

# **Abstinence Only Education: A Barrier to Healthy Sexual Development**

by

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## **The Problem**

**Pressing social problems currently identified by medical and social scholars in the field of human sexuality revolve around social policies on sex education.**

Abstinence Only education in the United States is a significant barrier to the healthy sexual development of adolescents and future adults. In order to be healthy, it is imperative for individuals to develop a personal sexual philosophy that respects one's position in a social context and promotes sexual health, both physically and mentally. According to the World Association for Sexology, sexual health and well-being are widely recognized as fundamental human rights. Sexual well-being is necessary for individual development as well as societal development, and is obtainable through the interaction of the individual with social structures. Those structures include, but are not limited to, sex education, the development of scientific evidence, moral and ethical considerations and health care. Sexual well-being is a concept which recognizes the role of the state as well as the role of the individual within a society.

Regarding the role of the state, the North American Federation of Sexuality Organizations (NAFSO) defines eight characteristics of a sexually healthy society. They include a commitment from the government to promote sexual health and the recognition that sexual health is a human right which should be supported by policies that direct agencies in the implementation of health related programs. A sexually healthy society will include legislation for the protection of sexual rights for all citizens. It will also provide universal access to sexuality education and create an infrastructure of services that treat sexual concerns through the professional care and training of future professionals. Furthermore, a sexually healthy society supports scientific research in all disciplines, provides adequate assessment of the nation's sexual concerns and problems, and promotes a culture of openness and tolerance.

Citizens need to understand issues relating to human sexuality in order to participate intelligently in whatever controversy may arise. Developing a personal sexual philosophy relies heavily on an open flow of information and the pursuit of knowledge. All sexual philosophies, whether they are homosexual or heterosexual, religious or secular, male-oriented or female-oriented, benefit from the distribution of knowledge and evidence. Yet, in the United States, barriers exist that restrict the flow of information, distort facts and even omit them entirely. Policies that support such action affect all people, on many levels, and at all stages of life.

In 1981, Congress passed the Adolescent Family Life Act (AFLA) with the intention of reducing teen pregnancy by encouraging abstinence and self-discipline. In 1996, the subject was revisited as a component of welfare reform. President Clinton's policy changes followed the assumption that welfare policy devalued marriage and encouraged out-of-wedlock births. Changes were codified under the existing Title V Section 510 of the Social Security Act to allocate fifty million dollars a year for ten years toward abstinence education. No funding was made available for public sex education of any other variety. In order to receive this grant, states had to agree to

“match every \$4 in federal funds with \$3 in state or local funds,” bringing the total expenditure to \$87.5 million annually. Under President George W. Bush, support increased to \$170 million between the years 2001 and 2005. In 2005, President Bush proposed \$270 million through the same three federal programs: The AFLEA of 1981, Section 510 of the 1996 Welfare Reform Act and Special Programs of Regional and National Significance (SPRANS). The grants are available to any state, local or faith based agency administering a sex education program, provided they adhere to their “exclusive purpose” which is to promote abstinence only. That means that the program must focus on the “social, psychological, and health gains to be realized by abstaining from sexual activity.” Programs are to stress that “abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems.” These programs must also seek to convince students that a “mutually faithful, monogamous relationship in the context of marriage is the expected standard of sexual activity.” This means that the program must stress that “sexual activity outside the context of marriage is likely to have harmful psychological and physical effects” and that “bearing children out of wedlock is likely to have harmful consequences for the child, the child’s parents, and society.”

To date, eight states have rejected funding, including Ohio, California, Maine, New Jersey and Wisconsin. They argue that they cannot accept the federal government’s narrow perspective on sexuality education as it is outlined in the definition of Abstinence Education for Title V. Many argue that the restrictions required to obtain such grants can have detrimental outcomes and are ineffective in challenging the problems that the policy is meant to address.

Organizations have scrutinized the use of the term “abstinence” and concluded that there is no definition that can be agreed upon. In fact, research on teen sexual behavior supports how problematic this can be when youth disregard oral or anal sex as actually “having sex.” Without information on protecting oneself from sexually transmitted infections (STIs), these young people are unknowingly participating in high risk behaviors in order to maintain abstinence and virginity. These same high risk behaviors are capable of transmitting sexual infections.

## **Research Evidence**

**The most recent research conducted by Mathematica Policy Research Inc., on behalf of the Department of Health and Human Services, reveals that abstinence education is ineffective in increasing the rates of sexual abstinence-until-marriage, ineffective in raising the age of first time consensual sex, and ineffective in decreasing the number of sexual partners teens experience.** Furthermore, while so-called sex education programs focus on abstinence-until-marriage, they ignore vital health information such as family planning options and protection against STIs. At the same time, research has revealed that most Americans have sex before marriage, in part because the average American is waiting until later in life to marry. Furthermore, the difference between the average age of marriage and the onset of menses and spermenses (fertility, age 12.5 for females and age 14 for males) means that the average person is living as a capable sexual being for thirteen years before marrying. Living thirteen years without sex appears to be an unrealistic expectation for the majority of Americans. With current educational restrictions, those who choose to abstain from sex until marriage will be completely uninformed on their wedding night.

Given that adherence to grant regulations also requires programs to promote marriage as the only moral access to a sexual experience, these restrictions support the marginalization of individual students and their families. America is a diverse population with many familial structures. Homosexuals, adolescents who are already sexually active (either by choice, coercion or force), children of single parents, and other non-traditional families are not served by being told that their experience fails to meet social expectations. The potential positive impact that their families have on them may be eroded by such marginalization.

An additional concern associated with abstinence only programs includes the absence of discussions on alternative sexualities and sexual orientations. The study of these topics is important to the development of a well rounded understanding of the composition of one's community and it encourages tolerance of diversity and self acceptance. If maintained, abstinence policies will produce a generation of Americans who are uninformed, unprepared and yet still influenced by the prevailing social norms. Informed consent and informed choice will not be available to this generation.

The United States is the only developed nation that applies abstinence policies as its only sex education programming. Given that the United States prides itself on freedom, diversity, and growth, one must wonder at the purpose behind such restrictions imposed on funding the sexual education of its youth. These restrictions lend themselves to the promotion of a one-sided moralistic indoctrination of children's sexual experience and understanding. This limited view of sexuality education fails in the eyes of the parents who are supporting such funding with their tax dollars. The restrictions also support the stigmatization and marginalization of large segments of our diverse population. Any education ought to be about enhancing our children's critical thinking skills through the presentation of various schools of thought that are developed from scientific evidence. It is through the critical understanding of sexuality that our youth will make sound decisions. It is not that abstinence as a behavior is scientifically unhealthy; it is that abstinence ONLY education presents a barrier to children's healthy sexual development.

## **Policy Recommendations and Solutions**

**Public policy, health and education officials must be responsive to their constituents. These constituents, according to research, overwhelmingly support comprehensive sex education programs.**

- Congress must move to require medical and scientific accuracy in educational materials. According to one study, "over 80% of the abstinence-only curricula, used by over two thirds of SPRANS grantees in 2003, contained false, misleading or distorted information about reproductive health." These inaccuracies included false statements about the effectiveness of contraceptives and incorrect scientific information. Blatant inaccuracies in education are unacceptable, especially when funded through tax dollars.
- State governors must take a stand in rejecting federal funding for abstinence only education, just as Ohio and seven other states have.
- Because school districts must follow state education codes, state departments of education must outline official curriculum guidelines for comprehensive sexuality education and mandate training for sexuality education instructors.

- Local advocacy groups must work with the public to educate parents, school board administrators, and public health and education organizations on the benefits of comprehensive sexuality education.
- Concerned citizens (including parents, teachers, and local advocacy groups) must put pressure on their legislative officials to be responsive to their voice and the needs of children. This means that these citizens must encourage legislation that will financially support responsible, comprehensive sex education in schools, based on scientifically and medically accurate information that is age appropriate and includes information on sexually transmitted infections, abstinence, contraception, and diversity in sexual orientation and family structure.

### **Key Resources**

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LePard, T. (2007). "More Federal Funding Goes to Abstinence-Only." *RH Reality Check*. <http://www.rhrealitycheck.org/blog/2007/05/24/more-federal-funding-goes-to-abstinence-only>.

Samuels, C. (2007). States Turn Down Abstinence-Only Grants. *Education Weekly* 26(29): 5-12.

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