

## Are We Serving Young People Well?

*Consider the wisdom of Dr. Michael Carrera, who reminds us that expecting outcomes when we tell kids, "Just say no" is no different than expecting success in treating clinical depression by saying, "Have a nice day!"*

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Since 1996, over 1.5 billion in state and federal dollars has been allocated for abstinence-only education programs. Funds are highly restrictive, requiring programs to have as their "exclusive purpose" the promotion of abstinence outside of marriage. Programs must teach that sex "within the context of marriage is the expected standard" and that "sexual activity outside of marriage is likely to have harmful psychological and physical effects."<sup>1</sup> Contraceptives may not be discussed other than to emphasize failure rates.<sup>2</sup>

Yet:

- The U.S. continues to have dramatically higher teen pregnancy, birth and abortion rates than other industrialized countries - and accounts for 71% of teen births in all developed countries.<sup>3</sup>
- An estimated one in four young women between ages 14 and 19 in the U.S. (3.2 million teens) is infected with at least one of the most common sexually transmitted diseases.<sup>4</sup>
- The vast majority of Americans favor comprehensive sex education in school - medically accurate, age-appropriate education that emphasizes abstinence *and* encourages condom/contraceptive use.<sup>5</sup>
- Closer to home: On the 2007 Oregon Healthy Teen Survey, 45.1% of 11<sup>th</sup> graders reported having had sexual intercourse, with 25% of sexually active youth having multiple partners.

What's wrong with this picture?

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<sup>1</sup> Section 510(b) of Title V of the Social Security Act, P.L. 104-193.

<sup>2</sup> Santelli J et al. Abstinence and abstinence-only education: a review of U. S. policies and programs. *Journal of Adolescent Health*, 2006.

<sup>3</sup> Advocates for Youth. Adolescent Sexual Health in Europe and the U.S. - Why the Difference? 2008.

<sup>4</sup> CDC, March 2008.

<sup>5</sup> National Public Radio et al. Sex Education in America: NPR/Kaiser/Kennedy School Poll, 2004.

Research has consistently shown that comprehensive sex education can effectively provide young people with information and skills to be safe and healthy – whether they have sex now or in the future. Evidence shows that abstinence-only programs have little positive effect, and some are detrimental. The following summarizes the most significant findings to date:

- In his extensive review of 56 studies assessing the impact of abstinence-only and comprehensive sex and STD/HIV curricula, researcher Doug Kirby found most abstinence-only programs did not delay initiation of sex. About two thirds of the comprehensive programs showed strong evidence of helping youth delay sex, and increasing condom/contraceptive use. "Based on this review," Kirby stated, "abstinence programs have little evidence to warrant their widespread replication; conversely, strong evidence suggests that some comprehensive programs should be disseminated widely."<sup>6</sup>

- The federally supported evaluation of four specifically selected Title V funded abstinence-only-until-marriage programs found them ineffective, particularly with regard to behavior change. The multi-year scientific evaluation found that "...youth in the four evaluated programs were no more likely than youth not in the programs to have abstained from sex in the four to six years after they began participating in the study. Youth in both groups who reported having had sex also had similar numbers of sexual partners and had initiated sex at the same average age."<sup>7</sup>

There was no difference in condom use between the two groups, however abstinence-only program participants were significantly less likely to know that condoms can effectively lower the risk of STD and HIV infection.

- A 2004 Advocates for Youth review of 11 state-based evaluations (AZ, CA, FL, IA, MD, MN, MO, NE, OR, PA, WA) found that the abstinence-only programs in place showed few short-term benefits and no lasting positive effect. "Overall, programs were most successful at improving participants attitudes toward abstinence and were least

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<sup>6</sup> Kirby D. The Impact of Abstinence and Comprehensive Sex and /STDHIV Education Programs on Adolescent Sexual Behavior. *Sexuality Research and Social Policy*, 2008.

<sup>7</sup> Mathematica Policy Research. Impacts of Four Title V, Section 510 Abstinence Education Programs. 2007.

likely to positively affect participants' sexual behaviors."<sup>8</sup> Evaluators cited additional concern that "...emphasis on failure rates of contraception, including condoms, left youth ambivalent, at best, about using them."<sup>9</sup>

- A nationwide study of 15-19 year olds determined that after demographic differences were considered, students who received comprehensive sex education were 50% less likely to report a pregnancy than those who received abstinence-only education. Youth in comprehensive sex education programs were no more likely to have intercourse than their peers who received abstinence-only education.<sup>10</sup>

- Virginity pledges have been found effective only when a limited number of youth participated. When effective, pledging resulted in an average 18-month delay in onset of sexual intercourse. Those who pledged were one-third less likely to use contraception when they did initiate sex than their non-pledging peers.<sup>11</sup>

Research reports similar STD rates among pledgers and non-pledgers. Pledgers were less likely to use condoms and to seek testing/treatment for STDs. They were six times more likely to have engaged in oral sex; male pledgers were four times more likely to have had anal sex.<sup>12</sup>

- A 2004 congressional report found over 80% of most commonly used abstinence-only curricula distort information about condom and contraceptive effectiveness, contain false and misleading information about the risks of sexual activity, misrepresent risks associated with abortion, blur the line between science and religion, and present gender stereotypes as scientific fact.<sup>13</sup>

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<sup>8</sup> Hauser D. Five Years of Abstinence-Only-Until-Marriage Education: Assessing the Impact. 2004.

<sup>9</sup> Ibid.

<sup>10</sup> Kohler P et al. Abstinence-Only and Comprehensive Sex Education and the Initiation of Sexual Activity and Teen Pregnancy. *Journal of Adolescent Sexual Health*, Spring 2008.

<sup>11</sup> Bearman PS, Brückner H. Promising the Future: Virginity Pledges and the Transition to First Intercourse. *American Journal of Sociology*, 2001.

<sup>12</sup> Brückner H, Bearman PS. After the Promise: The STD Consequences of Adolescent Virginity Pledges. *Journal of Adolescent Health* (36), 2005.

<sup>13</sup> U.S. House of Representatives, Committee on Government Reform. The Content of Federally Funded Abstinence-Only Programs, prepared for Rep. Henry Waxman, 2004.

In the face of such overwhelming evidence, 25 states have chosen to refuse federal Title V funding for abstinence-only programs. Oregon is not one of them.

Deborah Roffman, nationally certified sex educator and author, suggests that abstinence-only programs are akin to the daily bombardment of sexually explicit media. Whether the message is "Just say no" or "Always say yes," neither approach encourages young people to think and decide for themselves.<sup>14</sup>

Comprehensive sex education effectively prepares young to make important life decisions. Certainly we owe them that.

Submitted by Mary Gossart, Planned Parenthood Southwestern Oregon.

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<sup>14</sup> Taverner B. Reclaiming 'Abstinence' in Comprehensive Sex Education. *Contemporary Sexuality*, April 2007.