

Findings



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Trashing Abstinence?

Analysis of Senate Bill 515 and House Bill 855

By Alysse ElHage and John Rustin

Legislation has been introduced in the North Carolina General Assembly that would drastically change what we teach children about sex in North Carolina public schools. **SB 515 and HB 855—School Health Curriculum Modified** would remove the emphasis on marriage and allow kids as young as kindergarten to be taught that homosexuality is an acceptable lifestyle. These bills are a reversal of the successful abstinence law passed overwhelmingly by the 1995 session of the General Assembly. Instead of teaching our children that sex between a man and a woman inside of marriage is the safest and most responsible way to avoid disease and unwanted pregnancy, this proposal would allow kids to be taught that premarital sex, including homosexual sex, is appropriate behavior as long as they only have one partner at a time and use condoms and other contraceptives. This is a return to the dangerous comprehensive sex education approach that has failed our children for more than three decades.

This paper provides an analysis of Senate Bill 515 and House Bill 855 and examines the proposed modifications to North Carolina's Abstinence Until Marriage Law. For simplicity, references made to "the bill" include both SB 515 and HB 855.

1. The bill removes the words "mutually faithful," "heterosexual" and "in the context of marriage" from what schools are required to teach about avoiding sexually transmitted diseases (pg. 2, lines 40-42; pg. 3, lines 29-31).

Eliminating "mutually faithful" and "in the context of marriage" moves the emphasis of sex education away from marriage. Teaching kids that any "monogamous"

sexual relationship outside of marriage is the safest way to avoid sexually transmitted diseases is misleading and dangerous.

Monogamy works best inside of marriage, not outside of it. People who become sexually involved outside of marriage at an early age are more likely to have a number of sexual partners over the course of their life. Serial monogamy, or having sex with only one partner at a given time, is not the same thing as having sex with only one person over a lifetime. Teens need to understand that when they have sex with someone, they are exposing themselves to every other person their partner has ever slept with and that puts them at greater risk of contracting sexually transmitted diseases. The more sex partners a person has and the earlier they become sexually active increases their risk of contracting sexually transmitted diseases (STDs).¹

Even in cohabiting relationships (living together outside of marriage), monogamy is rare. The majority of cohabiting relationships end before they reach the altar, and cohabiting couples that do get married are twice as likely (as couples who do not cohabit) to divorce.² Cohabiting couples have also been found to be less sexually exclusive than married couples. According to the National Sex Survey, 16 percent of cohabiting men and 8 percent of cohabiting women said they had been unfaithful to their partner in the past year, compared to four percent of married men and one out of one hundred married women.³

Sex that occurs inside of marriage is best. Abstinence from sex until marriage protects teens from the risk of out-of-wedlock pregnancy and sexually transmitted diseases, and from the side effects of premarital sexual activity, such as emotional heartache. It is easier to end a dating relationship than to end a marriage. Marriage brings at least the promise of

forever and sexual exclusivity, along with a legal contract that publicly recognizes that union. In this way, marriage serves as a protector of the sexual union, guarding not only a person's physical well-being but their mental and emotional health as well.⁴ Marriage offers a safeguard that no monogamous sexual relationship can offer, and this fact needs to be imparted to teens as a reason to choose sexual abstinence until marriage.

2. By removing the word "heterosexual," the bill opens the door for the teaching of homosexuality as an acceptable lifestyle in the public school classroom.

Homosexual sex is considered by medical professionals to be one of the highest risk behaviors for contracting STDs, including HIV/AIDS. According to the American Foundation for AIDS Research (AmFAR), the risk of contracting HIV is five times greater with anal sex than vaginal sex.⁵ Men who have sex with men account for 42 percent of new HIV infections in the U.S. and for 60 percent of all new HIV infections among men, according to the Centers for Disease Control and Prevention (CDC).⁶ Researchers at the 2001 San Francisco HIV Consensus Meeting concluded from recent studies that the rate of new HIV infections among homosexual men in San Francisco has more than doubled since 1997.⁷

High risk behaviors are on the rise among homosexual men. According to the CDC, the proportion of men reporting having unprotected anal sex and multiple sex partners increased from 23.6 percent to 33.3 percent from 1994 to 1997, with the largest increase among homosexuals 25 years or younger. During the same period, the proportion of homosexuals who reported engaging in anal sex increased from 57.6

percent to 61.2 percent, while the percentage of those reporting “always” using condoms declined from 69.6 percent to 60 percent.⁸

Oral sex is another means of contracting STDs, including HIV. At a recent CDC conference, a San Francisco study reported that at least 7.8 percent of recently HIV-infected homosexual men had contracted the virus through oral sex.⁹ Another serious disease that can be contracted through oral sex is the human papillomavirus (HPV). New studies have linked it with oral cancer in both men and women.¹⁰ Because HPV is passed through skin-to-skin contact, condoms have not been found to protect against it.¹¹

Studies show most homosexuals are not monogamous, with the majority of homosexuals having multiple partners over the course of their life. A 1997 study found that 91 percent of the homosexual men surveyed reported having had an average of 43 male sexual partners in their lifetime.¹² Another study of more than 2,000 older homosexual men reported in the *Journal of Sex Research* found that only 2.7 percent claimed to have sex with one partner only, while 21.6 percent claimed to have had one hundred to five hundred lifetime sex partners.¹³

Even with monogamous homosexual sex, there are serious health risks. Anal intercourse, even with a condom, is damaging to the body and can lead to rectal damage and long-term gastro-intestinal infections. Because this area of the body was not designed for intercourse, it can tear and rupture easily, leading to bleeding, lacerations, and open sores. Anal sex is also dangerous because of the exposure to fecal matter, which can lead to a number of non-viral infections caused by the sexual transmission of bacteria and parasites.¹⁴

Make no mistake about it: North Carolina’s Abstinence Until Marriage Law has been targeted by pro-homosexual groups. During a segment of MTV’s “Choose or Lose” program last year—in which North Carolina’s abstinence curriculum was featured—members of the N.C. Lambda Youth Network, a Durham-based leadership organization for lesbian, gay, bisexual, and transgender young people, discussed their grassroots campaign against the law.¹⁵

Homosexual sex is a dangerous activity that should not be presented to children as an acceptable lifestyle. Doing so endorses a behavior that will damage our children’s bodies and put them at greater risk of contracting sexually transmitted diseases.

3. Existing law requires that abstinence until marriage curricula include instruction that provides “factually accurate biological or pathological information that is related to the human reproductive system.” The bill expands this definition to require that this information be “supported by research recognized as accurate and objective by leading medical, psychological, and public health organizations and agencies....” (pg. 3, lines 40-44).

While this may sound logical, this would also open the classroom door for the teaching of homosexuality as an acceptable lifestyle and for the promotion of premarital sexual activity. Not only have several of the “leading” medical and psychological organizations endorsed homosexuality as a normal behavior but they have supported teaching it as such in public schools. In addition, national health organizations, like the Centers for Disease Control and Prevention (CDC), often endorse programs that espouse a dangerous comprehensive sex education message.

In 1999, organizations like the American Academy of Pediatrics, the American Psychological Association and the National Education Association joined together to endorse *Just the Facts About Sexual Orientation & Youth: A Primer for Principals, Educators, and School Personnel*, a booklet produced by the Gay, Lesbian and Straight Educational Network (GLSEN). According to its introduction, this “primer” was designed to combat “the recent upsurge in aggressive promotion of “reparative therapy” and “transformational ministry” which are designed to help counsel individuals out of the homosexual lifestyle.” *Just the Facts* states that groups like the American Counseling Association and the American Psychological Association “have all taken the position that homosexuality is not a mental disorder and thus there is no need for a cure.” The document goes on to state...“the idea that homosexuality is a mental disorder or that the emergence of same-gender sexual desires among some adolescents is in any way abnormal or mentally unhealthy has no support among health and mental health professional organizations.”¹⁶

One of the CDC’s recommended “Programs That Work” is *Be Proud, Be Responsible* (a curriculum that is promoted in North Carolina), which uses a spotlight analogy for giving teens information on appropriate or “safe” behavior. A few examples include:

- Oral sex without a condom: Red light
- Oral sex with a condom: Yellow light
- Having sex with multiple partners and using a condom: Yellow light
- Body rubbing: Green light
- Showering together: Green light¹⁷

The endorsement of pro-homosexual, comprehensive sex education programs is in direct contrast to both the realities of the homosexual lifestyle and the consequences of premarital sexual activity. The irresponsible message they promote is not what most parents want their children to learn about sex.

4. SB 515/HB 855 would also remove the inclusion of “other health and emotional problems” from the discussion of the consequences related to sexual activity (pg. 2, lines 40-41).

This shifts the emphasis to the physical aspects of sex only. Any discussion of sex must include more than the physical. Sex is an emotional, psychological and spiritual union. Therefore, it has an impact on a person’s emotional and mental well-being, particularly if it takes place outside of marriage. According to the CDC, early sexual activity is associated with negative effects on social and psychological development.¹⁸

Early sexual activity has also been linked to drug and alcohol use among teens. According to a 1999 National Center on Addiction and Substance Abuse (CASA) study, teens who drink alcohol are seven times more likely to have sexual intercourse than those who do not, and teens who use illegal drugs are five times more likely to have sexual intercourse than those who do not. CASA president, Joseph A. Califano, has stated: “While it is clear that teens who drink and use drugs are likelier to have sexual intercourse at earlier ages, and with many partners, it is not clear which starts first—sexual intercourse or drinking and drug use.”¹⁹ The use of drugs and alcohol can lead to a number of additional, long-term health problems, such as abuse, addiction and even death.

5. The bill adds “Any other age appropriate health education curriculum approved by a local school administrative unit” to the types of programs that are required to be taught to children in kindergarten through the ninth grade in NC public schools. (pg. 2, lines 6-7)

While these decisions about curricula are left up to the local level, this leaves the door wide open for schools to use any

comprehensive sex education programs, including those that endorse high risk sexual activities.

The General Assembly has already established a local approval process for schools who wish to expand the current abstinence until marriage curriculum, which includes a public hearing and input from parents and the community about a proposed curriculum. The provision in this bill would allow local schools to bypass this approval process and ignore the wishes of parents.

6. The bill adds “any off-campus component that is part of the curriculum of instruction” to the definition of a comprehensive school health education program. (pg.2, lines 8-12)

This would allow for the teaching of curriculum at off-campus locations, such as Planned Parenthood or school-linked health clinics, where condom/contraceptive use is available and can be promoted without parental knowledge, input or consent.

Some groups are just waiting for an opportunity to reach children with their comprehensive “safe” sex message—a message that teaches kids how to engage in sexual activity and theoretically avoid consequences like pregnancy or STDs. Just last year, the Planned Parenthood of Durham and Orange Counties offered an off-campus training program that paid teens between \$200-\$300 for participating and taking the comprehensive “safe” sex message into North Carolina’s public schools. The “Teen Voices Peer Education Program” is a 40-hour course aimed at teaching teens aged 14 to 17 how to share information about sex and sexuality—including facts about how to use and where to get birth control—with their friends.²⁰

7. Current law requires that any instruction provide “accurate statistical information on the effectiveness and failure rates of contraceptives or prophylactics.” SB 515/HB 855 remove the requirement that the information include failure rates that are “in actual use among adolescent populations.” (pg. 5, lines 13-14) **They also remove the requirement to “explain clearly the differences between risk reduction and risk elimination through abstinence.”**

(pg. 5, lines 14-15)

When presenting information about condom failure rates, actual in-use failure rates are much more accurate than laboratory tests for condoms. The fact is that most

kids will not be in a laboratory under perfect conditions when they have sex.

According to the Medical Institute for Sexual Health, condom slippage and breakage rates range from 2 to 4 percent for most users each occurrence. This means that after 100 episodes of intercourse with a 3 percent breakage and slippage rate per occurrence, 95 percent of individuals will have experienced at least one condom break or slip.²¹

We are talking about adolescents having sex, not adults. The chances of teens and pre-teens using condoms every time they have sex and using them with 100 percent accuracy are slim. Even adults who use condoms on a regular basis don’t use them accurately every time. One study of male college students who used condoms consistently found that one in three were exposed to pregnancy or STD risk in the prior month due to either incorrect use or condom failure. The majority of these experiences were due to incorrect use.²²

There is a big difference between risk reduction and risk elimination, and teens need to understand this distinction. Abstinence is the only 100 percent sure method of eliminating the risk of contracting an STD or becoming pregnant out-of-wedlock. Condoms can’t eliminate the risk—they can only reduce the risk of some STDs when used correctly 100 percent of the time, and offer little, if any, protection against others. Some STDs, like the human papillomavirus (HPV), are transmitted by skin-to-skin contact from areas not covered by a condom. HPV is the most prevalent sexually transmitted disease today among young, sexually active people, with some 20 million infected. The HPV infection is present in over 99 percent of cervical cancers.²³ Other STDs that can be transmitted by skin-to-skin contact include genital herpes and syphilis.²⁴

The so-called “safe-sex” approach that endorses condom use has been in schools for more than 30 years. Up until the early 90’s, teen pregnancy and STD rates were skyrocketing. Although rates have been declining recently, more than 15 million people become infected with one or more STDs each year. Of these infections, 25 percent occur in teenagers.²⁵

8. Under current NC law, students may receive information about obtaining contraceptives and abortion “only in accordance with a local board’s policy regarding parental consent.” The bill would narrow this restriction and prevent it from applying broadly to

anything that occurs on school property to only the “health education curriculum” itself. (pg. 5, lines 5-6) **In addition, any instruction concerning condoms/contraceptives is required to include “accurate statistical information on their effectiveness and failure rates. The bill narrows this requirement to apply only to instruction that occurs “within the curriculum.”**

(pg. 5, lines 8-9)

The health education curricula is part of a larger program. This very narrow application would allow instruction that falls outside the health education curriculum to include information about obtaining condoms, other contraceptives, or abortion services, regardless of the local school board’s policy regarding parental consent.

9. While Comprehensive Sex Ed. has failed to protect our children, Abstinence Until Marriage Education is working.

Fewer teens are having sex. According to 1999 CDC reports, less than one-half of adolescents reported ever having had sex, a decline for the first time in 20 years.²⁶ The CDC also reports that the 1999 birth rate for teenagers is 20 percent lower than the recent high point in 1991.²⁷

According to the latest available statistics (1998), North Carolina has the lowest number of pregnancies in 16 years for teens aged 10-19 who are not married.²⁸ The teen abortion rate (per 1,000 females age 15-19) in North Carolina dropped from 41.4 in 1988 to 22.7 in 1998.²⁹

The recent National Longitudinal Study of Adolescent Health also confirms the effectiveness of sexual abstinence pledges. According to the study, which was reported in the *American Journal of Sociology*, teens who took a pledge to abstain from sexual activity until marriage maintained their virginity 18 months longer than teens who did not make an abstinence pledge. Taking a pledge to remain abstinent was the highest indicator that a teen would not engage in early sexual behavior. More than two and a half million teens have taken pledges to remain abstinent until marriage.³⁰

Conclusion

Teens want a strong abstinence message. According to a recent survey of teens aged 12 to 17 by the National Campaign to Prevent Teen Pregnancy, 93 percent of young people surveyed said that teens should be given a strong message from society not to engage in sexual activity at least until they are out of high school. In

addition, 58 percent of the teens surveyed said that “sexual activity for high-school age teens is not acceptable, even if precautions are taken against pregnancy and sexually transmitted diseases.”⁷³¹

Abstinence education programs need time to take effect. Comprehensive sex education programs have had more than 30 years to make an impact on the sexual health and well-being of young people, and the results have been devastating. However, North Carolina teens are already reaping the benefits of the abstinence law passed by the General Assembly in 1995.

SB 515/HB 855 represent an attempt to destroy North Carolina’s Abstinence Until Marriage Law by returning to the dangerous comprehensive sex education approach. These bills remove the emphasis on marriage from what children are taught about sex and open the door for the teaching of homosexuality as an acceptable lifestyle in the public school classroom. They also reduce the ability of parents to influence what their children are taught about sex at the local level. The emphasis on sexual abstinence until marriage needs to be strengthened in North Carolina’s public schools, not diluted and drained of effectiveness by mixing it with the failed comprehensive sex education message.

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Alysse ElHage is Director of Communications and John Rustin is Director of Government Relations for the North Carolina Family Policy Council.

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