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should we teach only abstinence in sexuality education?

why all the fuss?

Schools have become a battleground in the nation's culture wars. In the fight over the hearts, minds—and libidos—of our nation's teenagers, the latest skirmish involves sex education. The question is not whether education about sexuality belongs in the schools (there is well nigh universal accord on this score)[1], but rather, how to approach the topic. "Just say no" is the answer, at least according to a growing number of champions of "abstinence only" curricula. Abstinence-only approaches include discussions of values, character building and refusal skills, while avoiding specific discussions of contraception or safer sex.

Comprehensive sexuality education *begins with abstinence but also acknowledges that many teenagers will choose to have sex and thus need to be aware of the consequences and how to protect themselves. Such programs include instruction in safe sex behavior, including use of condoms and other contraceptives.*[2]

The abstinence-only sex education movement has been propelled by the persistent but mistaken belief that comprehensive sexuality education itself somehow seduces teenagers into sexual activity. By this reasoning it follows that schools should either ignore the issue or discuss sexuality only in terms of fear and disease. The casualties in this war are teenagers themselves, denied information about how to prevent pregnancy or sexually transmitted diseases in the highly likely event that they have sexual intercourse.

policy developments

Abstinence-only proponents got a big boost when, as part of the federal welfare reform legislation, Congress earmarked $50 million dollars per year for the next five years for abstinence-only school programs. Eight specific criteria have been established for programs, including the mandate that their "exclusive purpose" be teaching the "social, psychological and health gains" to be realized from abstinence. The block grant requires 75 percent matching funds from other public or private sources, for an annual total of more than $87 million.[3]

Every state in the union applied for the federal abstinence funding. Some expect to use it only for children in early grades or for media campaigns, a strategy which avoids putting a teacher in the position of being unable to answer a question about birth control or barrier methods of protection from high school students.[4]

abstinence for whom? until when?

Abstinence-only curricula typically seek to encourage abstinence from sexual activity until marriage. In support of this goal, abstinence proponents use arguments that fly in the face of both science and human experience. The federal abstinence provisions include the statement: "Sexual activity outside the context of marriage is likely to have harmful psychological and physical effects." This conclusion is as unsubstantiated as it is startling, in light of the statistic that 93 percent of American men and 80 percent of American women between ages 18 and 59 were not virgins on their wedding night.[4]

In the debate over the role for abstinence in sexuality education, little pain is taken to avoid the distinction, for example, between abstinence for 12 or 13-year olds versus 17 or 18-year-olds. Few could argue with a near exclusive focus on abstinence for young children. For older teens, sexuality education needs to be relevant for the substantial share of adolescents who choose to have sex. Two thirds (66%) of American high school seniors have had sex.[5]

Pleas to abstain from sex until marriage must also be considered in light of the current average age at which Americans first tie the knot (approximately 24 for women and 26 for men).[6] Moreover, the exhortations to avoid sex until marriage have little, if any, meaning for gay teens.

Says who?

1. Kaiser Family Foundation. The Kaiser Survey on Americans and AIDS/HIV. Menlo Park, CA: 1998.

2. National Institutes of Health. Interventions to Prevent HIV Risk Behaviors. Consensus Development Conference Statement. Washington, D.C.:1997; Feb. 11-13.

3. Block Grant Guidance for the Abstinence Education Provision of the 1996 Welfare Law P.L. 104-193. For more information, contact: Department of Health and Human Services, PHS/HRSA/MCHB/OD/CB-18-20, 5600 Fishers Lane, Rockville, MD 20857, (301) 443-0205, http://www.os.dhhs.gov/hrsa/mchb

4. Associated Press. Sex education that teaches abstinence wins support. *New York Times.* July 23,1997;A19.

5. Centers for Disease Control and Prevention. Youth risk behavior surveillance—United States, 1995. *Morbidity and Mortality Weekly Report.* 1996;45(No. SS-4):1-86.

6. The Alan Guttmacher Institute. Sex and America's Teenagers. New York, 1994. http://www.agi-usa.org/

7. Kirby D. Sex and HIV/AIDS education in schools. *British Medical Journal.* 1995;311:403.

8. National Center for Health Statistics. *National Survey of Family Growth, cycle IV : 1990 telephone reinterview.* Hyattsville, MD: US Department. of Health and Human Services; 1995.

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great expectations?

The sex education debate sometimes grows so heated as to lose a sense of proportion. Great expectations are heaped on school-based programs. Most teaching is assessed by measuring its impact on knowledge rather than behavior outside of the classroom.[7] It is a tall order to establish the relationship between classroom sex education and changes in behaviors such as delays in initiating intercourse or increases in contraceptive use. Classroom instruction must be factored into the conflicting mix of influences from peers, parents, churches and a media barrage of pro-sex messages.

If all young people had safe and secure lives, a "just say no" message by itself might be useful. But for most, risk taking is part of a constellation of internal and external influences. A 1995 national survey reported that 16% of girls whose first intercourse was before age 16 reported that initiation of intercourse was not voluntary.[8] School-based programs by definition also fail to reach many of those at highest risk, such as "runaway" or "throwaway" youth.[9]

abstinence-only or abstinence plus?

The best sex education begins with abstinence as a starting point, both encouraging it for young people who are not ready for sex and supporting those who choose it for whatever reason. Abstinence-only proponents have criticized more comprehensive approaches for focusing only on "plumbing," sending "mixed messages" and ignoring values. Clearly, the best sex education programs address more than the biology of sex and risk (although kids are owed the basic facts on how their bodies work and how to protect themselves against unintended pregnancy and sexually transmitted diseases).

So far, abstinence-only programs have failed to meet scientific tests of proven effectiveness. A recent review found only six published studies in the peer-reviewed literature examining abstinence-only programs.[10] None was found effective, in part due to poor evaluation; one was clearly ineffective. If the federal government is going to fund approaches absent any proof of significant program effects, state officials who accept federal dollars should insist that the programs be thoroughly and rigorously evaluated.

The new quarter billion dollar federal program for abstinence-only teaching furthers a religious and political, not a public health agenda.[11] Political agendas and discomfort with teen sexuality obstruct the ability to conduct research on which programs work best in preventing HIV and unintended pregnancies. It is not enough to agree on what adults would like young people to hear. Delivery of politically palatable—rather than effective—curricula may serve the interest of adults, but will cheat many young people.

what really works?

For all their antipathy, abstinence-only advocates and comprehensive sexuality education proponents share common goals: the prevention of unintended pregnancies, HIV and other STDs. A number of comprehensive sex education curricula examined in rigorous studies have achieved modest delays in sexual intercourse, reductions in number of partners, and increases in contraceptive use. A national review outlined a variety of elements of effective programs: tailoring to the age and experience of the audience; focus on risky sexual behavior; sound theoretical foundation; provision of basic facts about avoiding risks of unprotected sex; acknowledgement of social pressures to have sex; and practice in communication, negotiation and refusal skills.[10]

The guardians of quality education, including teachers, parents, school boards, and legislators have a duty to consider more than the leanings of one advocacy group or another. Credible, objective evidence about the ability of specific programs to achieve their goals is essential. Decision makers need to separate value questions from questions of effectiveness in sex education, and find the common ground.

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***CAPS**

9. Rotheram-Borus MJ, Koopman C, Haignere C, et al. Reducing HIV risk behaviors among runaway adolescents. *Journal of the American Medical Association.* 1991;266:1237-1241.

10. Kirby D. *No Easy Answers: Research Findings on Programs to Reduce Teen Pregnancy.* Washington, DC: National Campaign to Prevent Teen Pregnancy; 1997.

11. Ehrhardt AA. Our view of adolescent sexuality—a focus on risk behavior without the developmental context. *American Journal of Public Health.* 1996;86:1523-1525.

Resources:

The Alan Guttmacher Institute 120 Wall Street, New York, NY 10005, (212) 248-1111. http://www.agi-usa.org/

Centers for Disease Control and Prevention, Division of Adolescent and School Health, 4770 Buford Highway, NE MS-29, Chamblee, GA 30341, (770) 488-3251. http://www.cdc.gov/nccdphp/dash/

Sexuality Information and Education Council of the United States (SIECUS), 130 West 42nd Street, Suite 350, New York, NY 10036, (212) 819-9770. http://www.siecus.org

National School Boards Association, 1680 Duke Street, Alexandria, VA 22314, (703) 838-6722. Contact: Brenda Z. Greene http://www.nsba.org

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