

Correcting Misinformation in the Sex Ed Debate

Critics attack Abstinence Education through the deliberate use of misinformation. These attacks may be posed in the form of questions. This document provides factual responses to the most frequently asked questions regarding abstinence education.

Question: Why should abstinence-centered education funding continue when there is no evidence that it works?

Response: Despite what you may read in the newspapers, there is a growing body of research that confirms that abstinence-centered education decreases sexual initiation, increases abstinent behavior among sexually experienced teens, and/or decreases the number of partners among sexually experienced teens.¹ And if individuals do initiate sex after being in an abstinence-centered program, they are no less likely to use condoms than anyone else.² Researchers acknowledge that it takes about a decade before a new program or strategy begins having positive published research. Abstinence-centered education has received widespread federal funding for little more than a decade, but there is already promising research to show what most people intuitively know – abstinence works!

Question: Isn't "abstinence only" really a "just say no" message?

Response: No – on both counts. Abstinence-centered education, as funded by Congress, has nothing to do with "only" and the message is decidedly more inclusive than "just say no." The term, "abstinence only" is strategically attached to this funding by opponents to create the false perception that abstinence-centered education is a narrow and unrealistic approach. Abstinence education is overwhelmingly more comprehensive and holistic than other approaches and focuses on the real-life struggles that teens face as they navigate through the difficult adolescent years.

Abstinence-centered education realizes that "having sex" can potentially affect not only the sex organs of teens but also, as research shows, can have emotional, psychological, social, economic, and educational consequences. That's why topics frequently discussed in an abstinence education class include how to identify a healthy relationship, how to avoid or get out of a dangerous, unhealthy, or abusive relationship, developing skills to make good decisions, setting goals for the future and taking realistic steps to reach them, understanding and avoiding STDs, information about contraceptives and their effectiveness against pregnancy and STDs, practical ways to avoid inappropriate sexual advances, and why abstinence until marriage is optimal. So, within an abstinence education program, teens receive all the information they need in order to make healthy choices. That's a

lot of information and skills packed into an abstinence curriculum! And all of these topics are taught within the context of why abstinence is the best choice. There's nothing "only" about the abstinence approach!

Question: But I thought that students in an abstinence class couldn't receive information about condoms and contraception!

Response: Not true! Abstinence classes can explain the various contraceptive choices and how they can reduce the risk of acquiring STDs or getting pregnant. This discussion, however, always stresses the best health choice of abstinence as the only way to prevent all risk. Many so-called comprehensive sex ed curricula mislead students by providing humanly-impossible "perfect use" protection rates for condoms, which give students a false sense of security. By contrast, abstinence programs give students the real-life protection rates that a condom offers. A recent national poll of parents demonstrated that 90% want their children to know about the risks associated with casual sex and the limitations of contraception. They want their children to learn about condoms and contraception in the manner provided in an abstinence education class.³ It is also interesting to note that students who have been a part of an abstinence class are no less likely to use a condom if they become sexually active.⁴

Question: Then how does abstinence-centered education differ from so-called "comprehensive sex education" (CSE)?

Response: There are vast differences between abstinence education and CSE. The major distinction is how each approach regards teens. Abstinence-centered education believes teens can and increasingly do, avoid sex.⁵ So the discussion empowers them to make the healthiest sexual decision – which is to abstain, regardless of their previous sexual experience. By contrast, CSE assumes that teens don't have the ability to avoid sexual experimentation; so much of their time is spent talking about sex and the use of condoms and other forms of contraception.⁶

Abstinence curricula discuss many topics that confront teens, always within the context of why abstaining is the best choice, but the same is not true with most CSE texts. While the most frequently used and recommended CSE curricula may include the word or concept of 'abstinence' in their texts, the concept rarely

warrants anything more than a passing mention. In fact, a review of CSE curricula show that, on average, about 5% of their time is devoted to the abstinence message,⁷ and rather than clear guidance, the definition of abstinence is often subjectively defined by the student. One popular “abstinence plus” text promoted by comprehensive sex ed providers, asks students to brainstorm “what sexual behaviors a person could engage in and still be ‘abstinent’”⁸ and such suggested activities as “cuddling with no clothes on,” “masturbating with a partner,” “rubbing bodies together,” and “touching a partner’s genitals” are given as possible abstinent behaviors.⁹ Students are sent nondirective and confusing definitions for abstinence that are filled with risk and predictably, the discussion quickly moves to “the endless possibilities of outercourse”¹⁰ and “making the transition from sexual abstinence.”¹¹ Alarmingly, CSE curricula present abstinence and condom use as equally “safe” options, promoting dangerous and medically inaccurate information to teens. (Read *Straight From the Source* for a more exhaustive discussion of the content of popular CSE texts.)

So, the focus of abstinence-centered education is to empower teens to avoid risk by making good health decisions, regardless of their sexual history, in contrast to so-called comprehensive sex education that sets the bar much lower, assuming teens will engage in high risk sexual behavior and focusing merely on reducing the risk of that behavior.

Question: What is the priority in federal funding for sex education?

Response: Funding to promote contraceptives and “safe sex” education among teens receives about 16 times the funding as abstinence-centered education.¹² In addition, CSE has received funding since the 1970s, while significant funding for abstinence education did not begin until 1998. So cumulative comparisons between the two approaches are overwhelmingly in favor of CSE funds.¹³ Despite this funding disparity, abstinence education fits soundly within the public health model for prevention and risk avoidance. And with a growing body of research showing its effectiveness, continued funding is not only warranted but also highly advisable to impact and improve teen health in America.

Question: Is it true that most schools teach abstinence-centered education true?

Response: While there are increasing numbers of schools that teach abstinence education, the majority of schools still focus on reducing the risk of sex through birth control instruction,¹⁴ rather than the risk avoidance skill-building message of abstinence. In 1995, only 8% of schools taught abstinence education

but 84% taught birth control instruction.¹⁵ In 2002, 22% taught abstinence-centered education, and 68% taught birth control instruction. Information only up to the year 2002 is available, but this data indicates that fewer than 1 in 4 students across America are receiving abstinence education. At least in part because of unequal federal funding between both initiatives, more than two-thirds of all teens receive so-called comprehensive sex education, a message that assumes that teens will have sex. The recent increase in federal funding for “comprehensive” sex education, together with the decrease in funding for abstinence-centered education, will likely make the educational disparity even more pronounced and detrimental to the overall sexual health of America’s youth.

Question: Does the abstinence message have any relevance for teens that are sexually active?

Response: Absolutely! Sexually experienced teens receive the skills and positive empowerment to make healthier choices in the future as a result of abstinence-centered education. A recently published study shows that the abstinence message is especially relevant for sexually experienced teens. Those enrolled in an abstinence-centered program were much more likely to choose to abstain than their sexually experienced peers who did not receive abstinence education.¹⁶ Among teens that have had sex, 55% of boys and 72% of girls wish they had waited.¹⁷ The abstinence message charts the only practical approach away from high-risk behavior and toward a decision that removes future risk for that teen.

Question: Why does abstinence-centered education oppose medical accuracy?

Response: NAEA strongly believes that all youth serving organizations should provide accurate information to teens, regardless of the funding stream. That means that organizations receiving federal funds for pregnancy prevention, HIV/AIDS prevention, and all other programs, including abstinence education, should be held to the same standards of accountability. Abstinence organizations share this commitment to accuracy.

While ideologically motivated individuals and organizations have tried to assert that inaccurate statements characterize abstinence-centered education, this is simply not true. For example, the 2004 report, *The Content of Federally Funded Abstinence-Only Education Programs*, commissioned by Rep. Henry Waxman and compiled, primarily, by special interest groups who are historic opponents to abstinence, relied upon misrepresentation, distortion, and error rather than an honest appraisal of abstinence education curricula.¹⁸

Most reports on “medical accuracy” fail to note that CSE curricula regularly overstate the effectiveness of condoms, underestimate the risk of certain sexual activities, and infer that sex can be made safe and without consequences as long as a condom is used.¹⁹ One widely used text even warns facilitators not to mention any limitations on condom effectiveness to students.²⁰

Abstinence-centered education continues its commitment to provide accurate information to teens so that they are fully equipped to make the best decisions for their sexual health.

Question: Why should the government fund religiously-based abstinence education? Isn't that a separation of church and state conflict?

Response: The curricular content of abstinence-centered education programs funded by the federal government is consistent with the public health prevention model for risk avoidance. In terms of general public health policy, the best health outcomes are made possible by the best positive health behavior messaging. Abstinence-centered education follows this model, while all other approaches offer a message that still leave youth at risk for some of the consequences of sexual activity. Abstinence education provides all the information necessary for teens to make the best choice for their sexual health. The fact that the world's major religions support abstinence until marriage does not disqualify abstinence as an important public health message. While the abstinence until marriage message often converges with religious belief, it does not promote religious belief, but stands alone as a crucial, primary health message.

Question: With most people having sex before marriage, isn't the “abstinence until marriage” message unrealistic?

Response: The fact that many individuals have sex before marriage and more than 40% of all births are outside of marriage does not diminish the benefits of waiting to have children until marriage, nor does it mean we should abandon the goal of changing the cultural norm for this behavior. In fact, historically, if a cultural behavior or norm is in conflict with the desired outcome, efforts are redoubled, not abandoned. For example, a generation ago, smoking was a desired, normative behavior, but today smoking is almost universally viewed as undesirable and unhealthy - proof that cultural and social norms can and do change. Similarly, although growing numbers of Americans are overweight, efforts to encourage exercise and healthy eating habits have increasingly become public health priority messages. We do not capitulate our highest public health standards based on the unhealthy choices of a majority, but on standards that promote optimal health outcomes in the population.

Overwhelming social science data reveals that children who are born within a committed married relationship fare better economically, socially, physically, and psychologically.²¹ In terms of child outcomes, the facts are clear – waiting until after marriage to have children is indisputably in the child's best interest. Further, most teens are not sexually active and more and more teens are choosing to be abstinent, proving that the message of abstinence increasingly resonates with youth.²² Amplified efforts to link the personal benefits of abstinence with the positive effects for children born from a marital union are warranted and necessary if positive changes in cultural norms are to be realized.

Question: I've heard that most parents want their children to receive “comprehensive sex education” rather than “abstinence education.” Isn't abstinence education out of touch with what parents want their children to be taught?

Response: A study posted to the U.S. Dept of Health and Human services website in August 2010 showed that 70% parents and more than 60% teens believe that sex should be reserved for marriage.²³ Abstinence-centered education is the only sex education approach that provides youth the skills to reach this goal. Additionally, when parents understand the differences between CSE and abstinence curricula, they prefer abstinence education to so-called comprehensive sex education by a 2:1 margin.²⁴ Only surveys that provide incomplete or erroneous information show a result different from these findings.

Parents across all ideological, political, and demographic boundaries want what is best for their children and in terms of sexual health, the favored approach is abstinence-centered education.

- ¹ National Abstinence Education Association. (2010, February). *Abstinence Works. A compilation of independent, peer reviewed abstinence-centered research that details numerous studies showing positive behavioral impact among students who participate in abstinence education classes.*
- ² Ibid., Trenholm, Christopher, et al. (2007, April). *Impacts of Four Title V, Section 510 Abstinence Education Programs.* Princeton, NJ: Mathematica Policy Research, Inc.
- ³ Zogby International Poll. (2007). commissioned by NAEA
- ⁴ Jemmott, J.B., Jemmott L.S., Fong G.T. (2010). *Efficacy of a theory based abstinence only intervention over 24 months.* Arch Pediatr Adolesc Med.; 164(2):152-159;
- Trenholm, C., Devaney, B., Fortson, K., Quay, L., Wheeler, J., & Clark, M. (2007, April). *Impacts of Four Title V, Section 510 Abstinence Education Programs.* Mathematica Policy Research, Inc. Retrieved from <http://www.mathematica-mpr.com/publications/PDFs/impactabstinenceES.pdf>
- Kirby, Douglas. (2007, November). *Emerging Answers Research Findings on Programs to Reduce Teen Pregnancy.* Retrieved from <http://search.thenationalcampaign.org/?index=433175&query=kirby&image.x=3&image.y=12&image=Search>
- ⁵ Center for Disease Control and Prevention. (2009). *Trends in the prevalence of sexual behavior.* National YRBS: 1991-2009. Retrieved from <http://www.cdc.gov/HealthyYouth/yrbs/trends.htm>.
- ⁶ US Department of Health and Human Services & the Administration for Children and Families (2007, May). *Review of Comprehensive Sex Education Curricula.*
- Martin, S & Pardue M. (2004, August 10). *Comprehensive Sex Education vs. Authentic Abstinence: A Study of Competing Curricula.* Heritage Foundation.
- ⁷ Ibid.
- ⁸ Taverner, B, Montfort, S. (2005). *Making Sense of Abstinence.* Planned Parenthood of Greater Northern New Jersey. 4.
- ⁹ Ibid, p 5.
- ¹⁰ Ibid, p 62.
- ¹¹ Ibid, p 125.
- ¹² US Department of Health and Human Services (2008, Dec. 16) *Funding for Abstinence Education, Education for Teen Pregnancy and HIV/STD Prevention, and Other Programs that Address Adolescent Sexual Activity. This report calculates annual spending for contraceptive-centered education at \$609 million. Additional spending in FY2010 has increased this total. Presently, \$110 million is designated for Teen Pregnancy Prevention funding and \$75 million for PREP state block grant funding. Neither of these funding sources mandates any priority to abstinence education. The single funding stream available for abstinence education is \$50 million in Title V state block grant funding. Therefore, the comparison is \$794 million for contraceptive-centered education vs. \$50 million for abstinence-centered education – an almost 16:1 disparity.*
- ¹³ US Department of Health and Human Services & Office of Population Affairs. (1970) Title X Family Planning program. "Population Research and Voluntary Family Planning Programs": Public Law 91-572. Retrieved from <http://www.hhs.gov/opa/familyplanning/index.html>
- Title X family planning funding began in 1971 and block grants for abstinence education through Title V did not begin until 1998. Although Title X monies are also used for services other than sex education, this funding is significant because it provided the first noteworthy federally funded contraceptive-centered education for teens.*
- ¹⁴ Lindberg, LD., Santelli, JS., Singh S. (2006, December). *Perspec Sex Reprod Health*, 38(4), 182-9.
- ¹⁵ Ibid.
- ¹⁶ Borawski, Trapl, Lovegreen, et al. (2005). Effectiveness of abstinence-only intervention in middle school teens. *American Journal Health Behavior.*
- ¹⁷ *With One Voice: America's Adults and Teens Sound Off about Teen Pregnancy.* (2007). The National Campaign to Prevent Teen and Unplanned Pregnancy. Retrieved from <http://www.teenpregnancy.org/resources/data/polling.asp>.
- ¹⁸ US House of Representatives Committee on Government Reform. (2006, October). *Abstinence and its Critics.* Retrieved from <http://www.abstinenceworks.org/images/stories/pdfs/abstinence%20and%20its%20critics-mark%20souder.pdf>
- ¹⁹ *Straight from the Source: What so called 'comprehensive' sex education teaches to America's youth.* (2007, June). NAEA - National Abstinence Education Association. Retrieved from http://www.abstinenceassociation.org/docs/NAEA-Straight_from_the_Source.pdf - *For more information on the inaccuracies in CSE texts, consult the May 2007 report, Review of Comprehensive Sex Education Curricula produced by the US Department of Health and Human Services and available at http://www.abstinenceassociation.org/newsroom/pr_061307_hhs_report_comprehensive.html*
- ²⁰ Jemmott, L., Jemmott, J., McCaffre, K. (2005). *Making a Difference!* NY: Select Media Inc., 75.
- ²¹ Why Marriage Matters. (2005, September). *Second Edition: Twenty-Six Conclusions from the Social Sciences.*
- Moore, Kristin Anderson., Jekielek, Susan M., Bronte-Tinkew, Jacinta. Guzman, Lina., Ryan, Suzanne., & Redd, Zakia. (2004, September). *What Is a Healthy Marriage?*
- Waite, L., & Gallagher, M. (2000). *The Case for Marriage.* NY: Broadway Books
- ²² Center for Disease Control and Prevention. (2009). *Trends in the prevalence of sexual behavior.* National YRBS: 1991-2009. Retrieved from <http://www.cdc.gov/HealthyYouth/yrbs/trends.htm>.
- ²³ US Department of Health and Human Services. (2009, February 26). *The National Survey of Adolescents and Their Parents: Attitudes and Opinions about Sex and Abstinence.* Project #60005. Olsho, L., Cohen, J., Walker, D.K., Johnson, A., & Locke, G.: Washington, D.C. Retrieved from http://www.acf.hhs.gov/programs/fysb/content/docs/20090226_abstinence.pdf
- ²⁴ Zogby International. (2007, May). *Survey of Nationwide Parents of Children Age 10-16 3/27/07 thru 4/5/07.* Retrieved from http://www.abstinenceassociation.org/docs/zogby_questionnaire_050207.pdf