



ABSTINENCE ONLY EDUCATION: MISSING SOMETHING

Sixteen-year-old Sarah and boyfriend Jake don't use condoms when they have sex. Jake told Sarah that "it's stupid" to wear condoms because he "heard that they don't work." Because Jake gets all his information about sex from his friends, he doesn't know that the 12-15 percent failure rate of condoms is due to not knowing how to correctly use a condom. Now, Sarah is five months pregnant.

In another city in the United States, Maggie, 17, thinks she isn't ready for "real" sex — so she engages in oral sex with her boyfriend. She doesn't know that STDs can be orally transmitted. Today, Maggie found out that she has gonorrhea.

Jenny, 15, took one birth-control pill before having sex because she thought one was enough to be safe. She was wrong, and now she's pregnant.

All these mistakes and others like them that occur daily, across the United States, could easily have been prevented. These young people are among the one-third of American teens who get no real education about contraceptives — a proportion that's grown dramatically over the past ten years.

Even those young people who do receive formal education about contraceptives often get it too late — after they've become sexually active.

Corresponding with steady increases in federal funding for abstinence-only

programs, the proportion of teens who currently receive only information about abstinence has more than doubled.

According to a report published in the Archives of Pediatrics & Adolescent Medicine, 82 percent of the public favor comprehensive sex education programs in schools. The federal government is clearly out of step, not only with research that demonstrates abstinence-only programs don't work, but also with public opinion.

The United States has the highest rates of teenage pregnancy and births in the Western industrialized world. According to a recent study by the Guttmacher Institute, 31 percent of young women become pregnant at least once before they turn 20. Eight in ten of these pregnancies are unintended and 81 percent are by unmarried teens. American teens aren't more sexually active than their European counterparts. They are, however, far more likely to become pregnant.

One difference is the focus on abstinence-only programs in the United States. The problems with such a focus are many:

INACCURATE AND INCOMPLETE

A number of recent reports from numerous sources have found that federally funded abstinence-only programs are rife with inaccuracies and trite slogans. Many programs portray offensive, outdated gender stereotypes as scientific fact,

grossly exaggerate contraceptive failure rates, and give incorrect information about how sexually transmitted diseases, including HIV, are spread.

One curriculum receiving federal funds compares the use of condoms to a game of Russian Roulette — implying not only that condoms have a high failure rate (they don't), but also that condom use can lead to death. Another claims that contraceptive use leads to "the loneliness, frustration and emptiness of our young people." And yet another tells people that "men tend to be more tuned in to what is happening today and what needs to be done for the future," while women in the work force are "not as concerned" about preparing for the future.

The General Accounting Office has highlighted the fact that the federal agency responsible for doling out hundreds of millions of dollars each year to these programs has no system in place to ensure that the information in these programs is accurate.

Research has found that young people in some of these programs are far less likely to use contraceptives when they become sexually active.

The federal law governing abstinence-only programs prohibits the inclusion of any information about the benefits of contraceptives in preventing unwanted pregnancy and the spread of disease. Indeed, the only mention of contraceptives is in a negative context. But, in the real world, abstinence almost always fails; some 88 percent of young people who take a "virginity pledge" to delay sex until marriage break that pledge. And because they have never been given complete, accurate information about other ways to protect themselves from an unwanted

pregnancy or a sexually transmitted disease, they are far less likely to use a condom or other contraceptive than their non-pledging peers.

ABSTINENCE-ONLY PROGRAMS ARE INEFFECTIVE

Even after more than a decade and a billion dollars of taxpayer money, there is no study that shows that abstinence-only programs are effective in reducing teen pregnancy. Indeed, a number of evaluations of federally funded programs show exactly the opposite — that they are a colossal waste of money, or worse, that they actually do

harm. When the Commonwealth of Pennsylvania examined federally funded abstinence-only programs in that state, it found that “taken as a whole, this initiative was largely ineffective in reducing sexual onset and promoting attitudes and skills consistent with sexual abstinence.” A survey of programs in Texas discovered that the percentage of students reporting having ever engaged in sexual intercourse increased for nearly all ages between 13 and 17. An evaluation of one program in Minnesota found that the number of participants who were sexually active doubled in just one year.

The failure of abstinence-only is one reason that several states have refused to participate in a federal program that provides some \$50 million to state governments for very restrictive abstinence-only efforts.

COMPREHENSIVE SEX EDUCATION WORKS

In the last decade the teen birthrate in California has dropped by more than 46 percent, the steepest decline of any state. The decline is attributed to state and private funding for teen pregnancy prevention programs, including comprehensive sex education and the state’s refusal to accept federal “abstinence-only” education funds.

This matches a long record of evidence that responsible sex education including information about abstinence and contraceptives is successful in both preventing teen pregnancy and helping young people delay the start of sexual activity. In 2001, for example, a report by the U.S. Surgeon General noted that comprehensive programs had a large body of evidence indicating success in delaying the initiation of sex. In addition, a recent study by Family Health International found that comprehensive programs were much more effective in delaying the initiation of sexual activity. In fact, not one abstinence-only program being evaluated showed any effectiveness in actually increasing abstinence.

The evidence is clear; it’s time to get real about sex education in this country.

THE RESPONSIBLE EDUCATION ABOUT LIFE (REAL) ACT

The REAL act would create a federally-sponsored grant program allocating \$206 million annually over five years, for states to provide comprehensive sex education programs in schools. Comprehensive sex education curricula include information on abstinence and contraception, as well as helping young people develop strong relationship and negotiation skills

WHY THE REAL ACT IS NECESSARY

- Research demonstrates that a comprehensive approach to sex education is the best way to prevent pregnancy and STI transmission.
- The rates of teenage pregnancy and STI transmission show that American teens do not have the information they need to lead healthy lives.
- There is currently no federal funding for comprehensive sex education.

SUPPORT FOR REAL

- Over 125 professional organizations support the REAL Act, including medical health professionals, and reproductive rights service providers.
- Americans overwhelmingly support comprehensive sex education. A recent poll shows 94 percent of Americans believe young people should be taught about pregnancy prevention and contraception.

Prepared by Michelle Zenarosa, Winter 2007. Population Connection is America’s largest grassroots group advocating for progressive action to stabilize world population at a level that can be sustained by the Earth’s resources.