(from 301 to 189, a decline of 37%), and in the number of districts that had had an abstinence-plus policy (from 525 to 640, an increase of 22%).

Factors Influencing Policy

Respondents were asked to choose, from 11 possibilities, the single most important factor that influenced their district’s current sexuality education policy (Table 5). One of just three factors (state directives, recommendations of special school board advisory committees or task forces, or school board actions) was named by at least three-quarters of districts, ranging from 78% of districts with abstinence-only policies to 88% of those with abstinence-plus policies. There were no significant differences in the percentage distributions according to the most influential factor between the three policy categories and the distribution for the nation as a whole.

On average, almost one-half of the districts (48%) cited state directives as the most influential factor. Special committees and school boards were cited as most influential about equally as often (18% and 17%, respectively). School boards were more likely than other factors to be considered as most important by districts with an abstinence-only policy, but this proportion did not differ significantly from that among all U.S. districts.

Respondents were also asked to indicate from the same list whether any of the factors had influenced their current policy. Districts reported an average of 2.6 factors. In general, the responses followed the same pattern as that created by the most influential factor, with state directives being the most frequently cited influential factor of all possibilities (74%). However, districts cited school board actions more frequently than they did special committees (63% vs. 36%). Predictably, the proportions checking community and teacher support for abstinence as influential factors were higher in districts with abstinence-only policies, whereas community support for broader sexuality education was more prevalent in districts that have comprehensive policies.

Finally, respondents were asked how supportive they thought the community at large was of their district’s current policy on sexuality education. The most common response (53%) was that the community was “generally silent” on the issue; 41% reported that their community “strongly supports” the current policy, 5% that the community was divided and fewer than 1% that it is “generally opposed.” The level of community support within each of the three sexuality education policy subgroups did not differ significantly from the nation as a whole. However, districts in which abstinence is presented as the only option outside of marriage for adolescents were somewhat more likely than other districts to have higher levels of community support for their policy (at least according to the school superintendent), and communities in these abstinence-only districts were less likely to be “generally silent” on the issue.

Discussion

By 1998, more than two out of three public school districts in the United States had adopted a district-wide policy to teach sexuality education. Most of those policies were developed in the 1990s, during a period of intense debate, not only in many local communities but also in state capitals and Congress, about the relative merits of abstinence promotion—and, specifically, abstinence-only promotion—versus more “comprehensive” approaches to sexuality education for young people. Yet the impact of those debates at the local level and the trend in the national debate are not especially easy to assess.

On the one hand, the overwhelming majority of policies now require that abstinence from sexual intercourse be promoted—either as the preferred option for adolescents or as the only option outside of marriage. Few districts stipulate that abstinence is to be presented as one option in a broader educational program to prepare adolescents to become sexually healthy adults.

On the other hand, among districts that adopted new policies, the newer policies do not appear to be more “conservative” regarding how abstinence is treated than those adopted earlier in the decade. Moreover, the bulk of the movement among those districts that switched from one policy category to another appears to have been away from comprehensive sexuality education.