

SEX EDUCATION AND PREGNANCY PREVENTION

Two purposes of sex education for school age children are to prevent unwanted pregnancies and to prevent sexually transmitted diseases. The Washington State Office of Public Instruction offers a goal for sex education (January 13, 2005):

Achieving healthy sexuality is a developmental process from birth to senior adulthood; so is learning about sexuality. In the early years, the foundation for mature adult sexuality is laid with such building blocks as healthy self-esteem, positive body image, good self-care, effective communications, respect for others, caring for family and friends, and a responsibility to community. As an individual matures, other essential elements are added such as understanding body changes, sexual intimacy and commitment; knowing and using health enhancing measures, such as health exams, abstinence and protection; and recognizing the joys and responsibilities of parenting...Evidence suggests that sex education programs that provide information about both abstinence and contraception can delay the onset of sexual activity in teenagers, reduce their number of sexual partners and increase contraceptive use when they become sexually active.

Why “abstinence only” does not fulfill the purpose of sex education

Young people deserve complete and accurate information about abstinence, pregnancy prevention, and sexually transmitted disease (STD /HIV) prevention. This kind of comprehensive, medically accurate sexuality education is becoming less common in the U.S. The Washington Post (2/2/04) stated that in December of 2004 the U.S. House released a report by Congressman Henry Waxman, evaluating federally funded abstinence programs. Over two-thirds of these programs contained false, misleading, or distorted information about reproductive health. The report also found that “many abstinence only curricula even go so far as to blur the line between religion and science.” It states these programs had no lasting positive effects on young people’s sexual behavior. What’s worse, when these young people do have sex, they are less likely to use condoms and other birth control. In a study from Yale and Columbia Universities, young people who sign abstinence pledges are more likely to take chances and perform other kinds of sexual acts, such as anal sex, that may increase the risk of STD’s.

Abstinence-only programs do not work.. When teens who receive these programs do become sexually active, they often fail to use condoms or other contraceptives. Eighty-eight percent of students who pledged virginity in middle and high school still engage in premarital sex. They are less likely to use contraception at first intercourse and they have similar rates of sexually transmitted infections as non-pledgers. A recent report published in the American Academy of Pediatrics (7/1/2005) stated “Youth who participated in programs that provided information about abstinence, condoms, and/or contraception; who were engaged in one-on-one discussions about their own behavior; who were given clear messages about sex and condom or contraceptive use; and who were provided condoms or contraceptives, have been found to increase consistent condom and contraception use without increasing sexual activity.”

The U.S. has the highest rate of teen pregnancy of any other developed country. Teen pregnancy rate is at least twice that in Canada, England, France, and Sweden, and 10 times more than the Netherlands. Access to comprehensive sexuality education, contraception, and condoms are

some of the reasons for this vast difference. California is the only state that has not accepted federal abstinence-only money, and over the last decade, teen pregnancy rate in California has dropped more than 40 %.

A 1997 consensus statement from the National Institutes of Health concluded that legislation discouraging condom use on the grounds that condoms are ineffective “places policy in direct conflict with science because it ignores overwhelming evidence...Abstinence-only programs cannot be justified in the face of effective programs and given the fact that we face an international emergency in the AIDS epidemic.”

A June 2005 Report on Abstinence-Only-Until-Marriage Programs in Ohio, Case Western Reserve University, School of Medicine, identified critical problems with a number of Ohio programs, with material evaluated that contains false and misleading information regarding sexual health and wellness.

SUMMARY

1. Sex education providing both abstinence and contraception information can delay the onset of sexual activity and reduce teen pregnancy.
2. “Abstinence-only” programs are much less effective than comprehensive programs that include contraception information
3. Two-thirds of federally funded “abstinence-only” programs contain false, misleading, or distorted information.
4. Access to comprehensive sexuality education programs in other developed countries has resulted in teen pregnancy rates far lower than in the United States.

References:

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