

## Do Abstinence-only Sexual Educational Programs Stop Teens From Engaging in Sex?

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### About the author:

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### Introduction

In a perfect world, sexual education would be taught to all children by their parents, but in reality, many parents feel uncomfortable talking about sex and some lack the proper education to understand the information themselves. Instead, the sexual education curriculum is left up to government to decide and then it is up to the schools to carry out what is mandated. Within the United States, there has been much controversy about what is being taught to the students. Should the adolescent population be given the information in order to protect themselves from sexually transmitted infections (STIs) and unplanned pregnancies or should they only be taught to abstain from sexual activities altogether before marriage?

Comprehensive sexual education starts by talking about abstinence as the best choice for protection against STIs and pregnancies, but also includes information on contraception and different methods of avoiding STIs for those adolescents who choose not to abstain. These students are given the information in order to protect themselves in the event that they decide to perform sexual activities. The abstinence-only educational classes do not give students any information about contraception or protecting themselves. How can adolescents who choose to have sex be aware of the ways to protect themselves if the information is not being taught? The purpose of this paper is to discuss the lack of evidence there is that supports abstinence-only sexual education. The controversy over these two methods of teaching sexual education is extremely important in the health care system because in the United States, unplanned pregnancies and sexually transmitted infections are very prevalent among teenagers.

### Literature Review

In 1996, Congress passed the “Personal Responsibility and Work Opportunity Reconciliation Act”. This Act was designed to promote sexual abstinence outside of marriage and stated that it was the only acceptable standard in our society for those who were not married (Social Security Act, 1996). Hauser (2004) addressed that even after this law was passed, the United States is still leading other industrialized nations in the highest teen birth rates and also one of the highest rates of STIs. In 2002, 10 studies were completed about the impact of abstinence-only educational programs and it was concluded that “abstinence education programs for youth have been proven to be effective in reducing early sexual activity” (Rector, 2002, p. 9). In response to that statement, the “National Campaign to Prevent Teen Pregnancy” reviewed the 10 studies and stated that “nine of them failed to provide credible evidence that they delayed the initiation of sex or reduced the frequency of sex” (Kirby, 2002, p. 5). They also concluded that there is not one abstinence-only program that has produced results showing that these methods delay sex or reduce teen pregnancy.

In 2003 Dailard presented evidence at the annual American Psychological Society meeting showing that 60% of college students that had pledged to stay virgins until they were married during their middle or high school years had broken that vow. They found that 55% of those that claimed to have kept their pledge, admitted to having oral or anal sex. Even though they were not having vaginal sex, they were still at risk for contracting STIs, including HIV. When these adolescents do not understand how diseases are spread and are not taught how to protect themselves, this makes them vulnerable to contracting diseases.

Borawski, Trapl, Lovegreen, Colabianchi, and Block (2005) studied seven different schools in the Midwest that were initiating the abstinence-until-marriage curriculum. They were able to

follow 2069 students following the intervention. It was found that students that were sexually inexperienced before having the curriculum reported five months later that they were not intending on using a condom in the future. There was no significant reduction in both the inexperienced and experienced students' intentions of having sex in the near future. On the contrary, researchers found that adolescents who had already had a sexual experience before the intervention, reported having less partners and sexual experiences less often.

Bearman and Bruckman (2005) discussed the virginity pledge movement. This is one of the ten studies mentioned previously that both Rector and Kirby disagreed on. It was estimated that over 2.5 million adolescents had taken the pledge to stay a virgin until marriage. Adolescents between the ages of 12 to 18 years were more likely to wait an average of 18 months until their first sexual experience. Also, those that failed to stay abstinent were less likely to use contraception when they did have sexual intercourse for the first time. Adolescents who pledged were more likely to get married earlier. Of the married and pledged adolescents, 88% reported having sexual intercourse before marriage. The adolescents that pledged were less likely to see a doctor for concerns regarding STIs and less likely to get tested for STIs.

Now that it has been shown that there are specific studies reporting that abstinence-only sexual education are not successful in reducing the number of adolescents that wait to engage in sexual activities until after marriage, it is time to discuss another issue associated with this education plan. Has the government taken into consideration the opinions of parties involved? The beliefs of parents (being the taxpayers) and adolescents are not taken into consideration when the government mandates the curriculum. What do current studies say that parents want their children to be taught?

In 1996, Mayer discussed that it should be expected that the programs funded by the government reflect the wishes of the people in America, but that is not the case at all. In 1996, the number of Americans that supported schools having programs that taught sexuality was 92%. With the increased knowledge of STIs, HIV, and those resistant to medications, it would be likely that this percent was increased today. Ninety-two percent of Americans believed that the education should include contraception. Even if adolescents were not sexually active yet, 83% of Americans believed that they should still be educated on how to protect themselves in the event that they did become sexually active. What about those parents that do not want their children to be taught sexual education? Simply put by the *Journal of Public Health Policy*, “If parents do not wish their children to receive information about contraceptive about contraceptive use, they could simply have their child opt out” (Perrin & DeJoy, 2003, p. 450).

Ito et al. (2006) surveyed parental opinion of students in public schools in North Carolina. North Carolina is a state mandated by the state government to teach abstinence-only as its only form of sexual education. There were 1306 parents that took part in this study and they had students in grades K-12. Of the 91% that supported sexual education being taught in schools, 89% of this population was in favor of a more comprehensive sexuality education class. Ninety percent believed that public health professionals and parents should determine what is taught in the sexual education classes. They concluded by stating “Parents were strongly opposed to politicians determining content. This is in direct contrast to the current policy of North Carolina’s abstinence-until-marriage curriculum mandated by state regulations” (Ito et al., 2006, p. 640).

In the Sexuality Information and Education Council of the United States held in 1994, teens were asked for their input on sexual education. More than two thirds believed that an ineffective

way of teaching sexual education was to teach kids to say no to sex. Santelli et al. (2006) stated “Sexually experienced teens need access to complete and accurate information about contraception, legal rights to health care, and ways to access reproductive health services, none of which are provided in abstinence-only programs” (p. 78). Those that are opposed to teaching comprehensive sexuality to teens are constantly saying that abstinence is 100% effective in preventing pregnancy and STIs. However, it is not effective because “many teens fail in remaining abstinent” (p. 78).

In the sexual education controversy, we are dealing with the element of beneficence. Health care providers are taught that we must do good and avoid harming our patients. If a teen is only taught abstinence as the only form of protection, what happens when that same teen first encounters sex? He or she will not have the needed education to make an informed decision to protect him or herself. The result from this lack of education mandated by the government may be an unplanned pregnancy or contracting a sexually transmitted infection. Are we then able to say we did good by teaching abstinence-only or have we done harm by allowing a teen to be uneducated when it comes to sex and protection? (Santelli et al., 2006)

### Conclusion

To conclude, we are brought back to the question, “Do abstinence-only sexual educational programs stop teens from engaging in sex?” This paper addressed several different studies regarding abstinence-only education programs. The results show that this method of teaching teens that saying no as the only method of protection has not been effective thus far. There is a lack of evidence to support this type of education, but it still exists. Teaching abstinence is important, but we need to understand that some teens in our society will have sex regardless of teaching abstinence. As nurses, we have the responsibility of advocating for our patients and

their families. We need to look at the needs and wants of the parties involved and it has been shown that the majority of parents want their children to be taught something other than abstinence-only. This has taught me that as nurses, we must be providing families with sexuality education and be encouraging parents to talk to their teens about sex because schools that are teaching abstinence-only will not be protecting all of their students from contracting sexually transmitted infections and unplanned pregnancies.

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