

Appendix B

Facts and Figures about Abstinence-Only Programs and Comprehensive Sex Ed

The next page is a fact sheet you can give to school administrators, members of the media, or even potential allies in the fight to bring medically accurate sex education to your schools.

These are not talking points—you don't want to get too bogged down in numbers when talking to the media—but can be used to supplement the talking points in Appendix A.

You can simply print the following page and leave it with the person you meet with to give them concrete information about this issue.

Medically Accurate Sex Education

Students Deserve the Facts

All the available evidence shows that abstinence-only until marriage programs not only do not work, they are actively harmful for teens. Only by teaching comprehensive and fact-based sex education can we ensure that students are protected from sexually transmitted infections and minimize their risk of unplanned pregnancy.

In the past 20 years, the United States has spent \$2 billion on abstinence only programs that show no evidence of being effective.

Until 2010, the federal government spent no money on comprehensive sex education and spent as much as \$180 million annually on abstinence-only programs.¹ Starting in 2010, comprehensive programs have accounted for the bulk of all federal spending. Since then, teen pregnancy rates have declined from approximately 34.3 per 1,000 to 24.2 per 1,000 (in 2014).²

Huge majorities want comprehensive sex education taught in schools.

- 99 percent of parents want youth to get information on other STIs in addition to HIV.
- 98 percent of parents want youth to be taught about HIV/AIDS.
- 94 percent of parents want youth to learn how to get tested for HIV and other STIs.
- 83 percent of parents want youth to know how to use condoms.³

Teen pregnancy rates are higher in states that only teach abstinence only.

In Mississippi, for example, teen pregnancy rates are as high as 55 out of every 1,000. The national average is 34.3. The state with the lowest rate is New Hampshire, with just 16 births per 1,000. New Hampshire requires a comprehensive curriculum to be taught. According to a study by the National Institutes of Health, "increasing emphasis on abstinence education is positively correlated with teenage pregnancy and birth rates."⁴ In other words, abstinence programs don't just not work: They actually raised pregnancy and birth rates among teens.

Teens are getting most of their information about sexual health online and it isn't accurate.

By failing to educate teens in schools, we are forcing them to turn to inaccurate online resources. A study in the *Journal of Adolescent Health* found that 46% of sexual health websites had inaccurate information about contraception and 35% had inaccurate information about abortion.⁵

¹ Guttmacher Institute, *The Looming Threat to Sex Education: A Resurgence of Federal Funding for Abstinence-Only Programs?*, <https://www.guttmacher.org/gpr/2017/03/looming-threat-sex-education-resurgence-federal-funding-abstinence-only-programs>

² United States Department of Health and Human Services, *Trends in Teen Pregnancy and Childbearing*, <https://www.hhs.gov/ash/oah/adolescent-development/reproductive-health-and-teen-pregnancy/teen-pregnancy-and-childbearing/trends/index.html>

³ National Public Radio et al., *Sex Education in America: NPR/Kaiser/Kennedy School Poll*, Menlo Park, CA: Kaiser, 2004.

⁴ Kathrin Stranger-Hall and David W. Hall, *Abstinence-Only Education and Teen Pregnancy Rates*, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3194801/>

⁵ Journal of Adolescent Health, *Quality and Accuracy of Sexual Health Information Web Sites Visited by Young People*, [http://www.jahonline.org/article/S1054-139X\(10\)00021-2/abstract](http://www.jahonline.org/article/S1054-139X(10)00021-2/abstract)

Making condoms available to students does not increase sexual activity but does increase safer sex practices among sexually active students.

Schools in large cities like New York, Chicago, and Philadelphia are now making condoms available at student health centers. In one study in Philadelphia, schools with high health resource center usage reported that making condoms available to students saw an increase in reported usage rates of 35% while also showing a decrease in the number of students having intercourse.⁶

“Virginity Pledges” may delay onset of sexual intercourse, but not until marriage, and reduce the likelihood of contraception usage.

While the virginity pledges did delay sexual intercourse for some teens, on average pledgers only waited approximately 18 months, not until marriage.⁷ A study of these pledges found that young people who took abstinence pledges were one-third less likely to use contraception when they did become sexually active⁸, were less likely to seek out medical testing or treatment, and were more likely to engage in riskier sexual behaviors than non-pledgers.⁹

Americans, on average, have sex for the first time at age 17 but do not marry until their mid-20s.

During this nearly decade-long gap, young people who receive abstinence only education are less likely to use condoms or other forms of contraception to prevent unwanted pregnancy or condoms and other safer sex practices to reduce STI infection risks. Teaching young people about highly effective, but under-utilized, contraception methods can greatly reduce the rate of unintended pregnancy.¹⁰

⁶ Advocates for Youth, *School Condom Availability*, <http://www.advocatesforyouth.org/publications/449-school-condom-availability>

⁷ Peter Bearman and Hanah Brückner, *Promising the Future: Virginity Pledges and the Transition to First Intercourse*, *American Journal of Sociology* 106.4 (2001): 859-912.

⁸ Ibid.

⁹ Peter Bearman and Hanah Brückner, *After the promise: The STD consequences of adolescent virginity pledges*, *Journal of Adolescent Health* 36.4 (2005): 271-278.

¹⁰ Finer LB and Philbin JM, *Trends in ages at key reproductive transitions in the United States, 1951-2010*, *Women's Health Issues*, 2014, 24(3): e271-e279.