Advocates For Youth
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The Facts

The Truth About Abstinence-Only Programs

Accurate, balanced sex education – including information about contraception and condoms – is a basic human right of youth. Such education helps young people to reduce their risk of potentially negative outcomes, such as unwanted pregnancies and sexually transmitted infections (STIs). Such education can also help youth to enhance the quality of their relationships and to develop decision-making skills that will prove invaluable over life. This basic human right is also a core public health principle that receives strong endorsement from mainstream medical associations, public health and educational organizations, and – most important – parents.[1,2,3,4,5]

Yet, federal policy makers have provided large amounts of funding for abstinence-only education – programs that ignore youth's basic human right and the fundamental public health principle of accurate, balanced sex education. Abstinence-only programs are geared to prevent teens – and sometimes all unmarried people – from engaging in any sexual activity. Indeed, the federal government has gone so far as to specify that these programs must have, as their "exclusive purpose," the promotion of abstinence outside of marriage and that they must not, in any way, advocate contraceptive use or discuss contraceptive methods, other than to emphasize their failure rates. Since 1998, over $1.5 billion in state and federal funds has been allocated for these abstinence-only and abstinence-only-until-marriage (hereafter collectively referred to as abstinence-only) education programs.

This document explores some of the claims that have been put forward to support federal funding for abstinence-only education rather than for comprehensive sex education.

×The Claim: Research shows that abstinence-only education delays sexual initiation and reduces teen pregnancy.

✓The Facts: Abstinence-only education programs are not effective at delaying the initiation of sexual activity or in reducing teen pregnancy.

- A long-awaited, federally-funded evaluation of four carefully selected abstinence-only education programs, published in April 2007, showed that youth enrolled in the programs were no more likely than those not in the programs to delay sexual initiation, to have fewer sexual partners, or to abstain entirely from sex.[6]
- Numerous state evaluations of federally-funded programs have yielded similar conclusions. A 2004 review by Advocates for Youth of 11 state-based evaluations found that abstinence-only programs showed little evidence of sustained (long-term) impact on attitudes and intentions. Worse, they showed some negative impacts on youth's willingness to use contraception, including condoms, to prevent negative sexual health outcomes related to sexual intercourse. In only one state did any program demonstrate ***short***-term success in youth's delaying the initiation of sex. **None** of the programs showed evidence of ***long***-term success in delaying sexual initiation among youth enrolled in the programs. **None** of the programs showed any evidence of success in reducing other sexual risk-taking behaviors among participants.[7] More specifically, a 2003 Pennsylvania evaluation found that the state-sponsored programs were largely ineffective in delaying sexual onset or promoting skills and attitudes consistent with sexual abstinence.[7] Arizona and Kansas had similar findings of no

change in behaviors.[7] A 2004 evaluation from Texas found no significant changes in the percentage of students who pledged not to have sex until marriage. As in two other studies, the Texas analysis revealed that the percentage of students who reported having engaged in sexual intercourse increased for nearly all ages.[7]

- Robert Rector of the Heritage Foundation claimed that many studies showed that abstinence programs *were* effective in reducing youth's sexual activity. However, in a 2002 review of the ten studies cited by Rector, Douglas Kirby PhD, a widely recognized, highly reputable evaluator of sex education programs for youth, concluded that nine failed to provide credible evidence, consistent with accepted standards of research, that they delayed the initiation of sex or reduced the frequency of sex. One study provided some evidence that the program *may* have delayed the initiation of sex among youth 15 and younger but not among those 17 and younger.[8]

×The Claim: Abstinence-only programs are responsible for the recent dramatic decline in teen pregnancy.

✓The Facts: A new study showed that improved contraceptive use is responsible for 86 percent of the decline in the U.S. adolescent pregnancy rate between 1995 and 2002. Dramatic improvements in contraceptive use, including increases in the use of single methods, increases in the use of multiple methods, and declines in nonuse are responsible for improved adolescent pregnancy rates. Only 14 percent of the change among 15- to 19-year-olds was attributable to a decrease in the percentage of sexually active young women.[9]

Even though the teen birth rate in 2005 fell to 40.4 births per 1,000 women ages 15 through 19, the lowest rate in 65 years,[10] the United States continues to have the highest teen birth rate of any of the world's developed nations. Almost 750,000 teenage women become pregnant in the United States each year.[11] Nearly three in 10 U.S. teenage women experience pregnancy.[12] The U.S. teen birth rate is one and a half times higher than that in the United Kingdom and more than twice as high as that in Canada.[13]

×The Claim: Virginity pledges (public promises to remain a virgin until marriage), a common component of abstinence-only programs, delay the onset of sexual activity and protect teens from STIs.

✓The Facts: Research suggests that, under certain very limited conditions, pledging may help *some* adolescents to delay sexual intercourse. One study found that the onset of sexual activity was delayed 18 months among pledgers; however, the study also found that those young people who took a pledge were one-third less likely than their non-pledging peers to use contraception when they did become sexually active.[14,15] In addition, although pledgers were consistently less likely to be exposed to risk factors across a wide range of indicators, their rate of sexually transmitted infections (STIs) did not differ from non-pledgers, possibly because they were less likely to use condoms at sexual debut. They were also less likely to seek STI testing and diagnosis.[14,15]

Virginity pledges are particularly problematic for teens that have been sexually assaulted or sexually abused and for teens who are gay and lesbian. In addition, many see virginity pledging as a faith-based message pretending to be a secular, public health message.

×The Claim: Abstinence-only-until-marriage programs reflect American values.

✓The Facts: Objective data confirm that abstinence-until-marriage does not reflect American values. The median age of sexual initiation among Americans is 17 and the average age of marriage is 25.8 for women and 27.4 for men. This age difference clearly indicates a long time between sexual onset and marriage. In a major, nationally representative survey, 95 percent of adult respondents, ages 18 through 44, reported that they had sex before marriage. Even among those who abstained from sex until age 20 or older, 81 percent reported having had premarital sex.[16]

✗**The Claim:** Abstinence-only programs provide accurate, unbiased information about reproductive health.

✓**The Facts:** Many of the curricula commonly used in abstinence-only programs distort information about the effectiveness of contraceptives, misrepresent the risks of abortion, blur religion and science, treat gender stereotypes as scientific fact, and contain basic scientific errors, according to a 2004 report by Government Reform Committee staff.[17] The report reviewed the 13 most commonly used curricula and concluded that two of the curricula were accurate but that 11 others, used by 69 organizations in 25 states, contained unproven assertions, subjective conclusions, or outright falsehoods regarding reproductive health, gender traits, and when life begins. Among the distortions cited by Government Reform Committee staff: a 43-day-old fetus is a "thinking person"; HIV can be spread via sweat and tears; condoms fail to prevent HIV transmission as often as 31 percent of the time in heterosexual intercourse; women who have an abortion "are more prone to suicide"; and as many as 10 percent of women who have abortions become sterile.[17]

✗**The Claim:** Parents want abstinence-only education to be taught in schools.

✓**The Facts:** Most Americans want far more than abstinence-only in schools. Only 15 percent of American adults believe that schools should teach abstinence from sexual intercourse and should not provide information on how to obtain and use condoms and other contraception.

Most Americans want a broad sex education curriculum that teaches the basics—from how babies are made to how to put on a condom and how to get tested for STIs.

- 99 percent want youth to get information on other STIs in addition to HIV.
- 98 percent want youth to be taught about HIV/AIDS.
- 96 percent want youth to learn the "basics of how babies are made."
- 94 percent want youth to learn how to get tested for HIV and other STIs.
- 93 percent want youth to be taught about "waiting to have sexual intercourse until married."
- 83 percent want youth to know how to put on a condom.
- 71 percent believe that teens need to know that they can "obtain birth control pills from family planning clinics without permission from a parent."[5,18]

✗**The Claim:** For every $1 spent on abstinence-only programs, the federal government spends $12 on comprehensive sex ed programs.[19]

✓**The Facts:** ***There is no dedicated federal funding stream for comprehensive sex ed programs. This faulty analysis pretends that federal funding for health services for low income women and adolescents is, instead, funding for comprehensive sex education.*** * ***It is not.***[20]

Programs—including Medicaid and Title X of the Public Health Service Act—are not comprehensive sex education programs—or educational programs at all. Rather, Medicaid is the health insurance program for the poorest Americans; it pays providers for medical services, including family planning. Title X supports the delivery of a broad package of family planning and related health services to low-income adults and teens through a nationwide network of family planning clinics. Title X services include not only contraceptive methods, but also Pap smears, breast exams, screening and treatment for STIs, and screening for hypertension, diabetes, and anemia.[20]

* The Heritage foundation researchers calculated the ratio by adding eight separate funding streams, [primarily for health services together, including Medicaid; Temporary Assistance for Needy Families (TANF); Title X Family Planning; Indian Health Service funding; the Division of Adolescent School Health (DASH) of the Centers for Disease Control and Prevention; the Social Services Block Grant (SSBG); the Community Coalition Partnership Program for the Prevention of Teen Pregnancy; and the Preventive Health and Health Services Block Grant.

It is more appropriate to compare what the federal government spends on abstinence-only education with what it spends on more comprehensive educational efforts that include both abstinence and contraception. Only one federally funded effort comes even close to meeting this description. It is the HIV prevention efforts of the Centers for Disease Control & Prevention, Division of Adolescent and School Health (CDC-DASH). It is unclear how much of the CDC-DASH HIV prevention budget (approximately $48 million) actually goes to direct education that includes a discussion of both abstinence and risk-reduction (condom use, to be precise). But since the HIV prevention budget also supports a wide range of other activities, including large-scale surveillance research like the national Youth Risk Behavior Survey, it is evident that not a great deal goes to comprehensive HIV prevention education – certainly nowhere near as much as the abstinence-only funds.

×The Claim: Condoms have a high failure rate in preventing unintended pregnancy.

✓The Facts: When a couple uses condoms consistently and correctly at every act of vaginal intercourse, a woman's chance of becoming pregnant within one year is less than three percent. Because some couples that use condoms use them less than every time and/or use them incorrectly, the *average* risk of becoming pregnant within one year is 15 percent By contrast, when couples use no protection, a woman has an 85 percent chance of becoming pregnant within one year.[21]

×The Claim: Condoms do not protect against human papillomavirus (HPV).

✓The Facts: When condoms are used correctly and consistently, they can help prevent the spread of HPV and can reduce the risk of HPV-associated diseases, such as cervical cancer and genital warts. However, since HPV is spread by skin-to-skin contact, infection can occur in areas that are not covered or protected by a condom.[22] In 2001, a panel of experts convened by the National Institutes of Health (NIH) concluded that condom use can reduce the risk of HPV-associated disease.[23] An HPV vaccine that can protect against the two strains responsible for 70 percent of cervical cancer was approved by the FDA in 2006 and recommended by the CDC for young women ages 11 through 26.[24] In addition, CDC recommended routine, annual Pap tests for sexually active young women, in order to achieve early detection of HPV-associated problems.[24]

×The Claim: Condoms are not effective in preventing the transmission of HIV and other STIs.

✓The Facts: *Condoms are a highly effective public health tool in the fight against HIV infection.* A study of HIV-serodiscordant couples in Europe (where one person is HIV-infected and his/her partner is not) found ***no*** HIV transmission to the uninfected partner among any of the 124 couples who used a condom at every act of sexual intercourse. Among those couples that were inconsistent users of condoms, 12 percent of the uninfected partners became infected with HIV.[25] The 2001 report from NIH also confirmed that condoms are very effective in affording protection against HIV. An NIH review of laboratory studies showed that condoms afford good protection against discharge diseases, such as gonorrhea, chlamydia, and trichomoniasis.[23] Since half of all sexually transmitted infections (estimated at 18.9 million annually) occur in people under age 25, downplaying condoms' effectiveness is both illogical and dangerous.[26]

×The Claim: Contraception is unreliable and ineffective.

✓The Facts: When used consistently and correctly, contraception can be extremely effective at preventing unwanted pregnancies. While a typical woman who uses no method of contraception has an 85 percent chance of becoming pregnant in one year, women who regularly use contraception have a much lower chance of pregnancy. Failure rates for various contraceptive methods range from .05 percent over a year for the contraceptive implant (Implanon), to three percent for Depo-Provera ("the shot"), and eight percent for the patch, ring, and birth control pills, up to 16 percent for the diaphragm, and 29 percent for spermicides used alone (without a condom or other method).[21]

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2000 M Street, NW, Suite 750 • Washington, DC 20036 USA • Phone: 202.419.3420 • Fax: 202.419.1448 • www.advocatesforyouth.org