Why we should “just say no” to exclusive “abstinence-only” funding

While the United Kingdom debates whether comprehensive sexual education should be made compulsory in primary schools, the U.S. Department of Health and Human Services favors “abstinence-only” programs for public health efforts to decrease teen sexual activity and improve sexual health. Unlike comprehensive sexual education, abstinence-only programs do not teach teens about contraception, decision-making and negotiation skills, or how to prevent sexually transmitted diseases (STDs). Instead, federal law requires that their exclusive focus be teaching teens to remain abstinent until marriage. Supporters of abstinence-only programs assert that combining abstinence messages with information about safer sex will be too confusing and convey a “mixed message” about the optimal sexual decision for young people.

In recent years, abstinence-only-until-marriage programs have received record levels of federal funding. President Bush has reiterated his commitment to fund abstinence-only programs at the same level as family planning services for teenagers (which his administration estimates to receive $135 million through Title X and Medicaid) [1]. But this apples-and-oranges comparison equates “just say no” workshops to clinical health services. The more meaningful comparison would be between comprehensive sexual education, which receives no specially designated federal funds, and abstinence-only programs, which have been allocated over $100 million annually. Abstinence-only policies are also being exported to the developing world: the global AIDS bill, signed by Bush in May 2003, sets aside one-third of all prevention money for programs that teach abstinence as the only method to prevent AIDS [2].

To qualify for federal funds, abstinence-only-until-marriage programs must adhere to eight principles, outlined in federal law, including that “sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects,” and that “a mutually faithful monogamous relationship in context of marriage is the expected standard of human sexual activity.” Programs are not allowed to teach other methods of pregnancy or STD prevention.

Few abstinence-only programs have been thoroughly evaluated for their effectiveness, and there is no persuasive evidence that these programs significantly change teens’ sexual behavior [3,4]. In contrast, comprehensive approaches to sexual education have been shown to delay sexual intercourse and increase condom and contraceptive use [4]. In addition to ARHP, the American Medical Association, American College of Obstetricians and Gynecologists, American Public Health Association, and American Academy of Pediatrics are among the organizations that support comprehensive sexual education.

The Sexuality Information and Education Council of the United States (SIECUS) has reviewed commonly used abstinence-only curricula and raised concerns about the fear-based approach employed by some of these programs [5]. Some curricula give inaccurate or misleading information, such as comparing the number of people who died in Vietnam with the number of people who get an STD, without explaining that most people who get an STD do not die from it. Only one of the nine reviewed curricula provides detailed information about puberty, reproductive anatomy, and reproduction. None discuss contraception, except to emphasize failure rates, and some actively try to dissuade teens from using condoms. One curriculum describes condoms as difficult to use and gives a 10-step process, while another tells students, “Don’t wear revealing clothes or carry a condom.” While idealizing abstinence and marriage, programs negatively portray sexually active teens and unmarried people.

The President’s faith-based initiative—which awards federal money to religious groups for non-religious activities—has channeled abstinence-only grants to religious organizations. Under these circumstances, maintaining an appropriate separation between church and state can be challenging. In one disturbing example, Louisiana used federal and state abstinence-only dollars to fund skits featuring Jesus as a character, a chastity curriculum entitled “God’s Gift of Life,” and literature calling for “restoring our Judeo-Christian heritage.”[6,7]

While parents are the most important source of information about sexuality, sexual education programs provide a valuable opportunity to teach teens the information and skills to make wise decisions about their sexual behavior during their school years and beyond. Six in 10
teenage women and seven in 10 teenage men have sexual intercourse before the age of 18[8]. For those already sexually active, an abstinence-only approach is not a realistic public health intervention. For those who are not sexually active, withholding the chance to learn information that may be helpful in the future is also undesirable. Comprehensive sexual education can also help reinforce widely shared moral values, such as self-respect, an appreciation of one’s obligations and responsibilities to others, sensitivity to the consequences of one’s actions, and not discriminating on the basis of differing religious or cultural beliefs, gender, marital status, or sexual orientation.

Beyond issues of program effectiveness and appropriateness, there is another reason we should not reduce sexual education to half-truths and scare tactics. Honesty is a fundamental moral value, one that is recognized in the field of health care in the principle of informed consent. Honesty requires both accuracy and completeness, and is surely as important in health education as in all other aspects of health care.

As the school year starts, make sure that your child’s school or school district teaches sexual education that is comprehensive and medically accurate. A number of states have passed or are debating sexual education legislation: some mandate abstinence-only programs, whereas others require sexual education to be medically accurate [9]. Contact your state government representatives to ask them to support medically accurate comprehensive sexual education. And tell your Congressional representatives to oppose any more special federal funding for abstinence-only programs: “just say no” simply isn’t enough.

References