

Abstinence-Only Education?

Is it really effective?

Interviewed by Joshua H. Silavent

About the Participants:



James Wagoner has been president of Advocates for Youth, the leading national organization on adolescent reproductive and sexual health program and policy, since September 1997. A respected public policy expert, Wagoner is a frequent speaker on the issues of comprehensive sex education, HIV prevention and teen pregnancy prevention. At Advocates for Youth, Wagoner spearheads a national "Rights, Respect, Responsibility" campaign aimed at shifting the social paradigm of adolescent sexual health to one that views sexuality as normal and healthy, and young people as partners in prevention.



Valerie Huber serves as executive director for the National Abstinence Education Association (NAEA). In that role she dedicates herself to the promotion of abstinence education as a vital primary prevention message for teens. Prior to her position with NAEA, Valerie was Title V Coordinator and Abstinence Manager for the state of Ohio, where she provided oversight and policy guidelines for all state-funded abstinence programs. She is interested in research and public policy surrounding this issue, and is a frequent presenter and spokesperson for abstinence education.

While abstinence-only sex education emerged in the nation's public schools in the late 1990s, the controversial policy began in earnest as part of the Bush administration's conservative social agenda. Now, the federal government spends \$176 million annually on abstinence-only programs. Critics have charged that these programs misrepresent medical information concerning the effectiveness of contraceptive use and persist in defying the realities of sexual activity in teenagers. Proponents, however, are concerned that alternatives to abstinence education tend to encourage sexual activity in youth while downplaying negative public health and societal ramifications. Research has been conducted that, at least in part, supports both arguments. The validity of these studies is subject to those doing the scrutinizing.

This month in *Atlanta Life*, James Wagoner, president of Advocates for Youth, and Valerie Huber, executive director of the National Abstinence Education Association, debate the effectiveness of abstinence education versus a comprehensive approach. Let us know what you think by visiting the Web edition of this article online at www.atlantailifemag.com.

A 2007 congressional study found that middle school students who took part in an abstinence-only sex educational program were no more likely to have abstained from sexual relations than students who did not participate. Moreover, students with abstinence-only education became sexually active at the same median age as students without participation in any program, and shared a similar numbers of partners. The

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American Medical Association, American Academy of Pediatrics and American Public Health Association—among many prominent organizations—oppose abstinence-only sex education. Why do you think the federal government continues to only fund abstinence-only sex education in light of these facts?

WAGONER: The more than \$1.5 billion in public funds that has been spent on these ineffective abstinence-only-until-marriage programs represents the biggest political boondoggle in history. When conservative Republicans were in control of Congress, they funded these programs to appease their ideological, conservative base.

Democrats, who now control Congress, continue to fund the programs. Why? The only reason they have not cut off funding for these failed programs is because they don't have the political backbone to do what they know is right. They are so busy trying to hold onto their job that they are not actually doing their job.

The tragedy in all this is not simply the waste of taxpayer dollars, which this clearly is, but it is the damage done to the young people who have been on the receiving end of distorted, inaccurate information about condoms and birth control. Democrats are now officially on record as promoting ignorance in the era of AIDS. That's not just bad public health policy, it's also bad ethics and bad leadership.

HUBER: Only those who employ “selective science” can make the claims stated in the question. A look at the whole body of research, however, paints a much different picture. Researchers suggest that it takes about a decade for any program to begin to show empirical evidence of success. Widespread funding for abstinence education is just approaching that 10-year mark, yet already, published research as recent as 2008 shows that those engaged in an abstinence education program are about half as likely to initiate sex as their peers; sexually experienced teens are more likely to choose to become abstinent again; and those who do go on to be sexually active after being in an abstinence class have fewer partners and are no less likely to use a condom than their peers. So there are very persuasive reasons for this approach to continue.

Editor's note: For details of the congressional report cited in the question, visit www.mathematica-mpr.com/publications/PDFs/impactabstinence.pdf

Comprehensive sex education teaches abstinence along with contraception and medically accurate information. Critics, however, have suggested that it encourages teen sex by dismissing the value and morality of limiting sexual relations within the bounds of marriage. Do you think this position is accurate and viable, or is it an ideal that is unrealistic in modern times? Why or why not?

Research shows that teenagers who receive comprehensive sex education that includes discussion on abstinence and contraception are more likely than those who receive abstinence-only messages to delay sexual initiation, to use contraception when they do become sexually active and to have fewer partners.

- Wagoner

A recent investigative study by the US Department of Health and Human Services (HHS) found that so-called “comprehensive sex education” texts focus on condom advocacy and demonstration skills for children, but contain very little emphasis on abstinence.

- Huber

WAGONER: We (Advocates For Youth) believe that providing young people with science-based, medically accurate information helps them to make responsible decisions about their sexual health. Schools and parents work in partnership to ensure that students receive both a values-based and science-based message about sexual activity.

Despite claims by proponents of abstinence-only programs, effective sex education includes information about both abstinence and contra-

ception, including condoms. Furthermore, research shows that teenagers who receive comprehensive sex education that includes discussion on abstinence and contraception are *more likely than those who receive abstinence-only messages to delay sexual initiation, to use contraception when they do become sexually active and to have fewer partners*. Research also conclusively shows that teaching young people about birth control does not increase sexual activity.

HUBER: A recent investigative study by the US Department of Health and Human Services (HHS) found that so-called “comprehensive sex education” texts focus on condom advocacy and demonstration skills for children, but contain very little emphasis on abstinence. These texts encourage sexual experimentation that place youth at risk for contracting sexually transmitted diseases as well as other potential consequences. The recent Centers for Disease Control report that shocked the nation by reporting that one in four teen girls have at least one sexually transmitted disease (STD) is revealing since the very activities encouraged in comprehensive texts are breeding grounds for the transmission of two of the four most prevalent STDs among teens. The HHS review also found that in addition to their narrow focus and explicit nature, these comprehensive texts also provide medically inaccurate information that send the message to teens that sexual experimentation is fun, expected and without consequence. Such information is harmful to youth.

By contrast, abstinence education is overwhelmingly more comprehensive and holistic than other approaches and focuses on the real-life struggles that teens face. It provides a strong antidote to a highly sexualized culture. That’s why skill-building topics frequently include identifying a healthy relationship, avoiding a dangerous or abusive relationship, developing decision-making skills, setting future goals, understanding STDs, information about contraceptives and their effectiveness against pregnancy and STDs, rejecting inappropriate sexual advances and why abstinence until marriage is optimal.

The national pregnancy rate of teens between the ages of 15 and 19 rose 3 percent in 2006. Meanwhile, 22 states have now backed out of federal funding for abstinence-only education. The reason: Congressional studies have shown the program to be ineffective in reducing birth rates, and some abstinence-only programs are known to distribute patently false medical information to students (for example, exaggerated failure rates of condoms, that abortion can lead to sterility or suicide, that touching a person’s genitals can result in pregnancy, and misleading information about the transmission of STDs). However, teen birth rates have declined significantly in Georgia (where abstinence-only education is standard) since 1994. Do you think Georgia’s abstinence-only program is an anomaly, or is it the model by

which other abstinence-only programs ought to be fashioned? Why or why not?

WAGONER: As people concerned with educating our children, we should not be withholding information that could save their lives. Under federal law, abstinence-only programs are prohibited from providing information about the health benefits of contraception and condoms in protecting young people against unwanted pregnancies and sexually transmitted diseases, including HIV.

Georgia currently has the eighth highest teen birth rate in the nation, with almost 18,000 teen births occurring each year. While the teen birth rate declined in the past decade, there was a 3 percent increase in 2006. Also, the teen pregnancy rate for African-American girls is almost twice the rate of Caucasians in the state. Over the past decade the pregnancy rate among Latino girls actually increased, while rates for other groups decreased.

While some abstinence-only programs may show limited success for a short amount of time among selected groups of young people, these programs should not be the basis for a national sexual health policy. It is unethical to continue to spend government funding on programs that withhold life-saving information from young people in the era of AIDS.

HUBER: Nationwide, more than two out of three teens receive contraceptive sex education but fewer than one in four receive abstinence education, so any rise in pregnancy rates calls into question the effectiveness of an approach that has gone relatively unchallenged for decades—comprehensive sex education. It is not unusual to see strong reactions from special interest groups who receive tremendous amounts of money for what appears to be a failed approach. States have been subject to an orchestrated misinformation campaign by ideological foes regarding abstinence education that defies the course content supported by most parents. Abstinence education neatly fits into the public health model for risk avoidance and provides accurate

information on the limited effectiveness of condom use in contrast to the total elimination of risk with abstinence. It is wrong that teens are duped into thinking that using a condom will make sex safe, particularly since two of the four most prevalent STDs can be easily transmitted even with the use of a condom. The sex education debate is an unnecessary war because teens deserve the skills and encouragement from parents, educators and policymakers that will help them protect their sexual health—and only abstinence provides that protection. ❖

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