Four Significant Objections to SF 588: Comprehensive Family Life and Sexuality Education Programs

By Ryan C. MacPherson, Ph.D., Mankato, MN, 12 March 2007

1. SF 588 is riddled with self-contradictions that will prevent any genuine implementation.

On the one hand, Sect. 1, subd. 4(b)(7), calls for "medically accurate" sex ed curricula, which Sect. 1, subd. 1(c), defines to include, for example, scientific data from the Center for Disease Control. On the other hand, Sect. 1, subd. 4(b)(12), forbids sex ed curricula from "promot[ing] bias against any person on the basis of any category protected under the Minnesota Human Rights Act," which includes sexual orientation as a protected category. It turns out that both goals cannot be pursued simultaneously.

Even though homosexuals only account for an estimated 2% to 5% percent of the total population, the Center for Disease Control reports that 68% of all male AIDS cases from 1981 through 2005 are attributable to homosexual contact.[1] Thus, male homosexuals contract AIDS with a frequency between 14 and 34 times higher than one should expect. Research identifies lesbians as having significantly higher risks than heterosexual women for contracting bacterial vaginosis, hepatitis C, and HIV.[2] Additional research demonstrates that "a history of consistent condom use offered no apparent protection from either rectal or urethral STDs" among homosexuals.[3] Thus, even "safe sex" in the homosexual community is not so safe after all. These medical facts fulfill the criteria in subd. 4(b)(7), but they stigmatize homosexual behavior, and therefore violate the aim of subd. 4(b)(12). One wonders whether SF 588's supporters intend that the scientific objectivity called for in subd. 4(b)(7) should be compromised in favor of the pro-homosexual agenda implied in subd. 4(b)(12).

How can Minnesota's schools possibly implement both portions of SF 588 simultaneously?

2. The Minnesota electorate does not approve of the range of sexual behaviors endorsed in the standard definition of SF 588's "comprehensive sexuality education."

The standard definition of "comprehensive" sex ed includes not only penile-vaginal intercourse, but also oral and anal sex. "Abstinence" in this context does not mean total abstinence, but rather abstinence from penile-vaginal intercourse (hence, pregnancy prevention) while still allowing for other forms of sexual contact, including oral-genital relations.[4] Significantly, when Sect. 1, subd. 4(b)(6), calls for "medically accurate information on other methods of preventing and reducing risk for unintended pregnancy and sexually transmitted infections," this could well include the following advice provided in a "safe sex"

---

[1] Specifically, 454,106 cases resulted from "male-to-male sexual contact" and 66,081 cases resulted from "male-to-male sexual contact and injection drug use," for a total of 520,187 male-homosexuality–related cases out of a total of 764,763 male cases. Center for Disease Control and Prevention, *Cases of HIV Infection and AIDS in the United States and Dependent Areas* (2005), Table 3, *www.cdc.gov/hiv/topics/surveillance/resources/reports/2005report/pdf/2005SurveillanceReport.pdf*.

[2] Katherine Fethers, *et al*., "Sexually Transmitted Infections and Risk Behaviors in Women Who Have Sex with Women," *Sexually Transmitted Infections* 76 (2000): 345–49.

[3] William E. Lafferty, "Sexually Transmitted Diseases in Men Who Have Sex With Men: Acquisition of Gonorrhea and Nongonococcal Urethritis by Fellatio and Implications for STD/HIV Prevention," *Sexually Transmitted Diseases* 24, no. 5 (May 1997): 272–78.

[4] Sexuality Information and Education Council of the United States (SIECUS), *Guidelines for Comprehensive Sexuality Education*, 3d ed. (2004), esp. pp. 50–56, *www.siecus.org/pubs/guidelines/guidelines.pdf*; Lisa Remez, "Oral Sex Among Adolescents:Is It Sex or Is It Abstinence?," *Family Planning Perspectives* 32, no. 6 (Nov.-Dec. 2000), *http://guttmacher.org/pubs/journals/3229800.html*; Barb Anderson, "The Bird & Bees Project: Gay Sex Ed for Kids," 27 Feb. 2007, *www.edwatch.org*; Alysse M. Elhage, "Hazardous to Teen Health: The Reality of Comprehensive Sex Education," North Carolina Family and Policy Council *Findings*, Apr. 2005, *http://www.ncfamily.org/PolicyPapers/Findings%200504-Comp%20Sex%20Ed.pdf*.

brochure for lesbians: placing "latex squares over the vulva or anus in oral sex" and wearing "latex gloves for finger f***ing."[5] It is one thing to show respect to all people, regardless of sexual orientation. It is quite another to teach Minnesota's children that "safe sex" includes acts that until 2003 were prohibited by law in numerous states and to this day remain highly controversial in the public conscience.[6]

If SF 588 intends to avoid such propaganda being promoted as "education," why does the bill not explicitly say so?

3. SF 588 fosters peer stigmatization of students with traditional values.

Sect. 1, subd. 3, permits parents to exempt their children from sex ed programs. Although this allowance has the benefit of respecting parental rights, it has the drawback of resulting in a segregated learning environment in which students with traditional sexual values (those whose parents are most likely to excuse them from sex ed programs) face a high likelihood of peer stigmatization, e.g., "Johnny's mommy won't let him practice putting a condom on a banana!" It is a fundamental principle of public education that "separate" is "inherently unequal."[7] Therefore, no legislature should promote a curriculum—such as this sex ed program—that likely will result in a significant number of parents requesting that their children be exempted.

Why should the legislature endorse a sex ed program that does not adequately serve the full diversity of Minnesota's parents and their children?

4. SF 588 offers no significant improvement over existing law.

SF 588, Sect. 3, would repeal Minnesota Statutes (2006), Chapter 121A.23. That existing law already mandates "a comprehensive, technically accurate, and updated curriculum that includes helping students to abstain from sexual activity until marriage ... targeting adolescents." SF 588, Sect. 1, subd. 1(a)(5), would replace the ideal of abstaining until marriage with a less specific "respectful[ness] of marriage and [non-marital] commitments in relationships," leaving students open to consider premarital sexual behaviors that would place them at risk for physiological and psychological harm. Moreover, SF 588, Sect. 1, subd. 2(a), authorizes a portion of the proposed $430,000 annual funding to target Minnesota's younger children—beginning at kindergarten—with "comprehensive sexuality education."

One wonders what sort of sex ed is appropriate for younger students. The Sexuality Information and Education Council of the United States (SIECUS) answers that question by recommending the following lesson for "early elementary school" students: "Touching and rubbing one's own genitals to feel good is called masturbation. Some boys and girls masturbate and others do not. Masturbation should be done in a private place." Not until "level 2" (reserved for the later elementary school years) are children provided with even a hint of a moral compass, when SIECUS recommends teaching, "Some families, religions, and cultures believe that masturbation is wrong." [8] By that time, of course, the children already have been encouraged to experiment on their bodies for a few years.

Do Minnesotans want to spend $430,000 annually to encourage children to masturbate?

Promote genuine health education. Reject SF 588.

---

[5] "Sexual Health Information for Women Having Sex with Women" (1996), Appendix 1 in Clare Farquhar, Julia Bailey, and Dawn Whittaker, *Are Lesbians Sexually Healthy? A Report of the "Lesbian Sexual Behavior and Health Survey,"* Social Science Research Papers (London: South Bank University, 2001).

[6] *Lawrence v. Texas*, 539 U.S. 558 (2003).

[7] *Brown v. Board of Education*, 347 U.S. 483 (1954).

[8] SIECUS (see citation in note 4, above), 17, 51–52.