

TALKING POINTS: SEXUALITY EDUCATION

- Sexuality education is a public health issue. Compared to teens in other industrialized countries, American teens aged 15-19 have the highest pregnancy rate: In the US, more than 800,000 females under age twenty become pregnant each year: 80% of those are unintended pregnancies.
- US teens and young adults aged 15-24 acquire nearly ½ of all new STIs. This translates to about 9.1 million young people acquiring STIs.
- In the US, we believe that parents have the primary responsibility of educating their children. However, the public schools--supported by government policy and funds-- have a substantial responsibility in providing information that addresses the physical, social, and emotional needs of our youths.
- The majority of parents, health professionals, and the public agree that there should be sexuality education in schools and that girls should delay childbearing until they are self-sufficient.
 - However, there is a major difference between what most parents and professionals agree should be in a curriculum and what is actually offered.
 - In a recent poll, 95% of the parents of junior high students and 93% of the parents of senior high students indicated that birth control and other methods of preventing pregnancy are appropriate topics for sexuality education in schools.
 - Only 15% of parents favored abstinence-only education in which no information is given about condoms or other contraceptives
- Government policy that promotes the expectation of abstinence until marriage is based on religious ideology, not science, and is neither in the best interests of youths nor reflective of the wishes of the citizenry.
- Currently, our federal and state governments spend hundreds of millions of dollars on abstinence-only education programs, that contain inaccurate information that does NOT cause youths to abstain from sex and does NOT help them to avoid acquiring STIs. The spending on abstinence-only education programs diverts resources away from comprehensive, medically accurate sexuality education that WOULD help these youths.
- In a review of the most popular abstinence-only education curricula used by the grantees of the largest federal abstinence initiative, it was found that
 - Over 80% of the abstinence-only education curricula used by 2/3 of the grantees under the Special Programs of Regional and National Significance Community-Based Abstinence Education “contain false, misleading, or distorted information about reproductive health”.
 - Participants in abstinence-only education programs were told that condoms were substantially less effective in preventing pregnancy and STIs than research has shown.
 - The religious view that life begins at conception was presented as scientific fact.
- In 1997, Congress commissioned Mathematica Policy Research Inc. to conduct a long-term evaluation of federally funded abstinence-only education programs. Researchers found that
 - Students in abstinence-only education programs were NO MORE LIKELY than students who were not in ANY sexuality education program to abstain from or delay sexual intercourse or have fewer sexual partners
 - Both groups had the same age of first intercourse, rate of unprotected sex, and number of sexual partners.

- Those in abstinence-only education programs were less likely to report that condoms are usually effective at preventing STIs and MORE likely to report that condoms do NOT prevent STIs.
- These findings suggest that federally funded abstinence-only education programs have been propagating misinformation about condom effectiveness.
 - Many who claim that abstinence-only education programs are effective base their claims NOT on whether or not participants delay sexual activity until marriage, but instead rely mostly on the number of students that sign a virginity-until-marriage pledge. Research has shown that only 12% of virginity-until-marriage pledges are kept.
 - Students who sign, but fail to keep their virginity-until-marriage pledges have the same rate of STIs as students who did not sign such pledges. The pledge-breakers were also one-third less likely to use contraception and less likely to get themselves tested or treated for STIs compared to non-pledgers.
- Compared to youths in other industrialized countries, American youths have higher rates of pregnancy and STIs, but the same age of first sexual intercourse as teens in other industrialized countries.
 - These other countries differ in that they offer comprehensive sexuality education programs to their youth. Youths in other industrialized countries
 - receive unambiguous messages that sexual activity is to occur within committed relationships and are expected to delay childbearing until they can support themselves and their offspring
 - are expected to protect themselves and their partners from unintended pregnancy and STIs
 - have ready access to comprehensive sexuality education, contraception, and health services.
- Our public schools should not be propagating dangerous health information. Instead, they should teach medically accurate, comprehensive sexuality education.
 - Comprehensive sexuality education is also known as Abstinence-Plus education. It encourages youths to be abstinent until they are physically, mentally, and emotionally ready for mature sexual relationships. It is medically accurate, age-appropriate, and gender-appropriate. It also supports adolescent-parent communication. In addition, it enhances decision-making skills to help youths resist pressure to become prematurely involved in sexual intercourse, and it encourages the use of contraception and other sexual health measures.
 - Comprehensive sexuality education is supported by many organizations that promote the health, education, and well-being of children and adolescents including the following:
 - The American Academy of Pediatrics
 - The American Foundation for AIDS Research
 - The American Medical Association
 - The American Psychological Association
 - The American Public Health Association
 - The Institute of Medicine
 - The Society for Adolescent Medicine
 - The National Education Association
 - The American School Health Association. Conclusion
- If we want to reduce unintended pregnancies and STIs in our youths, we must give them information that is medically accurate and effective. We must stop funding programs that harm our youths and instead fund comprehensive sexuality education that will actually help them.