the highest rate at 93 pregnancies for every 1000 girls, and New Hampshire has the lowest rate at 33 pregnancies for every 1000 girls ("50-State" 2013). While this variation is likely attributed to the different policies on sex education in each state, factors such as race and socioeconomic status also affect the rates. The rates of teen pregnancy are higher for Hispanic American and African American teens than for Caucasian teens ("50-State" 2013). Unfortunately, these trends based

on race are due to a decades long cycle of teen childbearing, because children born to adolescent mothers are more likely to become pregnant as teenagers themselves (Basch 2011).

Although the rate of teen pregnancy in the United States is very high, the teen birth rate is roughly half of that at 29.4 births for every 1000 teens age 15-19 ("Trends" 2013). This number differs because of spontaneous miscarriages and abortions. However, the abortion rate is only 18 abortions for every 1000 females age 15-19 ("Teen Abortions" 2013). While lack of availability of safe abortions and their stigmatization could be affecting this statistic, it is significant to note that only about a fourth of adolescent pregnancies are terminated.

While these numbers may seem very high even for the US, teen childbearing has actually decreased significantly since its peak in 1957 when it was 96 births for every 1000 girls age 15-19 (Boonstra 2002). Every year the teen birth rate continues to decrease for all age groups and races. However, as the birth rate among adolescents has declined, the rate of teen births to unwed mothers has increased significantly (Boonstra 2002). This suggests that the culture surrounding teens and childbearing in the United States is changing. Furthermore, after rising and leveling off in the 1970's and 1980's, the teen abortion rate has also been decreasing in recent decades. Therefore, this declining birth rate must be due to fewer teens becoming pregnant rather than an increased rate of abortion, which many may have wrongly assumed (Boonstra 2002).

Because the teen birth rate has decreased primarily because the teen pregnancy rate has decreased, it is interesting to note what has caused the teen pregnancy rate to decrease. While many conservative Americans would argue that the rates have gone down due to abstaining from sex, in reality the decrease is due to better access to sexual education, increased use of contraceptives, and delayed initiation of intercourse (Basch 2011). Besides abstaining from sex, the use of contraceptives is the most effective way to prevent unwanted pregnancy, but American teens are not likely to always use them effectively due to lack of education and access (Basch 2011). For example, condoms are only distributed in fewer than 5% of US high schools (Basch 2011). Although studies show that American teens are making better decisions about sex, roadblocks such as these make it difficult to make good decisions.

Even though the attitude towards teens and their sexuality is slowly changing, there is still a lack of education available to allow teens to make safe and smart decisions about sex and childbearing. If young women were better educated about their bodies and how to practice safe sex, they would be more empowered in their personal lives. By depriving teens, both female and male, of adequate sex education, the United States is ensuring that the teen pregnancy and birth rates remain higher than those of other industrialized nations.

Sex education in Denmark

Unlike in the United Stakes, in 1970 a national mandate was made requiring sexual education within Danish schools (Graugaard, 2004). A committee was formed in order to provide guidelines for its implementation. Previous to the mandate there was a presence of sexual education. It was introduced in the 1930's as a topic of hygiene. Due to the nature of the mandate it was met with opposition from parents. A suit was filed against the Danish government and in 1976 the case was taken to the European Court of human rights. The court ruled in favor of the government and the mandate remains in place today and parents are not allowed to opt their children out of the education. In 1991 a new curriculum for sex education was introduced by the Ministry of Education (Wellings, 2006). The curriculum integrated sexual education into human health. Additionally, it became mandatory for all children in primary school and the first few years of high school (Wellings, 2006).

Today, sexual education in Denmark is reflective of the geographical and social climate. Being that it is a small country there is no variation from state to state such as is seen in the United States. Socially, there is a relaxed atmosphere regarding sexuality. The religious and moral stigma that are associated with sexual activity in the United States is much less prevalent due to the predominately secular culture. There is more of an emphasis on individual choice for men and women involving sexuality (Francoeur). Without these barriers, sexual education is widely available. Ninety-six percent of boys and girls have received sexual education in school. Forty-three percent of those boys and girls said the education was relevant and sufficient.

Unlike the US, teenage pregnancy is not a widespread public health epidemic in Denmark. According to data from 2007, Denmark has one of the lowest teenage birth rates across industrialized nations ("Teen Birth Rates"). Data gathered in 2012 shows that there were only 4.54

births per 1000 females aged 15-19 ("Foedsler 1973" 2012). Since 1973, induced abortions before the twelfth week of pregnancy have been legal in Denmark. In 2008, the teenage abortion rate was 17.69 abortions per 1,000 women (Knudsen 1997).

In Denmark, sexual education is introduced to students between the ages of 12 and 13. The education is provided in a biological and Danish perspective and covers a wide range of topics. The topics covered include contraception, pregnancy, STI's, and puberty (Graugaard, 2004). Information regarding feelings, relationships, and other coming of age issues are also discussed. How the information is presented is widely variable. As mentioned previously local authorities have much of the decision making power. Due to this policy, schools, and even individual teachers, have autonomy in its presentation (Wellings, 2006). Some methods used are peer to peer education, formal class lessons, and other supplementary programs (DFPA). Most classrooms use a combination of the methods. Within Denmark there are also external organizations that provide supplementary sexual education for teens. The Danish Family Planning Association created a hotline for teenagers to call in 1992 (DFPA). The hotline provides basic sexual health information free of charge. Social media campaigns and internet counseling have also been implemented within the country.

Sexual education is widely available to the youth in several different forms, as mentioned previously. In the United States there is a fair amount of opposition to the availability of accurate and comprehensive sexual education. This sort of opposition is not generally seen within Denmark. There are many factors that could explain this difference. One of which being the social environment within Denmark. Demographically, Denmark is a fairly homogeneous population. In 2012, 86.9% of the population was of Danish descent (STAT Bank). Due to this there are far fewer religious and ethnic minority groups to accommodate when considering policy than when creating policy in the U.S. Another component contributing to the relaxed environment regarding sexual education is the secular culture. Although 79.1% of the population are a member of the Church of Denmark, a Lutheran church, the culture is still considered to be secular (STAT Bank, 2013). Many Danes do not attend church regularly. There has also been a decline in membership over the past few years. This trend has been seen throughout Scandinavia. It is important to note that it is possible that some in the population may identify as fairly religious but it is a more private aspect of their lives.

The secular culture contributes to widely available sexual education. There is less religious fear and decreased stigmatization that acts as an obstacle as in the United States. These and several other factors allow for the comprehensive education that takes place in Denmark.

Teen Pregnancy in Denmark

In contrast to the United States, teenage pregnancy is not a widespread public health epidemic in Denmark, or the rest of Scandinavia. According to data from 2007, Denmark has one of the lowest teenage birth rates across industrialized nations (The National Campaign). Data gathered in 2012 shows that there were only 4.54 births per 1000 females aged 15-19 (Statens Serum Institut, 2012). Induced abortions are a valid and safe option for teenage girls who find themselves pregnant in Denmark, where induced abortions before the twelfth week of pregnancy have been legal since 1973. In 2008, the teenage abortion rate was 17.69 abortions per 1,000 women (Statens Serum Institut, 2012). After the twelfth week of pregnancy, it is necessary for the pregnant woman to gain permission to continue with the abortion, but the procedure is still legal. Teenage girls over the age of eighteen who are Danish nationals can receive an abortion at no cost to them with the use of their CPR card, enabling them a free and secure option regarding their unplanned pregnancy. Girls under the age of eighteen require a parent or guardian's consent to go through with the procedure. In Denmark, one in six known pregnancies is terminated by an induced abortion (European Journal of Public Health, 2007). This number is lower than Sweden, England and the United States.

The rate of abortions in Denmark varies slightly across Denmark, depending on several factors. Being a non- Danish national, being under nineteen years of age and being a student all correspond to an increased likelihood of terminating an unplanned pregnancy with an abortion. (European Journal of Public Health, 2007). Compounding these factors - such as being a teenager and a non- Danish national increase the likelihood for abortion even further. Non-Danish nationals are not eligible for health care in Denmark with the exception of Emergency care. Inequalities can therefore be seen between Danish national teenagers who become pregnant versus their non -Danish national counterparts.

Typically, teenage pregnancies in Denmark result from contraceptive failure, rather than lack of contraception use (Cambridge University Press, 2002). This finding indicates that teenagers in Denmark are

knowledgeable about contraception and contraceptive use and are putting this knowledge to practice by utilizing contraception. In 2002, ninety five percent of teenage women who had had sexual intercourse had used some form of contraception during that sexual encounter (Journal of Biosocial Medicine, 2002).

Conclusion

Sexual education and teenage pregnancy rates vary wildly between Denmark and the United States. The United States, which has one of the highest teen pregnancy rates in the industrialized world, considers teenage pregnancy to be a public health epidemic that officials are desperately scrambling to control. In contrast, Denmark boasts one of the lowest teenage pregnancy rates across all industrialized countries. Denmark, a country with a small and homogenous population, has required mandatory, comprehensive sexual education for all youth since 1976. Most teenagers today in Denmark are utilizing some type of contraceptive, and the teenage pregnancies that do result are due to contraceptive failure, rather than lack of knowledge. In contrast the United States has a vast and diverse culture, which relies on each individual state to create and maintain laws regarding sexual education. This in turn, leads to lack of knowledge regarding sex and sexual education in some states, where abstinence only sexual education is taught. Despite studies showing this kind of sexual education is not effective at curbing teenage pregnancy, the lack of structure in the United States sexual education system allows for it.

The relationship between sex education and teenage pregnancy is just one of the many fragmented pieces of the multifactorial problem that is teenage pregnancy. The data exemplifies that a clear correlation exists between more comprehensive sexual education and lower teenage pregnancy rates. It is essential to note that correlation between the two does not equal causation. While the comprehensive and mandatory sexual education requirement in Denmark is associated with lower teenage pregnancy rates than the United States, which varies widely regarding sexual education, the sexual education differences between the two countries is not solely responsible for their respective teenage pregnancy rates. The homogenous culture and relatively small population in Denmark enables a uniform opportunity to get a comprehensive sexual education. In contrast, the concepts of state sovereignty and the “melting pot” in the United States make it impossible for all young people to receive the same standard of sexual education. Other tiers of inequality

exist between the two countries that may also play a large role in regard to their respective teenage pregnancy and birth rates. Denmark has an equitable distribution of wealth, while the United States is infamous for having one of the largest wealth distributions in the world. While there are another factors besides merely health education policy, we believe that the United States can learn from Denmark. Learning from Denmark, policy makers can develop meaningful health education policy that will be a step in the right direction for teenage birth rates.

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