

# The Failures of Abstinence-Only Sex Education In America

Cameron Samek

April 2020

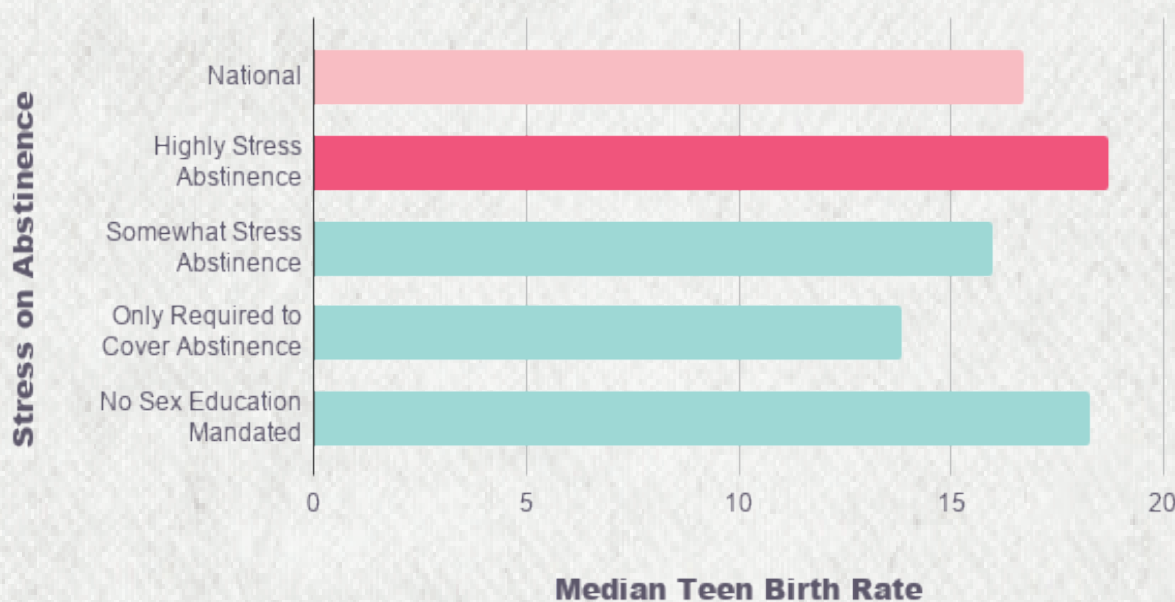
University of North Carolina at Chapel Hill

## Isn't Abstinence Supposed to Prevent Pregnancy?

While it is true that the decision to remain abstinent is the only 100% effective method of preventing pregnancy, **Abstinence-Only Education** (AOE) may be much less effective than intended. Despite our focus on AOE, the United States currently has the **highest rate of teen pregnancy** of any developed nation (Blanton, 2019). States with more conservative values, which tend to use AOE to a greater extent, have generally higher teen pregnancy rates than other states in the U.S. AOE has actually been found to have a perverse effect on conservative states, correlating with higher teen birth rates as opposed to lower ones (Fox, Himmelstein, Khalid, and Howell, 2019).

The median teen birth rate for states that heavily stress Abstinence is **12% higher** than the national median

Median Teen Birth Rates Under Different Levels of Stress on Abstinence in Sex Education



## Shouldn't Teens Wait to Have Sex?

If a teenager makes the decision to not have sex, their risk of pregnancy drops to zero and their risk of contracting an STD/STI drops enormously. However, *teaching* teens to remain abstinent is ineffectual at best. Studies show that most teenagers who are going to have sex have already made their decision and trying to change their minds **does not effectively delay their first sexual encounter**. Furthermore, "Virginity Pledges" also do not delay intercourse and, in fact, sometimes correlate with a much lower rate of contraceptive use, raising the teen's chances of pregnancy and contracting an STD/STI. (Santelli, Ott, and Lyon, 2006). By failing to teach teens how to protect themselves and by limiting the resources at their disposal, we are putting them at a greater risk of contracting an STD/STI and/or an unwanted pregnancy.

“*[Abstinence education] is not just unrealistic, but it leaves our young people without the information and skills that they need.*”

- Dr. Laura Lindberg

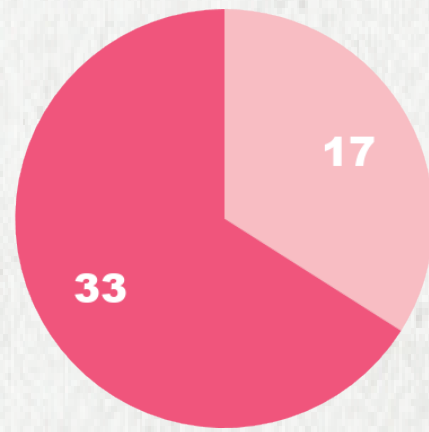
# Does American Sex Ed Have Other Problems?

Aside from its failure to produce its desired outcome, AOE also...

- > Reinforces negative gender **stereotypes**
- > Actively **stigmatizes** LGBTQ+ teens
- > Enforces **religious beliefs** within public schools
- > Often provides medically **inaccurate** information
- > **Fails** to account for cultural differences

(Kay, 2008)

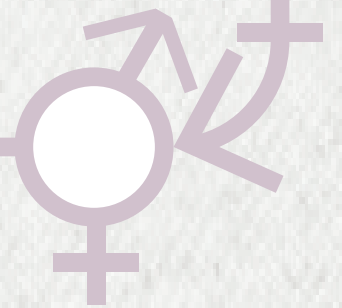
(McCammon, 2017)



**Only 17 States require medical accuracy**

*“[AOE] programming denies the existence of lesbians and gay men and perpetuates negative stereotypes about LGBT people that fuel harassment and bullying.”*

*- Hayley Gorenberg, Deputy Legal Director of Lambda Legal*



**7** out of the top **10** states with the highest chlamydia rates heavily stress abstinence or do not mandate sex ed

(CDC, 2018)

**Currently, only...**

**8**

states include **consent** in sex ed

**9**

states require that sex ed be **culturally appropriate** and **unbiased**

**19**

states require education on **contraceptives**

(Guttmacher Institute, 2020)

## What Can We Do?

Teaching teens how to use condoms could potentially boost their effectiveness rate from **85%** to **98%**

## Where Would the Money Go?

Since 1996, the U.S. has given over **\$1 billion** to AOE (Blanton, 2019). The Trump administration raised the annual funding allocated to AOE by **\$277 million**. We should reallocate that money to **Adolescent Pregnancy Prevention (APP)** programs, which studies show effectively reduce the number of teen pregnancies (Fox et al., 2019). It is worth noting that **93%** of voters believe sexuality needs to be taught in school and **83%** of adults support teaching teens how to protect themselves from STDs/STIs, so this legislation is politically feasible (Perrin & DeJoy, 2003).

Conservative states who adopt APP programs are **more responsive** to them and their teen birth rates lower more than their liberal counterparts

The money taken from AOE would go toward more quality sex education models, such as that of Switzerland. Switzerland mandates **medically accurate** sex ed for all of its citizens, which includes abstinence, contraception, and consent (Ketting & Ivanova, 2018). The education begins at a young age and lasts throughout adolescence, teaching age appropriate material along the way. We could improve this system by including LGBTQ+ education and domestic abuse education. The United States is a **culturally diverse** country that struggles to reach all of its citizens. We can also use Switzerland's model to maximize our new system's cross-culture efficacy. Switzerland divides their sex ed into **cantons**, or groups that share a language who teach students that speak that language. If we apply that framework to cultures in the United States, with the right funding, we could greatly improve our sex education system and help our youth rather than endanger them.

## References

---

- Blanton, N. (2019, October 10). Why Sex Education in the United States Needs and Update and How to Do It. Scholars; Scholars Strategy Network. <https://scholars.org/contribution/why-sex-education-united-states-needs-update-and-how-do-it>
- Fox, A., Himmelstein, G., Khalid, H., & Howell, E. (2019). Funding for Abstinence-Only Education and Adolescent Pregnancy Prevention: Does State Ideology Affect Outcomes? *American Journal of Public Health*, 109(3), 497–504. <https://doi.org/10.2105/AJPH.2018.304896>
- Kay, J., & Jackson, A. (2008). Sex, Lies & Stereotypes How Abstinence-Only Programs Harm Women and Girls. *Legal Momentum*; Legal Momentum. [http://hrp.law.harvard.edu/wp-content/uploads/2013/03/sexlies\\_stereotypes2008.pdf](http://hrp.law.harvard.edu/wp-content/uploads/2013/03/sexlies_stereotypes2008.pdf)
- Ketting, E., & Ivanova, O. (2018). Sexuality Education in Europe and Central Asia. IPPF; International Planned Parenthood Federation European Network. [https://www.ippfen.org/sites/ippfen/files/2018-05/Comprehensive%20Country%20Report%20on%20CSE%20in%20Europe%20and%20Central%20Asia\\_o.pdf](https://www.ippfen.org/sites/ippfen/files/2018-05/Comprehensive%20Country%20Report%20on%20CSE%20in%20Europe%20and%20Central%20Asia_o.pdf)
- Martin, J., Hamilton, B., Osterman, M., & Driscoll, A. (2019). Births: Final Data for 2018. *National Vital Statistics Report*, 68(13). [https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68\\_13-508.pdf](https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_13-508.pdf)
- McCammon, S. (2017, August). Abstinence-Only Education Is Ineffective And Unethical, Report Argues. NPR; National Public Radio. <https://www.npr.org/sections/health-shots/2017/08/23/545289168/abstinence-education-is-ineffective-and-unethical-report-argues>
- Perrin, K., & DeJoy, S. (2003). Abstinence-Only Education: How We Got Here and Where We're Going. *Journal of Public Health Policy*, 24(3), 445–459. <https://www.jstor.org/stable/3343387>
- Santelli, J., Ott, M., & Lyon, M. (2006). Abstinence and abstinence-only education: A review of U.S. policies and programs. *Journal of Adolescent Health*, 38(1), 72–81. <https://doi.org/10.1016/j.jadohealth.2005.10.006>
- (2018). STD Surveillance 2018. CDC; Center for Disease Control. <https://www.cdc.gov/std/stats18/2018-Surveillance-Report-EM-BARGOED-FINAL-State-Ranking-Tables.pdf>
- (2020, February). Sex and HIV Education. Guttmacher Institute; Guttmacher Center for Population Research Innovation and Dissemination. <https://www.guttmacher.org/state-policy/explore/sex-and-hiv-education>