

Myths and Facts About Comprehensive Sex Education

Research Contradicts Misinformation and Distortions

Comprehensive sexuality education programs are based on the idea that young people have the right to be informed about their sexuality and to make responsible decisions about their sexual and reproductive health. Despite demonstrating the ability to help youth delay the onset of sexual activity, reduce frequency and number of sexual partners, and increase condom and contraceptive use, such programs continue to come under attack by supporters of abstinence-only education. With much misinformation being propagated about comprehensive sexuality education, it is time to put the debate to rest and debunk some of the more common myths about comprehensive sexuality education.

MYTH Comprehensive sexuality education encourages youth to have sex.^{1,2}

FACT Research clearly demonstrates that comprehensive sexuality education programs can help young people delay sexual initiation.³⁻⁹

Numerous studies in peer reviewed literature, including a comprehensive study by the World Health Organization, have demonstrated that sex education programs that teach young people about both abstinence and contraception do not increase sexual activity nor lead youth to engage in sex at an earlier age.^{3,4,5,6}

In fact, rigorous evaluations of comprehensive sexuality education programs have shown that these programs can help young people to delay sexual initiation. For those who have already had sex, these programs have been shown to be effective in reducing the frequency of sexual intercourse and the number of sexual partners and in helping young people to use condoms and/or contraception more consistently.^{7,8,9}

MYTH Comprehensive sexuality education programs undermine parental/family authority.¹⁰

FACT Multiple polls indicate that an overwhelming majority of parents support the provision of comprehensive sexuality education in schools.¹¹⁻¹⁶

According to the United Nations Educational, Scientific and Cultural Organization (UNESCO), “the role of governments through ministries of education, schools and teachers is to support and complement the role of parents by providing a

safe and supportive learning environment and the tools and materials to deliver good quality sexuality education.”¹¹

Several studies have found that parents support comprehensive sexuality education and believe young people should be provided accurate information regarding sex.^{12,13,14} For example, a survey conducted by the Kennedy School of Government, Kaiser Family Foundation, and NPR found that over 90 percent of parents of middle school and high school students believe it is important to have age-appropriate sexuality education as part of the school curriculum.¹⁵

Additionally, a study was conducted in Lesotho which aimed to identify the views of young people, parents, and teachers regarding sex education. The majority of parents surveyed felt that sex education taught in schools would be beneficial and of a higher quality than parents themselves could offer their children.¹⁶

MYTH Comprehensive sexuality education disregards values and morals.¹⁷

FACT Comprehensive sexuality education incorporates values and cultural sensitivity.^{1, 11}

Quality comprehensive sexuality education supports a rights-based approach in which values such as respect, acceptance, tolerance, equality, empathy, and reciprocity are inextricably linked to universally agreed human rights. Comprehensive sex education also provides young people with the opportunity to explore and define their individual values as well as those of their families and communities.¹¹

MYTH Comprehensive sexuality education teaches the mechanics of sex to young children.¹⁸

FACT Comprehensive sexuality education provides age- and developmentally-appropriate information and skills to help young people delay sexual initiation and to protect themselves when they do become sexually active.^{5,7,11}

Comprehensive sexuality education is designed to be age- and developmentally-appropriate. Topics covered vary by grade and are planned and sequential to build young people’s knowledge and skills as they mature.

For example, in kindergarten through second grade, students learn about family structure, the proper names for body parts and what to do if someone touches them inappropriately. In grades three through five, students learn about puberty and the changes they can expect in their bodies. They also begin to receive age-appropriate information about HIV, including that the virus is not transmitted through casual contact. Sixth through eighth grade students receive information on relationships, decision-making, assertiveness, and skill building to resist social/peer pressure. Abstinence is emphasized and concepts of disease and pregnancy prevention are introduced in the latter grades. Students in secondary school are provided more complete information about sexually transmitted infections and pregnancy, abstinence, and contraception and condoms. Students learn about relationships, develop healthy communication and responsible decision-making skills.^{5,7,11}

No comprehensive sexuality program provides information on how to have sex.

MYTH Comprehensive sexuality education programs do not promote abstinence.¹⁹

FACT Evaluation of 23 comprehensive sexuality education programs showed that 14 were successful at helping young people to delay sexual initiation.

Comprehensive sexuality education programs emphasize abstinence as the best and most effective method of avoiding STIs, HIV, and unintended pregnancy. They also provide young people with information about contraception and condoms to help them protect their health and lives when they do become sexually active. Research shows that these programs are more effective at helping young people delay sexual initiation than abstinence-only programs. In fact, a five-year study mandated by the U.S. Congress of abstinence-only-until-marriage programs demonstrated that abstinence-only programs have no impact on young people's sexual behavior.²³ Further, a large study in the U.S. found that abstinence-only programs did not help teens delay sexual intercourse.³

MYTH Abstinence-only-until-marriage programs work.²²

FACT A five-year study mandated by the U.S. Congress determined that abstinence-only-until-marriage programs were not effective.²³

In 2007, the Mathematica Policy Research Institute conducted a federally-funded evaluation of the U.S. Title V abstinence-only-until-marriage programs. The evaluation found no evidence that programs increased rates of abstinence in students.²³ In fact, students in these programs had a similar age of first sexual activity as those not in the program.²³

Research on virginity pledges has found that although young people who make such pledges may delay sexual initiation, they are one third less likely to use contraception when they do engage in sexual activity. Additionally, rates of sexually transmitted infections were found to be the same among those students who committed to a virginity pledge versus their peers who had not.³⁴

In addition, according to the United Nations Special Rapporteur report on the right to education, abstinence-only programs marginalize young people who are already engaged in sexual relationships. Such programs, including abstinence until marriage, do not foster informed and responsible decision-making. Rather, these programs normalize stereotypes and promote images that are discriminatory because they are based on heteronormativity; by denying the existence of the lesbian, gay, transsexual, transgender and bisexual population, they expose these groups to risky and discriminatory practices.²⁴

MYTH Condoms are not effective.²⁵

FACT According to the U.S. Centers for Disease Control and Prevention, condoms are highly effective in preventing HIV and very effective in preventing most STIs, when used consistently and correctly.²⁶

According to the U.S. Centers for Diseases Control and Prevention (CDC), when used consistently and correctly, condoms are highly effective in preventing the sexual transmission of HIV; reduce the transmission of gonorrhea and Chlamydia; are effective protection against pregnancy; and reduce the risk of HPV when the affected area is covered.²⁶

In one year, only two out of every 100 U.S. couples who use condoms consistently and correctly will experience an unintended pregnancy. This means that two pregnancies will result from an estimated 8,300 acts of sexual intercourse, which is a 0.02% per-condom pregnancy rate.²⁷

In a statement made by UNAIDS, UNFPA, and WHO, the male latex condom was deemed the single, most effective, available technology to reduce the sexual transmission of HIV and other sexually transmitted infections.²⁸

Furthermore, a recent study of declining HIV prevalence in Uganda found no evidence that abstinence or monogamy had contributed to the decline. Findings identified the increased use of condoms in casual relationships as important in Uganda's declining HIV infection rates.³

MYTH Comprehensive sexuality education programs are used as a tool to control population growth.^{29,30}

FACT Comprehensive sexuality education provides women and families with access to vital sexual and reproductive health information so they can voluntarily decide the size and spacing of their families.³¹⁻³³

Comprehensive sexuality education affirms the right of couples and individuals to voluntarily decide the size and spacing of their families. In developing countries, more than 215 million women are not using modern contraception.³¹

The largest generation of adolescents in history is entering sexual and reproductive life, therefore, access to sexual and reproductive health information, family planning services, and commodities are essential.³² During the 2011 annual review session of the Commission on Population and Development, the UN General Assembly recognized the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so.³³

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