The Influence of Sex Education on Adolescent Health:

Abstinence-Only vs. Comprehensive Programs

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We live in a time period of infinite debate and deliberation. From politics, to presidents, sex education, and sex preferences; individuals in this nation can't seem to just agree. The views of individuals in our nation are torn, each seeing the future in a different perspective and different colored light. But one thing many people do agree on is the need to improve the health and prosperity of the nation for the future. But how can this be done? One intense debate to improve future success along with mental and physical health of young adolescents involves contrasting sex education programs. Should today's youth be provided with information in school about safe sex practices in order to protect themselves from rising STD, HIV, and teenage pregnancy rates, or should they be taught that abstaining from sexual activity until marriage is the only way?

Abstinence-only education is a program that teaches adolescents to abstain from sexual activity until marriage, and restricts information about the use of condoms and contraceptive measures to only failure rates. Alternatively, comprehensive sex education informs youth that abstaining from sexual activity is the best preventative strategy, but still provides information on pregnancy, STD's, and the use of condoms and other contraceptive measures to promote safe sex practices (Masters, Beadnell, Morrison, Hoppe, & Gillmore, 2008). The purpose of this paper is to discuss these two diverse stances on sex education and identify the benefits that comprehensive sex education can have on the sexual activity and health of young adolescents. It is important to better understand the effects that differing types of sex education can have on adolescent health in order to improve primary prevention measures and teaching strategies and prevent harmful sexual consequences.

Review of Literature

According to the Center for Disease Control and Prevention (2008), birth rates and pregnancies among 15-19 year old teenage girls have declined 34 percent since 1991, but increased for the first time in 2006 by six percent. Reported HIV diagnosis in 15-19 year olds have also increased 34 percent from 2003 to 2006. Along with an eight percent increase in gonorrhea infection rates from 2004 to 2006, an estimated 19 million sexually transmitted diseases occur each year with a vast majority of those infected being adolescents (almost 50 percent) (Masters, Beadnell, Morrison, Hoppe, & Gillmore, 2008). These inclining rates of STD's and pregnancies in the youth population flame the debate regarding which type of sex education will improve these health outcomes.

In 1996, the government formed and initiated section 510 (b) of Title V of the Personal Responsibility and Work Opportunity Reconciliation Act. This act along with an Abstinence Education Grant Program and the Adolescent Family Life Act of 1981, require that sex educational programs focus on their eight point definition of abstinence in order to receive federal funding. Programs must also exclude any information about contraception in order to truly be abstinence-only-until-marriage based. There has been over one billion dollars spent on funding these programs in schools since 1996, despite little research done on the effectiveness of abstinence-only teaching (Lindau, Tetteh, Kasza, & Gilliam, 2008).

Supporters of abstinence-only education believe that teaching about contraceptive measures and pregnancy, will in turn promote adolescents to engage in sexual promiscuous behaviors. These supporters believe that teaching only about abstinence will delay the onset of sexual activity. Virginity pledges have been used in abstinence education as a tactic to influence students to make a pledge of abstinence. Bersamin, Walker, Waiters, Fisher, & Grube (2005) conducted a study which

examined the association between formal and non-formal virginity pledges and the effect these pledges have on sexual activity. The authors concluded that the formal virginity pledge did not appear to reduce the likelihood of abstaining from sexual intercourse or oral sex until one was older. Another study by Bruckner & Bearman (2005) revealed there was no significant difference between students who took a virginity pledge, and those that did not, and that the individuals who made the pledge were less likely to use contraception measures when engaging in sex. These results may indicated that in abstinence only programs, individuals who become sexually active will be uneducated about ways to protect themselves and will be at an increased risk to engage in risky and unprotected sex.

Kohler, Manhart, and Lafferty (2007) conducted a study to evaluate the effect of abstinence-only and comprehensive sex education on the initiation of sexual activity, risk of teen pregnancy, and prevalence of STD's. This study concluded that abstinence only education did not prevent adolescents from engaging in intercourse or delaying first sexual encounters as compared to comprehensive teaching. It also stated that adolescents with comprehensive sex education had a 50% reduced risk of becoming pregnant. Although there was no significant difference of STD rates in either program, an adolescent formally educated about STD's in a comprehensive program, might be more likely to get tested, diagnosed and treated.

Contraception use is an important aspect in sexually active individuals. In a 2004 congressional report, two thirds of abstinence only education programs were reported to have been giving teen's inaccurate information about contraceptive measures and the risks of abortion. Consequently, many states declined federal government funding for abstinence school programs (Kotz, 2007). As a result of this inaccurate information, many adolescents may abstain from using any type of birth control, condoms, or protection due to the implication that it is not very effective.

This type of inconsistent information can result in increased prevalence of sexually transmitted diseases.

A CDC reproductive health article states that "About one-third of girls in the United States get pregnant before age 20" (CDC, 2008, p. 1). It also states that teen girls who have a child when they are 15 to 19 years old are more likely to not finish school, live in poverty, and not receive proper prenatal care as compared to other adolescents. If approximately one third of adolescent girls become pregnant before the age of twenty, it seems obvious that many more are sexually active. Abstinence-until-marriage programs are designed to encourage adolescents to remain virgins until they are married, consequently, leaving out all of the teenagers who may already be sexually active. The decline in teen pregnancies has been primarily due to the fact that adolescents have been increasing their use of contraception and not because they are abstaining from sex (CDC, 2008).

In a study by Masters, Beadnell, Morrison, Hoppe, and Gillmore (2008), the researchers looked at what teenagers thought about abstinence instead of parent, teacher, or government views. Every adolescent has a mind of their own, and abstinence-only programs can affect these individuals in different ways. Abstinence-only education is deemed successful by evaluators of these programs, when it has impacted the "attitudes and intentions about abstinence." This study found that many teenagers do not view abstinence and sexual activity as a black and white picture. An individual with a positive "attitudes and intentions" about abstinence will not necessarily abstain from sexual activity.

A study focused on sex education curriculums concluded that nearly one in three sex education teachers were not trained in sex education and many teachers were not comfortable discussing sexuality. These teachers often omitted important educational points because of the discomfort, lack of teaching materials, and lack of experience and skills (Lindau et al., 2008).

Physicians and nurses need to be aware that in any sex education program teens may be uninformed, misled, and lack the information they need to protect their health.

Conclusion

There have been many increases in the rates of negative sexual outcomes in the adolescent population. Rising STD rates and teen pregnancies are an indication that adolescents need more education, and need to be more aware of sexual consequences. Although remaining abstinent is strongly supported by both parents and adolescents alike, abstinence-only programs can provide inaccurate and misleading information that teens need in order to protect themselves. The literature that has been viewed in this paper shows that in order to decrease the rates of teen pregnancy, HIV, and other STD's children must be informed about the consequences of their actions and ways to prevent these through a comprehensive sex education program.

Although promoting abstinence and waiting to have sex until marriage is a very good and beneficial concept, abstinence-only programs are not the best way to protect all teens because not all teenagers are going to stay abstinent. In the perfect society, parents would discuss sexuality issues, values, and religion with their children so the curriculum would not be left up to the taxpayers to choose, but unfortunately, not all parents do. As a nurse it is essential to provide young patients the information that those parents, schools and the government try to leave out. As advocates for our patients, it is important to teach them the things they need to know in order to grow and develop into a healthy adult making healthy sexual choices.

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