

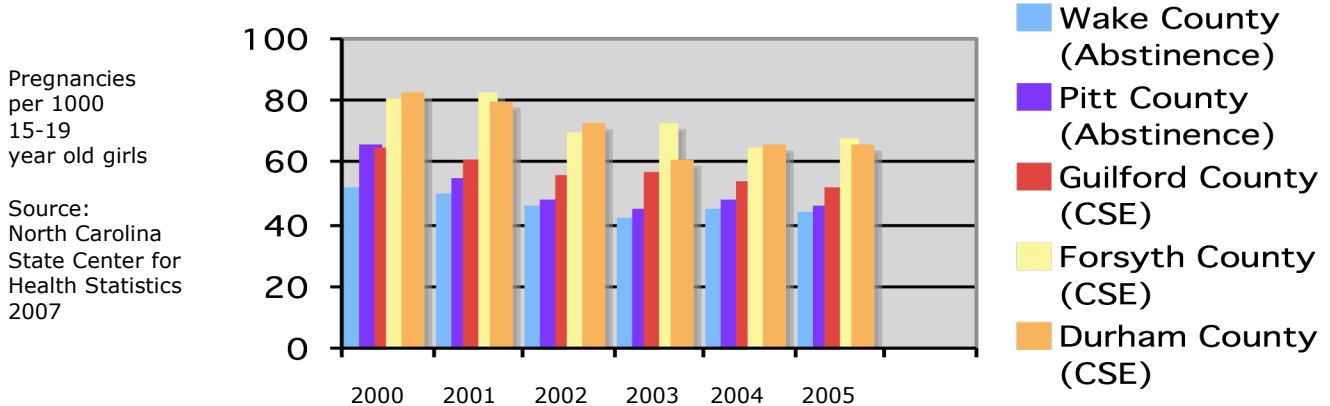


Abstinence Education Works!

Applicable Bills: **House Bill 879, Senate Bill 1182**

Since the federal government began distributing funds to states for abstinence education, the 15-year-long national movement toward teaching abstinence education has coincided with some impressive trends. According to the Centers for Disease Control and Prevention (CDC), **the percentage of sexually active teens in the U.S. has declined from 54.1 percent in 1991 to 46.7 percent in 2004.**¹ **Nationwide, teen pregnancy rates have also dropped to their lowest level in 30 years, down 28 percent nationwide, since peaking in 1990.**² **In North Carolina, one of the earliest states to adopt abstinence education, the numbers are even more positive. The adolescent pregnancy rate has declined more than 40 percent since 1990**³ **and the abortion rate for girls age 15-19 dropped from 27 per 1000 in 1995 to 14.3 per 1000 in 2005**⁴

When comparing the teen pregnancy rates in similarly situated counties within North Carolina, the trend is also encouraging. For example, Wake County is one of the large metropolitan areas in the state where Abstinence Until Marriage education is taught in schools. Since 2001, Wake County has had trained abstinence presenters available to health teachers by request. **Wake County's teen pregnancy rates are much lower than these metropolitan areas that have adopted Comprehensive Sex Education (CSE).** CSE would be mandated under HB879 and SB1182.



Pitt County is another example of a metropolitan area which teaches Abstinence Until Marriage. Since 2000, Pitt County has had a nationally recognized abstinence program, WhykN0w, operating in nearly all of its public high schools and middle schools, and taught by a team of trained presenters. **Teen pregnancy rates in Pitt County are also significantly lower than those school systems using CSE.** CSE would be mandated under the proposed legislation.

While there is no record-keeping procedure established to track what individual North Carolina school systems are teaching in regards to sex education, **it is clear that when abstinence is taught properly, the results are very good.**

¹ CDC, "Youth Risk Behavior Surveillance—United States, 2005," *Morbidity and Mortality Weekly Report*, June 9, 2006, pgs. 19-21.

² Alan Guttmacher Institute, *Sex Education: Needs, Programs and Policies*, December 2006.

³ North Carolina State Advisors on Adolescent Sexual Health (SAASH), *The State of Adolescent Sexual Health North Carolina*, 2004.

⁴ For 1995-2000 teen pregnancy rates; *State Center for Health Statistics, North Carolina Reported Pregnancies, 2005*, at www.schs.state.nc.us/SCHS/data/pregnancies/2005 and click on "abortion rates and abortion fractions by age, NC 1996-2005". For 1995 rates, see NC reported pregnancies, 2000 at www.schs.state.nc.us/SCHS/data/pregnancies/2000 and click on "abortion rates and abortion fractions by age, 1990-2000".

Evidence is found in numerous national studies as well. Here are a few:

- In a study presented at the 2006 *XVI International AIDS Conference in Toronto*, abstinence education was compared to safer-sex education. Adolescents who received abstinence education were less likely to report ever having sex at 24-month follow-up.⁵
- The *Journal of the American Medical Association (JAMA)* reported the evaluation of a community-based abstinence program in Denmark, South Carolina that demonstrated significantly reduced pregnancy rates for females aged 14–17. **Teen pregnancy rates decreased from 54/1,000 to 25/1,000 over a four-year period.** In contrast, pregnancy rates for the comparison communities rose from 46 per 1,000 to 54 per 1,000. The Denmark, SC program involved schools, media, and churches.^{6 7}
- The *Journal of Health Communication* reported that Rochester, New York (Monroe County) used a mass communication effort involving media, parents, and educators to encourage abstinence as a means of reducing teen pregnancy rates. **Self-reported sexual activity for 15-year-olds decreased from 47% to 32%.**⁸
- A study released in April 2005 in *Adolescent and Family Health* showed that junior high and middle school-aged girls in Washington, D.C. who participated in the Best Friends program greatly reduced their high-risk behaviors, including sexual activity, smoking, and alcohol and drug use, when compared to their peers who did not participate. **Participants were six-and-a-half times more likely to remain sexually abstinent.**⁹
- An April 2003 study in *Adolescent and Family Health* found that increased abstinence among 15 to 19-year-old teens accounted for at least two-thirds (67%) of the drop in teen pregnancy rates. **Increased abstinence also accounted for more than half (51%) of the decline in teen birthrates.**¹⁰
- An August 2004 study in the *Journal of Adolescent Health* found that **53 percent of the decline in teen pregnancy rates** can be attributed to decreased sexual experience among teens aged 15-17 years old, while 47 percent of the decline is attributed to increased use of contraception among teens.¹¹
- A study by Mathematica Policy Research, Inc. rebuts a common point made by those who oppose abstinence education. According to Dr. Gary Rose, president and chief executive office of The Medical Institute, "The Mathematica study shows that kids who received abstinence education were just as likely as the other kids to use condoms."¹²
- An independent evaluation of *Choosing the Best* abstinence program funded by the U.S. Department of Health and Human Services between 2002 and 2004 **found a 47 percent decline in the initiation of sex** for those students who participated in that program.¹³
- NOTE: A recent study released by *Mathematica Policy Research, Inc.* has provided some recent fuel for those opposed to abstinence education, however, such a conclusion is unwarranted. There were several potential problems with the study including:
 - Use of a non-representative sample: The study evaluated only four of more than 900 Title V abstinence programs and there were no high school students included;

⁵ Jemmott JB III, Jemmott LS, Fong GT. Efficacy of an Abstinence-Only Intervention Over 24 Months: a Randomized Controlled Trial with Young Adolescents [PowerPoint presentation on the Internet]. In: *XVI International AIDS Conference, Toronto Canada, 13-18 August 2006. Time to Deliver, AIDS 2006* [conference website on the Internet] [cited 2006 Aug 16]. Available from: <http://www.aids2006.org/Web/MOAX0504.ppt>.

⁶ Vincler ML, Clearie AF, Schluchter MD. Reducing adolescent pregnancy through school and community-based education. *JAMA*. 1987;257(24):3382-3386.

⁷ Denmark, SC: population 3,130 (85% African American, 12.6% White), estimated median household income in 2005 was \$14,600. Source: City-Data.com, April 23, 2007.

⁸ Doniger AS, Adams E, Utter CA, Riley JS. Impact evaluation of the "not me, not now" abstinence-oriented, adolescent pregnancy prevention communications program, Monroe County, New York. *J Health Commun*. 2001;6(1):45-60.

⁹ Lerner, Robert, "Can Abstinence Work?" An Analysis of the Best Friends Program," *Adolescent and Family Health*, 2005 April Vol 3, No. 4

¹⁰ J. Mohn, L. Tingle, and R. Finger, "An Analysis of the Causes of the Decline in Non-marital Birth and Pregnancy Rates for Teens from 1991 to 1995," *Adolescent and Family Health*, Vol. 3, No. 1 (April 2003), pp. 39-47. (http://www.heritage.org/Research/Abstinence/wm738.cfm#_edn9)

¹¹ Santelli et al. "Can Changes in Sexual Behaviors Among High School Students Explain the Decline in Teen Pregnancy Rates in the 1990's?," *Journal of Adolescent Health*, Vol. 35, No. 2 (August 2004), pp. 80-90 (http://www.heritage.org/Research/Abstinence/wm738.cfm#_edn9)

¹² Dr. Gary Rose in an interview with Bill Brooks with the North Carolina Family Policy Council for Family Policy Matters radio show, April 24, 2007.

¹³ S. Weed, Ph.D. and N. Anderson, "Evaluation of Choosing the Best," Institute for Research and Evaluation, Salt Lake City, Utah, October 5, 2005.

- A contaminating effect of the control groups: Control groups were from the same school, and possibly the same peer group, as the abstinence education study group, so the positive effects of the abstinence programs could have affected the control group as well;
- The study began when Title V abstinence education programs were in their infancy, before the most effective means of communicating these principals were known. More information on the study is available from the Medical Institute in Austin, TX.¹⁴

Here is what you get with Comprehensive Sex Education

Comprehensive sex education (CSE) programs claim that sexual abstinence is the basis of CSE curricula and are often described as “abstinence-plus” or “abstinence-based.” But a 2004 study of nine popular CSE/abstinence-plus curricula found that they devote less than 5% of their page content to promoting abstinence, while nearly 30% of their content is spent describing contraception and encouraging adolescents to use it.¹⁵ As the following examples will show, CSE promotes sexual freedom for adolescents, and then relies on condoms and other contraceptives to help negate the consequences. **Warning: the following examples contain sexually explicit information that some readers may find offensive!**

Here are several examples from *Reducing the Risk*, a CSE/abstinence-plus curriculum found in a school system in North Carolina:

- Students are instructed to act out the following scenario: “Tony and Dylan have been to a party and then go to Tony’s home to be alone. They start to kiss and undress each other. Dylan reaches into his jacket pocket, and realizes that he doesn’t have the condom he planned to use. He says, “I think somebody stole the rubber I had.” What can Tony and Dylan do to avoid unprotected sex?”¹⁶
- Students are instructed to write out a step-by-step plan for convincing their partner to use condoms and foam and for obtaining contraception, followed by an optional exercise that involves preparing a detailed plan for the couple to use protection, which includes answering the question: “What would be the most romantic way to use the condom and foam?”¹⁷
- “Teenagers can obtain birth control pills from family planning clinics and doctors without permission from a parent: Truth. You do not need a parent’s permission to get birth control at a clinic. No one needs to know...”¹⁸

Following are examples from *Be Proud! Be Responsible!*, another popular CSE/abstinence-plus curriculum:

- “proud and responsible behavior includes protecting yourself by using a condom during sexual intercourse; abstaining from sexual behavior when no condom is available; [and]...abstaining from sex altogether, if that is your choice.”¹⁹
- “Go to the store together. Buy lots of different brands and colors. Plan a special day when you can experiment. Just talking about how you’ll use all those condoms can be a turn on.”²⁰

¹⁴ J. Mellhaney, MD, *The Medical Institute's Statement on Impacts of Four Title V, Section 510 Abstinence Education Programs*, April 2007 (<http://www.medinstitute.org/includes/downloads/MathematicaStatementFINAL.pdf>)

¹⁵ Martin, Shannon, et. al., *Comprehensive Sex Education vs. Authentic Abstinence: A Study of Competing Curricula*, The Heritage Foundation, 2004, pg.v.

¹⁶ *Reducing the Risk*, pg. 149, cited in: Martin, Shannon, et. al., *Comprehensive Sex Education vs. Authentic Abstinence: A Study of Competing Curriculum*, The Heritage Foundation, 2004, pg. 28.

¹⁷ *Reducing the Risk*, pgs. 189-190.

¹⁸ *Reducing the Risk*, pg. 137.

¹⁹ *Be Proud! Be Responsible!*, pg. 24.

²⁰ *Be Proud! Be Responsible!*, pg. 80.

- Students are invited to “brainstorm ways” to “increase spontaneity and the likelihood they’ll use condoms,” including the following examples: “Eroticize condom use with a partner...Use condoms as a method of foreplay...Think up a sexual fantasy using condoms...Hide them on your body and ask your partner to find it...Tease each other manually while putting on the condom.”²¹
- “Q: If a man lost his erection after putting on a condom and before intercourse, what could the couple do? A: Continue stimulating one another, relax and enjoy the fun, wait a while and start playing again using the condom as part of the play.”²²
- Teachers are advised: “These questions [concerning condom use] are geared toward heterosexual partners. Encourage participants to discuss these issues in the context of same-sex partners.”²³

Another CSE curriculum, *Focus on Kids*, includes the following examples:

- “When discussing ‘Don’t have sex,’ be sure to help youth identify other options, such as finding fun ways to be together that don’t involve sex, or finding different ways to please a partner without sex (e.g., kissing, rubbing, mutual masturbation).”²⁴
- Condom race: “Divide youth into two teams and give everyone a condom. Have the teams stand in two lines and give the first person in each line a dildo or cucumber. Each person on the team must put the condom on the dildo or cucumber and take it off....The team that finishes first wins.”²⁵
- Teachers are told to: “State that there are other ways to be close to a person without having sexual intercourse. Ask youth to brainstorm ways to be close. The list may include...body massage, bathing together, masturbation, sensuous feeding, fantasizing, watching erotic movies, reading erotic books and magazines...”²⁶
- Group leaders are told: “You may need to describe anal intercourse. (When a man puts his penis into another person’s rectum or asshole. The person can be male or female).”²⁷

For more information, contact John Rustin or Tami Fitzgerald at the North Carolina Family Policy Council.
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²¹ *Be Proud! Be Responsible!*, pg. 78-79.

²² *Be Proud! Be Responsible!*

²³ *Be Proud! Be Responsible!*

²⁴ *Focus on Kids*, pg. 83

²⁵ *Focus on Kids*, pg. 108.

²⁶ *Focus on Kids*, pg. 137.

²⁷ *Focus on Kids*, pg. 55.