

### Editor's Note

In “Abstinence-Only Sexual Education,” Tessa Libby uses a substantial amount of evidence to support her strong, central claim: “Due to abstinence-only sexual education, teens today are naïve concerning the truth about sexual activity and, in turn, they are unprepared to face the consequences.” Think about your experiences with sexual education in the classroom—did you have similar or different experiences? Examine the evidence used by Libby and discuss how it is introduced and analyzed—are her sources supporting her points in the most effective manner? Identify the moments when each rhetorical appeal (*ethos*, *pathos*, *logos*) manifests itself in the essay. Locate the opposing viewpoint: is it fully considered?

## Abstinence-Only Sexual Education

Tessa Libby

In recent years, under the Bush Administration, abstinence-only education programs have expanded dramatically. Currently, the Federal Government spends more than \$150 million annually to fund abstinence-only sexual education programs. However, the Federal government is also funding research that is proving such sexual education programs to be ineffective. This new abstinence-only sexual education epidemic is useless and, while often relaying false information, only prohibits teens from knowing the truth of sexual activity. Teaching only abstinence does not inform students about methods of protection or contraception and therefore does not result in the prevention of sexually transmitted diseases or pregnancies. Due to abstinence-only sexual education, teens today are naïve concerning the truth about sexual activity and, in turn, they are unprepared to face the consequences.

Without knowing about the health risks and other consequences involved in unprotected sexual activity, students of abstinence-only sexual education programs are shielded from the reality of sex. James T. Sears writes,

Ideally, sexual education encompasses sexual knowledge, beliefs, attitudes, values, and behaviors. Classrooms address anatomy, physiology, and biochemistry of the sexual response system, gender roles, identity, and personality, and thoughts, feelings, behaviors, and relationships. Students discuss and debate ethical and moral concerns, and group and cultural variations. At its best, sexuality education is about social change—about helping to create a world where all people have the information and the rights to make responsible sexual choices—without regard to age, gender, socioeconomic status, or sexual orientation. (Sears)

Yes, “ideally”, sexual education should inform, but newer techniques of abstinence-only sexual education include no informative facts and knowledge. In fact, a study conducted in 2004 by United States Representative Henry Waxman revealed the curricula used by more than two-thirds of government-funded abstinence-only programs “contain false, misleading, or distorted information” (Waxman). It seems as though sexual education programs should teach accurate information in order to be credible and well established, but despite the misinformation, abstinence-only sexual education is on the rise.

For example, one abstinence-only curriculum states that the chances of “premature birth, a major cause of mental retardation, is increased following abortions” (Waxman). In fact, such risks do not rise after a proper abortion procedure (Waxman). Additionally, abstinence-only sexual education also often teaches false information as scientific fact. Some curriculums incorrectly claim that exposure to tears and sweat can spread HIV. Others even state that twenty-four chromosomes from each the mother and the father join together to create a fetus. In fact, HIV is transferable through only the bodily fluids of semen and blood, and it is twenty-three chromosomes that create a fetus. (Waxman) The abstinence-only approach to sexual education contradicts “everything that medicine and science know about . . . sex” (Caplan).

Moreover, government funded abstinence only programs often “blur religion and science,” as the religious belief that “life begins at conception” is continuously presented as scientific fact (Waxman). Some curriculums refer to a “43-day-old fetus as a thinking person” and others describe the beginning of life at fertilization, “when one sperm unites with one egg in the upper third of the fallopian tube” (Waxman). Regardless of personal or public beliefs, the fact remains that unwanted pregnancies and the contraction of sexually transmitted diseases lead to social problems. Religious and political groups are often too concerned about coercing others into their way of thinking that the true issue of educating teens about sexuality is compromised. The abstinence-only programs being instituted by the Federal Government have a religious and political, rather than public health motive (Stryker).

Teaching abstinence-only sexual education does not teach students about methods of protection and therefore does not inform students of the consequences involved with sexual activity, which can include getting sexually transmitted diseases. Sexual exposure is common within high school students’ every day life and may glorify sexual activity. Regardless of what is taught in classrooms and what they are told by their teachers, some students will experiment with sexual activity, and it is only wise to present students with options for protection from sexually transmitted diseases. These “serious and pervasive problems with the accuracy of abstinence-only curricula may help explain why these programs have not been shown to protect adolescents from sexually transmitted diseases and why youth who pledge abstinence are significantly less likely to make informed choices about precautions when they do have sex” (Waxman).

Recent research has found that teens, who pledged to remain abstinent as a result of abstinence-only sexual education courses, actually had similar sexually transmitted disease rates as others of the same age. Additionally, those who pledged to refrain from sexual activity are less likely to use contraception when they do become sexually active, because they are not well informed (Caplan). Another study, conducted by Mathematica Policy Research Inc., found that adolescents who were educated by abstinence-only programs “were just as likely to have sex as those who [were] not” (Federal). Furthermore, students of abstinence-only programs had the same number of sexual partners and had their first sexual experience at the same age as adolescents who were not involved in such programs (Federal). These reports, which were commissioned by the Federal government, confirm that abstinence-only programs are not effective.

President George W. Bush, with the “mistaken belief that comprehensive sexual education itself somehow seduces teenagers into sexual activity,” has propelled the movement of abstinence-only sexual education (Stryker). However, the “casualties in this war are teenagers themselves, denied information about how to prevent pregnancy or sexually transmitted diseases in the highly likely event that they have sexual intercourse” (Stryker). Supporters of abstinence-only programs have a fear that any slight exposure that adolescents have to information about sexual behavior will in turn create sexually active beings out of the students.

Scaring adolescents out of sex has not proved to decrease the rate at which sexually transmitted diseases are being diagnosed in today’s youth. Through 2003, “an estimated 38,490 young people in the United States received a diagnosis of AIDS” (“HIV/AIDS”). Of those diagnosed with AIDS, an estimated 10,041 died (“HIV/AIDS”). The percentage of diagnosed cases of AIDS in youth has not decreased and is rather increasing dramatically as a result of the fact that adolescents will still have sex whether or not they are knowledgeable about sex. Thus, students who have received abstinence-only education are likely to have unsafe, unprotected sex. Researchers say that programs, which “exclusively encourage abstinence from sex do not prevent sexual behavior, nor [do they] reduce the risk of HIV or pregnancy” (Clinical). Therefore, all students should be taught safety precautions and pregnancy prevention methods because many of them will have sex regardless of their sexual education exposure.

Consequences of unprotected sexual activity as a result of knowing only how to refrain from sex, as taught in abstinence-only sexual education programs, can also include teen pregnancies and even teen abortions. Ironically, abstinence-only advocates and comprehensive sexual education advocates “share common goals: the prevention of unintended pregnancies . . . and . . . [sexually transmitted diseases]” (Stryker). In fact, studies of comprehensive education curriculum proved that there have been “delays in sexual intercourse, reductions in number of partners, and increases in contraceptive use” (Stryker). Comprehensive sexual education addresses

abstinence, as the only way to avoid sexually transmitted diseases and pregnancy, but also acknowledges that some number of teenagers will choose to have sex and therefore provides students with knowledge about contraceptives and other protection methods. Such comprehensive programs give instruction in safe sex behavior, including the use of condoms and other contraceptives. If there is not enough support to receive complete comprehensive sexual education within schools, then courses such as Abstinence-Plus, which is a form of sexual education that promotes abstinence but also includes a minimal comprehensive sexual education approach, are vital for the health and safety of youth in the United States.

Teaching abstinence-only in sexual education curriculum is irresponsible; teens are sexual beings and need to be taught about all of the perils of sex so that they can make informed decisions about whether to have sex or not and, if they choose to do so, how they can proceed in a safe and healthy manner. Teens are being subjected to ignorance by being taught only of abstinence in their sexual education courses.

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