

Hannah McGovern

Professor Hammer

Writing 50

10 May 2010

The Dilemma of Teenage Sexual Activity: Health vs. Morals

In 2008, an estimated 750,000 teens became pregnant, and an estimated one million teens contracted a Sexually Transmitted Disease (Wilson 1). Current political debate about how to address issues of teen pregnancy and Sexually Transmitted Infection (STI) rates is hinged on whether the federal government should continue to fund abstinence-only education or whether the government should allocate funds to abstinence-plus education programs. As the name suggests, abstinence-only programs promote abstinence until marriage as a way of protecting oneself against teen pregnancy and STIs, and in doing so, they fail to provide students with information about contraceptive use and ways to protect oneself against health risks besides remaining abstinent (Waxman i). Instead of taking a moral approach, by claiming that it is morally expected for all teens to wait until marriage to have sex, government funding should be allocated to programs that focus on protecting the 60% of students, who are engaging in sexual activity, whether parents and educators agree with it or not (Wilson 2). The government should cease funding of abstinence-only programs and redirect funding to sex education curriculums, such as abstinence-plus programs, that provide students with information on the benefits of remaining abstinent as well as provide ways to protect their sexual health for those who are currently, or plan to engage in sexual activity.

Sexual Health Problems of American Youth

The United States has the highest levels of teenage pregnancy, abortion, and STI rates of any industrialized nation (Rose 1). Since 2005, teenage pregnancy has been on the rise: with an estimated four in ten girls getting pregnant before the age of 20 (Allgood 1314). Even more alarming is that 60% of those teens that do get pregnant end up dropping out of high school. High school and college graduation rates are intricately linked to increased income and financial stability (The National Campaign to Prevent Teen Pregnancy). It is, therefore, not surprising that according to studies done by Kiernan and Botting in 1998 it was found that “Women who become mothers in adolescence, along with their children, are far more likely to live in poverty than women who postpone childbearing until their twenties” (Allgood 1314). This finding indicates that teenage pregnancy is a financial burden on women and children. Furthermore, according to studies conducted by The National Campaign to Prevent Teen and Unintended Pregnancy, over \$9.1 billion in public funds are associated with teenage motherhood (Advocates for Youth 4). Overall, these findings indicate that teenage pregnancy is economically harmful to mothers, children, and American taxpayer's (Allgood 1315). Although teenage pregnancy is costly for both mothers and society, sadly, it is one of the many health problems associated with teenage sexual activity that all sex education programs attempt to address.

Each year almost eight million teenagers in the United States contract a new STI (Center for Disease Control). The most common of these diseases are human papillomavirus (HPV), which causes genital warts and in some cases cervical cancer, and Chlamydia (Center for Disease Control). HPV is the most common STD, and most adults are unaware that they have the virus; an estimated 50% of people who are sexually active will contract it once in their lifetime (Center for Disease Control). Furthermore, according to the most recent reports conducted by the Center for Disease Control, young people ages 15-24 are five times as likely to contract

Chlamydia and four times as likely to contract gonorrhea as people aged 24-60 are (Center for Disease Control). With almost 20% of sexually active female teens contracting STIs, and young people overall contracting STDs at far greater rates than their adult counterparts, it is no surprise that abstinence-only supporters and comprehensive sex educators are concerned. Although abstinence-only proponents and abstinence-plus proponents vary greatly in their opinions about appropriate sex education, both groups agree that teenage pregnancies, abortions, and teenage contractions of STIs are a serious problem that is detrimental to teenagers and society.

Abstinence- Only and Abstinence-Plus Programs: Different Solutions to the Same Problem

Abstinence-only programs prohibit educators from teaching students about condoms or contraceptives, except when discussing their failures (Collins 12). Abstinence-only programs funded by the federal government must have an exclusive purpose of teaching the gains of abstaining from premarital sex, teaching that waiting until marriage to have sex is the expected standard for teens, teaching that sexual activity has harmful physical and psychological effects, and teaching that sexual activity must be conducted in a mutually monogamous married relationship (Waxman 2). Alternatively, abstinence-plus programs promote abstinence, not until marriage but until teens are more cognitively and emotionally mature. They also promote contraceptive-use and condoms as an alternative to abstinence for those who do not wish to wait until marriage or who are unable to marry, as ways to protect oneself against pregnancy and STIs (DeJoy 446).

A Moralistic Approach: The Case for Abstinence-Only Education

Proponents of abstinence-only program base their argument on two primary claims. The first, argued by groups such as STOP Planned Parenthood, Concerned Women for America, and Focus on the Family, is that comprehensive sex education encourages teens to engage in “safe”

sex by providing them information about the benefits of contraceptives (Collins 12). Marian Wallace and Vanessa Warner, editors of the Concerned Women for American website claim, “Planned Parenthood and other groups routinely spread misinformation about sex and encourage youthful sexual experimentation” (Wallace 2). This statement illustrates the fear that comprehensive sex education, in discussing contraceptives, is encouraging teens to engage in sex. Supporters of abstinence-only education believe that by teaching teens about *safer* sex practices, abstinence-plus educators are implying that sex is an appropriate activity for teens so long as they wear condoms. Moreover, since condoms are not 100% effective in preventing pregnancies and STDs, then promoting *safer* sex is misleading teens that, after learning about condoms, may be more inclined to engage in sexual activity. Secondly, these groups claim that sex before marriage is immoral and inappropriate for teens to engage in, since sex is meant to be between a husband and wife (Collins 12). Consequences of premarital sex, such as unwanted pregnancies, cause harm for both the mother and the child. Since the majority of teen mothers do not complete their education, babies of teen mothers can experience health complications and are likely to grow up in poverty (Collins 13).

According to Concerned Women for America, a conservative and religious-based group that advocates abstinence-only education, abstinence-plus programs teach children how to engage in safe sex with contraceptives when in reality contraceptives are not foolproof in preventing STIs or pregnancies (Concerned Women for America). They note that condoms do not reduce the risk of catching the HPV virus, a virus that over 20 million Americans have, and over 50% of sexually active people will get in their lifetimes (Center for Disease Control). When condoms are discussed in abstinence-only curricula, it is to discuss their failure rates, not their potential benefits to teen health. In fact, educators are prohibited from discussing contraceptives

or condoms except when discussing their failure rates (Waxman 3). “No Second Chance”, an abstinence-only curriculum, tells students that are curious in engaging in premarital sex “Well, I guess you’ll just have to be prepared to die. And you’ll probably take with you your spouse and one or more of your children” (Rose 3). This quote from a common abstinence-only curriculum that is associating sex before marriage with death, which is statistically incorrect since the overwhelming majority of people who do engage in sex before marriage do not die , and it is employing fear tactics to discourage teens from engaging in premarital sex. Focus on the Family, another pro abstinence-only education group, also claims that legalized abortions and the distributions of contraceptives have encouraged people to have sex outside of marriage, and that such practices are the reason for the high rates of teen sexual activity (Focus on the Family 2). Abstinence-only programs do not teach about the benefits of contraceptives or abortions, and according to Focus on the Family are therefore likely to discourage teen sexual activity.

An abstinence-only curriculum also focuses on the morality of sex before marriage. Focus on the Family and Concerned Women for America claim that it is God’s plan to have sex within marriage only and that teenagers need to be taught abstinence in order to ensure restraint before marriage (Focus on the Family 1). Again, the focus is not just on promoting abstinence as a way to protect teens’ sexual health, but as a choice of *morality* that students are expected to maintain and preserve. Focus on the Family and Concerned Women for America argue that the United States is facing pregnancy rates and teen STI rates not due to a lack of information about sex, but due to a lack of values and morals among today’s youth (Wallace 5). It is believed that abstinence-only programs, which teach teens that abstinence until marriage is the expected standard for all youth, and that incorporate sex as a moral issue, will encourage students to abstain from sex until marriage and thus prevent them from getting an STI or having an

unintended pregnancy (Focus on the Family). Several abstinence only curriculums also encourage ‘virginity pledges’, which are pacts that teens take to abstain from sex until marriage (Waxman 4). These pledges are an attempt to instill a sense of sexual morality in teens and to combat teen health problems, because if everyone waited until marriage to have sex, then there would not be any teen pregnancies and teens would not contract STDs. In making a collective pact with other students to remain abstinent until marriage, virginity pledges are thought to encourage commitment to the program, since the student is no longer facing the sex dilemma “alone”, but instead, alongside their peers.

The Failure of Abstinence-Only Programs to Address Teen Health Problems

The purpose of abstinence-only education is to teach children the dangers of sex and to promote abstinence from all sexual activity until marriage. According to several studies conducted both by Congress and by various medical groups, this purpose has failed (Waxman 22). Although proponents of abstinence-only education claim that education about contraception increases the likelihood of teens engaging in sex, the Surgeon General found that this was not the case. Abstinence-plus education does not increase the likelihood of teens engaging in sex, or having sex at an earlier age (Collins 13). Additionally, a longitudinal ten-year study conducted by Mathematic Inc. also found that abstinence-only education is no more effective in preventing STIs or teen pregnancy than if teenagers were exposed to no program at all (Collins 14). Studies done by Columbia University also found that almost 90% of students who took part in a ‘virginity pledge’ had sex before marriage yet never received information about contraceptive use and as such, were less likely to use any form of protection when they did have sex (Waxman 4). This finding shows that when students are not exposed to information about contraceptives, they are even less likely to use any form of contraceptives when engaging in sex, which if used,

may have lowered their chances of becoming pregnant or getting an STD (Food and Drug Administration).

Although the federal government does not directly fund sexual education, it indirectly funds sex education programs by influencing local programs and policies through state funding (DeJoy 446). Even if it is the government allocating funds to the states to implement sex education programs, the taxpayer's money allows the government to do this. Since we live in a democracy, and since tax payers are ultimately bearing the burden of sex education costs, the government needs to take into account that over 92% of Americans want contraceptive use taught in schools and that 83% believe that teenagers, whether currently engaged in sexual activity or not, need information other than abstinence, about how to protect themselves from STIs and pregnancies (DeJoy 449).

Scientific Inaccuracies in Abstinence Only Curriculum

The health of teens should be the purpose of sex education and in order to protect their health, teens need to be provided with medically correct information regarding their sexuality. Abstinence-only curriculums do not provide students with complete or accurate information regarding their sexual and reproductive health. The Waxman Report conducted by the Special Investigations Committee of the House of the Representatives found major scientific flaws in the most popular abstinence-only programs that the government was sponsoring. In fact, of the most popular abstinence-only curricula 80% had misleading or downright false information about sex and abstinence. Programs claimed that condoms failed 30% of the time (instead of the reality which is 1.5% of the time), that women who had abortions had a 10% chance of becoming sterile after the operation, and that the HIV/AIDS virus could be contracted from saliva or spit (Waxman 5). They also claim that 24 chromosomes from each partner make a baby, when in fact

23 chromosomes from each parent make a baby. Again, this goes to show the scientific inaccuracies that are being presented to teens as facts. Furthermore, several abstinence-only curricula rely on scare tactics to promote abstinence instead of relying on science or simply encouraging abstinence as a healthy alternative (Rose 3). Teens do need to be informed and even shown images of possible STIs that they *can* contract, but providing medically accurate information and relating teen sex to death are two drastically different things.

Whereas abstinence-only curriculums are only allowed to discuss contraceptives when examining their supposed “failure” rates, abstinence-plus programs are free to discuss the benefits of condoms for teens that are already engaging in sexual activity (Collins 1). They can teach children the correct way to use condoms, while, at the same time, teach kids the inherent risks that come with sexual activity. In order to protect student health, teens need to be informed of the benefits that come with condom and contraceptive use. The U.S. Department of Health and Human Services acknowledges, “Condoms are not 100% safe, but if used properly, will reduce the risk of sexually transmitted diseases, including AIDS” (FDA 1990). This means that for teens that are not waiting until marriage, cannot wait until marriage, or plan to have several partners, their health risks and their future partner’s health risks can decrease. Abstinence-only curriculums tell students that condom use does not prevent the spread of STIs, which directly contradicts the Center for Disease Control Findings, and again, is scientifically inaccurate but presented to teens as facts. Studies show that condoms *have* reduced the spread the spread of gonorrhea in women, decreased the rate of syphilis in men and women, and increased the clearance of HPV infections (Waxman 11). However, both abstinence-only programs and abstinence-plus programs teach students that abstinence is the only 100% safe way to protect

oneself against STDs and unwanted pregnancies, for even condoms can break or tear, and cannot protect people against all forms of HPV (Center for Disease Control).

The Benefits of Abstinence-Plus Programs: A Medical, Not Moral Approach

Abstinence-plus education programs encourage abstinence as a healthy lifestyle choice for teens, but do not claim that it is the correct “moral” choice or that abstinence should be the expected behavior of teens. Focus on the Family and Concerned Women for America claim that sex is a moral issue and that abstinence until marriage is part of God's plan, but morals and a Christian God should not be a part of a public school sex education. Morals should be taught at home by parents, or decided upon teens for themselves. By claiming that abstinence until marriage is the expected activity, Abstinence-only programs imply that all Americans are expected to marry. Although abstinence until marriage may be a lifestyle choice that some teens want to make, the reality is that 80% of Americans end up having intercourse before marriage (Wilson 1). Furthermore, under current law homosexuals are not even allowed to marry. By providing alternative health solutions other than abstinence until marriage, which according to statistics is not practiced or cannot be practiced by the majority of the population, comprehensive sex education is providing complete and scientific information about ways to protect ones health.

Unlike abstinence-only programs, abstinence-plus programs do not look over the health needs of homosexuals, because homosexuality is not labeled as “divergent” behavior and because the sexual health needs of homosexuals, who under current law are not able to marry, are addressed (Santelli 83). Current law limits the definition of marriage as between a man and a woman, so abstinence-only programs that tell all students to remain abstinent until marriage cannot apply to those unable to marry. Instead, a comprehensive approach gives the same scientific information about protecting one’s sexual health to both heterosexual and homosexual

students. It is critical that the sexual health of homosexuals is addressed, since research done by the Massachusetts Youth Risk Behavior Surveillance found that risk of STI and HIV is greater for students who are gay or lesbian. However, research also indicates that comprehensive sex education and information about correct condom use can help reduce the risk of STIs in the youth (Collins 11). Abstinence-plus education programs are thus addressing the health needs of students by providing them with medically accurate information about ways to engage in safer relationships and ways to reduce their risks of contracting and STI.

Case Study: The U.S. vs. The Rest of the West

The United States is the only nation that funds and legislates for abstinence-only programs in public schools, yet still maintains the highest rates of pregnancy and STI of any other industrialized nation (Rose 18). Again, this demonstrates that abstinence-only programs have, to date, not proven to be successful in lowering these rates. Instead, the United States should be implementing sex education policies that other industrialized nations, who have lower teen pregnancy and STI rates, employ (Rose 1208). In Europe and Latin America, medical and scientific research is the foundation of sex education programs, not religious or political groups who give students false information about their sexual and reproductive health (Rose 1211). For example, the United States should look at the sex education policies of Denmark, another industrialized nation, which less than fifty years ago, had similar rates of teen pregnancy and STIs as the United States (Rose 1207).

According to sociologist scholar Susan Rose, “Danish and American teens tend to have similar patterns of sexual debut and activity” (Rose 1207). This means, that American and Danish children are both having their first sexual encounters around the same age, and are both engaging in sex with a similar number of partners and with similar frequency. But while the

United States funds abstinence-only education programs, the Netherlands teach a pragmatic and comprehensive sex education program (Rose 1207). Danish students are informed about abstinence, condoms, and other forms of contraceptives; contraceptives because Danish policy is to provide students with complete information about the different paths they can take concerning their sexual health (Rose 1218). Studies done by the Center for Disease Control and the Guttmacher Institute found that the teen pregnancy rate in the Netherlands is six times lower than the United States, and that the teen abortion rate in the United States is twice that of the Netherlands (Advocates for Youth). Furthermore, syphilis rates in the United States are more than the two times greater than in the Netherlands, gonorrhea rates are 33 times greater in the United States, and Chlamydia rates are 19 times higher in the United States (Advocates for Youth). In a global health study done by the Kaiser Foundation, it was also reported that, overall, European teens, who are taught comprehensive sex education, report using contraceptives and condoms far more consistently than their American counterparts (Advocates for Youth).

Since it should be the goal of sex education programs to protect students' health, America should be following the sex education policies of nations with statistically lower rates of teen pregnancies and STIs, such as the Netherlands. Danish policy is to respect students enough to make their own decisions once they have been given scientifically accurate information about the dangers that can come with teenage sex. Clearly, this respect of students' rights to health information has benefited Danish teen health, and these programs should be implemented in the United States to benefit American teen's health as well. Respecting students' right to information includes telling students that abstinence until they are more mature is a healthy option, as well as informing them that there is no sure way to practice "safe" sex, they can only practice "safer" sex with the use of condoms and contraceptives. Kids need to be warned of the realities that come

while sexually engaging with multiple partners, which include the risk of catching HIV/AIDS that ultimately lead to death. On the other hand, instead of purely relying on fear tactics to convey the dangers of sex, students in comprehensive sex education programs are being taught the reality of teen sex dangers but also ways to protect themselves from these dangers.

Providing Information without Advocating for Sexual Activity

Even though abstinence-only education groups believe that teaching kids about condoms and contraceptives encourages teens to engage in what they believe to be safe sex, the purpose of comprehensive sex education is meant to do just the opposite. By providing teens with the information about the prevalence of STDs, and the evidence that abstinence is the only sure way to prevent such STDs, children should be discouraged from engaging in sexual activity.

Abstinence-plus education is meant to reach students who, in spite of the risks, still plan to engage in sexual activity and therefore need some form of protection. Teaching students about ways to protect themselves from unwanted STIs is not the same as telling students that they should be engaging in sexual activity. Studies done by Douglas Kirby found that teens educated by abstinence-plus programs were more likely to either increase their use of contraceptives, delay sex, or engage in less sex (Waxman 4). All of these findings help indicate that abstinence-plus programs are helping teens stay sexually healthy. According to the Center for Disease Control, aside from abstinence the best way to prevent pregnancy and STIs is by reducing the number of partners you have and by using contraceptives (Center for Disease Control). Federal Investigators also found that students taught in abstinence-plus programs were more likely to use contraception when they do engage in sex, which significantly reduces their risk of getting pregnant or contracting a venereal disease (Waxman i). To date, no comparable study of

abstinence-only programs have been found to have any impact on contraceptive use, age at first sexual encounter, or the amount of sex teens engage in (Waxman 4).

Refocusing The Debate About Sex Education

For too long the debates about sex education have focused on the morality of sex before marriage. It is time the debate be brought back to protecting the health of Americans teens that are currently being neglected. Abstinence-only programs focus on the morality of sex before marriage, but comprehensive sex education programs do not attempt to instill religious based morals on teens (Waxman 24). This focus on morality neglects to include homosexuals, who cannot wait until marriage, and neglects to include students who may not have plans to ever legally marry. Although it is important to inform students that abstinence is the only 100% way to prevent against pregnancies and STDs, it should be the job of parents or non-health officials to tell kids whether they believe sex is morally wrong for teenager behavior. Even Concerned Women for America argue that students are most influenced by their families when deciding whether to engage in teen sex (Warner 4). If this is the case, then it should be up to parents to instill morality regarding sexual activity into their children, and not schools. Schools are not meant to teach children about sexual morals, which differ from culture to culture, but to teach children ways to protect their health and to provide students with scientifically accurate information about sexual activity and the dangers that come with such activity. Information about sexual health is a human right; a right that international coalitions, such as the World Health Organization, believe every human should have access to (Advocates for Youth 5). America, the leader of democracy and free speech, should be encouraging educators and students to discuss sexual activity, and not be prohibiting educators from discussing contraceptives and condom use. It should be the responsibility of sex educators to provide teens with medically

accurate information, so that when they are faced with the decision to engage in sexual activity, they can make the safest and healthiest decision for themselves.

The government needs to be funding sex education programs that are scientific, accurate, and which have been found to decrease rates of teen pregnancy and teen STD's. Whereas abstinence only programs fail to accomplish any of these three criteria's, comprehensive programs do not. The facts are that the majority of Americans do not remain abstinent until marriage, and that although not 100% fool proof, condoms do reduce the risks of pregnancy and STD transmission for the majority of Americans who engage in sexual activity. Abstinence-only education programs fail to relay this information to the teens that are most at risk for contracting an STD. However, abstinence-plus education programs provide students with medical, not moral, information and therefore are able to cater to the needs of all teens, those who are heterosexual and plan to marry, those who are heterosexuals and do not plan to marry, and those who are homosexuals who given the choice may or may not choose to marry. America should be implementing programs that have worked in other democracies, such as Denmark, to reduce the number of teen pregnancies, abortions, and STD rates.

Works Cited

- "Abstinence before Marriage." *FocusontheFamily.com*. Ed. James Dobson. Focus on the Family, 2008. Web. 24 Apr. 2010.
- "Abstinence Education Done Right." *New York Times* 8 Feb. 2010, Editorial sec. Print.
- Allred, Pam, and Miriam David. *Get Real about Sex: The Politics and Practice of Sex Education*. New York: Open UP, 2007. Print.
- Allgood, Jane, and Mary B. Harris. "Adolescent Pregnancy Prevention: Choosing an Effective Program That Fits." *Children and Youth Services Review* 31.12 (2009): 1314-320. Print.
- Collins, Chris, Priya Alagiri, and Todd Summers. *Abstinence Only vs. Comprehensive Sex Education*. San Francisco: AIDS Research Institute, University of California, San Francisco, 2004. Print.
- "Condoms and Sexually Transmitted Diseases." *fda.gov*. U.S. Department of Health and Human Services, 18 Aug. 2009. Web. 1 May 2010. Darroch, Jacqueline E., Susheela Singh, and Jennifer J. Frost. "Differences in Teenage Pregnancy Rates among Five Developed Countries: The Roles of Sexual Activity and Contraceptive Use." Comp. Guttmacher Institute. *Family Planning Perspectives* 33.6 (2001): 244-81. Print.
- Fiejoo, Ammie. "Adolescent Sexual Health in Europe and the U.S.-Why the Difference?" *advocatesforyouth.org*. Advocates for Youth, Sept. 2009. Web. 28 Apr. 2010.
- McKay, Alexander, comp. "Sexual Health Education in the Schools: Questions and Answers." *Canadian Journal of Human Sexuality* 18 (2009): 47-57. Print.

National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health. "Sexual Behaviors - Healthy Youth." *cdc.gov*. Department of Human Health and Services, 23 Oct. 2008. Web. 10 May 2010.

Rose, Susan. "Going Too Far? Sex, Sin and Social Policy." *Social Forces* 84.2 (2005): 1208-32.

Santelli, John, and Mary A. Ott. "Abstinence-only education policies and programs: A position paper for the Society of Adolescent Medicine." *Journal of Adolescent Medicine* 38.1 (2006): 83-87. Print.

"STD Health Disparities." *cdc.gov*. Ed. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Department of Health and Human Services, 8 Feb. 2010. Web. 1 May 2010. United States of America. Department of Health and Human Services. Centers for Disease Control and Prevention. *Genital HPV Infection-CDC Fact Sheet*. Atlanta: Center for Disease Control and Prevention, 2009. Print.

United States of America. Special Investigations Division. United States House of Representatives. *The Content of Federally Funded Abstinence-Only Education Programs*. Washington, D.C.: United States Government, 2004. Print.

Wallace, Marian, and Vanessa Warner. "Abstinence: Why Sex Is Worth The Wait." *cwfa.org*. Concerned Women for America, 5 Sept. 2002. Web. 24 Apr. 2010.

"Why It Matters: Teen Pregnancy and Education." *Thenationalcampaign.org*. The National Campaign to Prevent Teen Pregnancy, Mar. 2010. Web. 2 May 2010.

Wilson, Brenda. "CDC Reports Rise In Teen Pregnancy, STD Rates: NPR." *Npr.org*. NPR: National Public Radio, 22 July 2009. Web. 10 May 2010.

Wilson, Brenda. "Teen Sex, Sex Education and Sarah Palin." *Npr.org*. National Public Radio, 5 Sept. 2008. Web. 26 Apr. 2010.