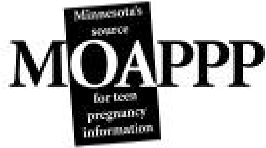

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Positive Sexual Health Promotion through Comprehensive Sexuality Education

Adolescent sexual health issues, like teen pregnancy and STDs/STIs, must be addressed with complex prevention efforts, including comprehensive sexuality education; that is, developmentally appropriate education that begins in kindergarten and continues through the 12th grade. Research has shown that comprehensive sexuality education is effective in providing adolescents with the tools – knowledge, skills, attitudes and values – to make responsible choices about their sexual health. In contrast, no research has shown abstinence-only education to effectively delay the onset of sexual intercourse.

Research shows that comprehensive sexuality education works

- Research has shown that **balanced programs** -- that discuss both abstinence and contraception, including condoms -- do not increase sexual intercourse among teens[1]
- The CDC confirms that "**the dual approach** of delaying first intercourse among all adolescents and increasing condom use among those who are sexually active has succeeded in reducing *overall risk* through improvements in both behaviors."[2]
- The 1997 Youth Risk Behavior Surveillance, a national school-based survey conducted by the CDC confirms other national trend data on the sexual behavior of American teens: rates of sexual experience have stabilized and condom use has increased for teens in the 1990s.[3]
- A World Health Organization review of 35 studies found that the programs most effective in changing young people's behavior are those that address abstinence, contraception *and* STD prevention.[4]
- In a United Nations' review of 68 studies on the effects of sexual health education on young people's sexual behavior, "little evidence was found to support the contention that sexual health and HIV education promote promiscuity."[5]
- Teenagers who have comprehensive sexuality education are more likely to use contraceptives than those who have not participated in a program.[6]

Best practices in sexuality education

According to Kirby's recent analysis of scientifically evaluated programs, effective sexuality education:

1. focuses clearly on reducing one or more sexual behaviors that lead to unintended pregnancy, or HIV/STD infection;
2. is based on theoretical approaches that have been demonstrated to be effective in influencing other health-related behaviors and identify specific sexual antecedents to target;
3. delivers and consistently reinforces clear messages about abstaining from sexual activity and/or using condoms and contraception;
4. provides basic, accurate information about the risks of teen sexual activity and ways to avoid intercourse or use methods of protection against pregnancy and STDs/STIs;
5. includes activities that address the social/peer pressures related to sexual behavior;
6. provides examples of and practice with communication, negotiation, and refusal skills;
7. employs a variety of teaching methods that involve the participants and allow them to personalize the information;
8. uses behavioral goals, teaching methods, and materials that are appropriate to the age, sexual experience, and culture of the students;
9. takes place over a sufficient length of time to complete important activities adequately;
10. utilizes teachers or peers who believe in the program and provides them with adequate training. [7]

Research doesn't support abstinence-only education

- There is no published scientific research demonstrating that abstinence-only programs have actually delayed the onset of intercourse or reduced any other measure of sexual activity among teens.[8]
- The National Institute of Health Consensus Panel on AIDS stated that abstinence-only approaches to sexuality education "places policy in direct conflict with science and ignores the overwhelming evidence that other programs are effective."[9]
- Abstinence-only programs have often used fear, guilt and shame as techniques to scare adolescents into rejecting sex and contraception. Abstinence-only programs also fail to provide honest, accurate information about contraception, if contraception is discussed at all.[10]
- Abstinence-only programs also fail to address many of the antecedents of early first sexual intercourse.[11]

What do Minnesota adults expect of sexuality education?

- 77% of Minnesota adults believe that sexuality education should include both abstinence and contraception. Support for this type of sexuality education extends to all demographic groups, including individuals that identify themselves as religious. [12]
- 80% of Minnesota parents disagree with the claim that combining messages of abstinence and contraception sends mixed messages or encourages kids to have sex. [13]

What kind of a future do we want for our youth?

We want to help young people grow into sexually healthy adults. We want kids to grow up being able to have good, mutual, satisfying, healthy, planned for sexual relationships. But when young people choose not to abstain from sexual intercourse – and when they do not have accurate information about contraceptives, including where to obtain them and how to use them – they are also facing serious sexual health risks (e.g., unintended pregnancy, sexually transmitted infections) that will affect their future as adults. If we are serious about helping young people to delay intercourse, the evidence requires the use of more complex approaches, including comprehensive sexuality education.

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[1] Kirby, D. "School-Based Programs to Reduce Sexual Risk-Taking Behaviors: Sexuality and HIV/AIDS Education, Health Clinics, and Condom Availability programs." Santa Cruz, CA: 1994.
[2] Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report, 47(36):749-52, September 18, 1998.
[3] Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report. CDC Surveillance Summaries: Youth Risk Behavior Surveillance -- United States, 1997. 47 (SS-3): 749-752, August 14, 1998.
[4] Grunseit, A. and S. Kippax. *Effects of Sex Education on Young People's Sexual Behavior.* Geneva: World Health Organization, 1993.
[5] Joint United Nations Programme on HIV/AIDS. *Impact of HIV and Sexual Health Education on the Sexual Behavior of Young People: A Review Update*, 1997.
[6] Grunseit, A.and S. Kippax. *Effects of Sex Education.*
[7] Kirby, D. *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy.* Washington, DC: National Campaign to Prevent Teen Pregnancy, 2001.
[8] Kirby, D. *No Easy Answers: Research Findings on Programs to Reduce Teen Pregnancy.* Washington, DC: National Campaign to Prevent Teen Pregnancy, 1997.
[9] National Institutes of Health, *Consensus Development Conference Statement*, February 11-13, 1997.
[10] Planned Parenthood Federation of America, Inc. Fact Sheet: *Helping Young People to Delay Sexual Intercourse*, 1997.
[11] Haffner, D. "What's Wrong with Abstinence-Only Sexuality Education Programs?" *SIECUS Report,* 25 (4), April/May 1997.
[12] Minnesota Organization on Adolescent Pregnancy, Prevention and Parenting. "Sexuality Education Survey," April 2000.
[13] Ibid.