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Reproductive Roulette

By Jodie Levin-Epstein

In 1996 the newly Republican Congress approved nearly $440 million in public funds over five years to teach celibacy[i]. The law comes up for renewal next year. The local programs supported under this legislation (see Appendix: The Law) teach that abstinence is the only appropriate way to prevent pregnancy and sexually transmitted diseases (STDs). Indeed, the limited information about contraceptives permitted in such classes emphasizes contraceptive failure rates. Under the program's key elements, states may only fund classes that teach that

- ***Premarital sex is wrong*.** It is "likely" to be both psychologically and physically damaging.
- ***Sex is for the self-sufficient*.** Sexual activity is appropriate upon the attainment of "self-sufficiency"—presumably a measure of economic status. Since the law is silent on the definition of self-sufficiency, the income that a couple needs to achieve before sexual relations become appropriate is ambiguous.
- ***Abstinence is ageless*.** Only the married should have sex. Since marriage has been occurring later in life, abstinence is not limited to adolescents. In 1998 the median age of first marriage was nearly 27 for men and 25 for women[ii]; in addition, older divorced and widowed individuals should abstain until they remarry.

When it embraced abstinence-only education, however, Congress missed a basic fact: There was no evidence that it would work. Indeed, when the National Campaign to Prevent Teen Pregnancy reviewed evaluations of "abstinence only" programs, it found that "there do not currently exist any

abstinence-only programs with reasonably strong evidence that they actually delay the initiation of sex or reduce its frequency."[iii]

Complete formal evaluations of these programs funded through the 1996 law will not be generally available until 2003—a year after the program comes up for reauthorization. That's unfortunate because it's not at all clear that the abstinence-only approach will prove superior to more flexible ones at delaying onset of sexual activity, discouraging activity with multiple partners, and preventing pregnancy and disease. Other approaches to teaching human sexuality—variously called "abstinence plus," "abstinence based," and "safe sex" education—stress the value of abstinence to differing degrees, especially for younger teens, but also provide age-appropriate information about contraception.

The difficulty with abstinence-only education, of course, is that by definition it is an all-or-nothing enterprise. Teenagers who have heard only the abstinence pitch and who then become sexually active are very likely to be at greater risk, since they will have had no education on practicing safe sex. Because of concerns about the need for effective education strategies in this era of sexually transmitted diseases, the American Medical Association, the National Institutes of Health, the American Academy of Pediatrics, and the Institute of Medicine have all recently issued reports questioning Congress's 1996 allocation and the approach it supported[iv].

The sponsors of the provision were the conservatives who took control of Congress in 1994. The bill was promoted by Republicans such as Lauch Faircloth of North Carolina and Rick Santorum of Pennsylvania in the Senate and Jim Talent of Missouri in the House. Conservative family groups lobbied hard for its enactment and succeeded in keeping abstinence education strictly defined. The win whetted conservative appetites for more funding. They modified an earlier program, the 1981 Adolescent Family

Life Act (AFLA), so that its broader abstinence-education language now conforms to the more restrictive 1996 brand of abstinence. That revision provided about $9 million of AFLA's annual funding. In addition, led by Republican Congressman Ernest Istook, Jr., of Oklahoma, legislators okayed another $50 million in 2000 for a virtually identical program[v]. Congress even delayed the implementation date so that the incoming Bush administration rather than the lame-duck Clinton team would write the regulations for disbursement of the new monies.

The latest $50 million comes with new stipulations. Entities that receive the monies for abstinence education must not provide other sex-education classes that counsel alternatives to abstinence. So even if a sponsor teaches "abstinence only" to 12-year-olds, its program cannot be funded if it includes contraceptive information in classes for older teens. The provision is analogous to the Bush administration's "global gag rule," which denies federal funds to international family-planning groups that so much as mention abortion anywhere else in their program activities [see "The Sound of Silence" on page A20].

All told, as of fiscal year 2002, about $533 million in state and federal funds has been earmarked for abstinence-only sex-ed programs just since 1996[vi]. The legislative sponsors, ordinarily considered fiscal conservatives, are using tax dollars on an unproven approach. Ironically, in an era of devolution and budget restraint, here is a new, federally engineered program for local schools. If anything, the drive to expand abstinence-only sex education is accelerating. Testifying before the Senate in April, Tommy Thompson, secretary of the U.S. Department of Health and Human Services, suggested that abstinence-only education is under funded[vii].

Recent research suggests that some abstinence strategies may help delay the onset of sexual activity, particularly among the youngest adolescents. But the abstinence-only approach can backfire when aimed at older teens.

- A comparison of in-school youths who took a "virginity pledge" and those who did not found that some virginity pledgers were at greater risk when they first engaged in sexual intercourse. The pledge—to abstain from sex until marriage—did delay first intercourse on average by nearly 18 months. However, pledging had no effect among teens that were 18 or older and also contributed to health risks for those who became sexually active.

  According to researchers Peter Bearman and Hannah Brueckner, who tracked those pledgers who had intercourse during the study period, "the estimated odds for contraceptive use for pledgers are about one-third lower than for others." The researchers noted, "pledgers are *less* likely to be prepared for an experience that they have promised to forego." They also found that "pledging does not work for adolescents at all ages" and that the efficacy of the pledge in some schools depended on its being uncommon: "Once the pledge becomes normative, it ceases to have an effect." Thus "policy makers should recognize that the pledge works because not everyone is pledging."[viii]

- Another study compared an "abstinence" program with a "safer sex" program that involved 659 African-American middle-school adolescents and found that among those who already were sexually active when the courses began, participants in the "safer sex" program reported *less*-frequent sexual intercourse and *less*-frequent unprotected sex one year after the program. Further, when the abstinence group was compared with a control group, it reported less sexual activity at three months following the intervention, but this distinction evaporated over time.[ix]

- A study conducted by Edward J. Saunders and colleagues at the University of Iowa School of Social Work compared survey responses from participants in a comprehensive sex-education program that promoted abstinence but allowed contraceptive information with survey responses from participants in an abstinence-unless-married program and found that the former program was *more* successful in imparting knowledge about AIDS and other STDs. In addition, while the authors suggested that program comparisons should be viewed cautiously because of differences in the age of the participants, the length of the programs, and a range of other variables, they noted that the program that offered contraceptive information also appeared to be *more* successful than the abstinence-unless-married program in "promoting communication between parents and youth about sex."[x]

In contrast, evaluations of programs that combine abstinence education with contraceptive information find that they can help delay the onset of intercourse without a concomitant concern about health risks, and that they also reduce the frequency of intercourse and the number of partners[xi].

By now, it's clear that the weight of the evidence suggests that contraceptive information is not inherently harmful and that abstinence curricula can embrace contraceptive messages. Parents want both. A national study by the Kaiser Family Foundation recently found that 97 percent of the surveyed parents of 7th- through 12th-graders want their child's sex-education program to cover abstinence. But these parents also want lessons on how to use condoms (85 percent) and on birth control generally (90 percent)[xii]. State and local surveys also have found strong support for information about both abstinence and birth control[xiii].

Another problem is that one person's sexual activity is another's celibacy. The National Centers for Disease Control (CDC) holds that abstinence means, "refraining from practicing sexual activities that involve vaginal, anal, or oral intercourse."[xiv] Yet many of today's youth disagree.

- One out of four college students in a national poll responded that a person who is abstinent could practice anal intercourse[xv].
- Three out of five college students who responded to a poll at one midwestern school consider that a person who practices oral sex is not "having sex"; the same poll found that nearly one out of five believe that a person who practices anal sex is not "having sex."[xvi]
- A study of nearly 300 teenagers from 12 to 18 years old in rural midwestern communities found that "adolescents have very broad definitions of what sexual behaviors one can participate in and still be considered a virgin."[xvii]
- Oral sex did not count as "sex" among 40 percent of the 723 teenagers surveyed by *Seventeen* magazine in the fall of 1999.[xviii]

Of course, abstinence programs do not promote oral or anal sex. But teenagers are famous for creative interpretations of rules. "Technical virgins" who don't practice safe oral or anal sex are more likely to contract sexually transmitted diseases than are sexually active ones who know what they are doing and act to prevent infection. This is no modest matter: Nearly three million new cases of STDs occur among teenagers each year[xix].

What to do about the gap between language and sexual practices of youth? A basic first step is to get a better grasp on how youths understand key terms such as *abstinence*, *virginity*, and *sexual intercourse*. The CDC, in the national Youth Risk Behavior Survey, asks about sexual intercourse but does not define it; the question has remained unchanged since 1990. As difficult as doing so may be politically, it behooves educators to encourage local assessments about the meaning young people in their community ascribe to these words. All sides of the abstinence-education spectrum should welcome this reality check. It may be that blunt language is necessary to communicate the CDC definition of abstinence and, as well, to ensure safe-sex practices.

Policy makers may be oblivious to the disconnect educators face in teaching abstinence-education programs and assume that "abstinence is abstinence." These nuances are important. It is sensible to encourage adolescents to delay premature sexual activity; but we should not subsidize abstinence-only programs if, at the same time, they increase the risks faced by those who either don't delay or don't delay as long. Congress needs to make these connections and appreciate these distinctions when it explores the 1996 abstinence-only education program in 2002.

All conscientious sex-education programs discourage promiscuity and encourage teens to delay sexual activity. But it is wildly naive to think that all or even most unmarried people will refrain from having sex, and it is self-defeating not to teach students contraception and disease-prevention. As

reauthorization approaches, policy makers should lose their innocence, ask hard questions, and not remain virgins on the topic of sex education.

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APPENDIX: THE LAW

"SEPARATE PROGRAM FOR ABSTINENCE EDUCATION"
Abstinence Education
PL 104-193
Title IX, Sec. 912

"SEC. 510. (a) For the purpose described in subsection (b), the Secretary shall, for fiscal year 1998 and each subsequent fiscal year, allot to each State which has transmitted an application for the fiscal year under section 505(a) an amount equal to the product of-

"(1) The amount appropriated in subsection (d) for the fiscal year; and

"(2) The percentage determined for the State under section 502(c)(1)(B)(ii).

"(b)(1) The purpose of an allotment under subsection (a) to a State is to enable the State to provide abstinence education, and at the option of the State, where appropriate, mentoring, counseling, and adult supervision to promote abstinence from sexual activity, with a focus on those groups which are most likely to bear children out-of-wedlock.

"(2) For purposes of this section, the term `abstinence education' means an educational or motivational program which-

"(A) Has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;

"(B) Teaches abstinence from sexual activity outside marriage as the expected standard for all school age children;

"(C) Teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;

"(D) Teaches that a mutually faithful monogamous relationship in context of marriage is the expected standard of human sexual activity;

"(E) Teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;

"(F) Teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society;

"(G) Teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and

"(H) Teaches the importance of attaining self-sufficiency before engaging in sexual activity.

"(c)(1) Sections 503, 507, and 508 apply to allotments under subsection (a) to the same extent and in the same manner as such sections apply to allotments under section 502(c).

"(2) Sections 505 and 506 apply to allotments under subsection (a) to the extent determined by the Secretary to be appropriate.

"(d) For the purpose of allotments under subsection (a), there is appropriated, out of any money in the Treasury not otherwise appropriated, an additional $50,000,000 for each of the fiscal years 1998 through 2002. The appropriation under the preceding sentence for a fiscal year is made on October 1 of the fiscal year.".

ENDNOTES

[i] P.L. 104-193, Personal Responsibility and Work Opportunity Reconciliation Act of 1996

[ii] U.S. Census Bureau, "Table MS-2: Estimated Median Age at First Marriage, by Sex: 1890 to the Present", (Accessed September 13, 2001), Available online: http://www.census.gov/population/socdemo/ms-la/tabms-2.txt

[iii] Douglas Kirby, "Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy", (Washington, DC: National Campaign to Prevent Teen Pregnancy, May 2001).

[iv] Jane Mauldon and Kristin Luker, "The Effects of Contraceptive Education on Method Use at First Intercourse", *Family Planning Perspectives* , Vol. 28, No. 1, (American Medical Association, January/February 1996), (Accessed September 18, 2001), Available online: http://www.ama-assn.org/special/contra/library/readroom/gutt2.htm; "Interventions to Prevent HIV Risk Behaviors", Consensus Development Conference Statement, (National Institutes of Health, February 11-13, 1997), (Accessed September 18, 2001), Available online: http://odp.od.nih.gov/consensus/cons/104/104_statement.htm; Committee on Pediatric AIDS and Committee on Adolescence, "Adolescents and Human Immunodeficiency Virus Infection: the role of the pediatrician in prevention and intervention," (RE0031) [Policy Statement], *Pediatrics*, Vol. 107, (American Academy of Pediatrics, 2001), (Accessed September 18, 2001), Available online: http://www.aap.org/policy/re0031.html; Monica S. Ruiz et. al, eds., Committee on HIV Prevention Strategies in the United States, No Time to Lose: Getting More from HIV Prevention, (Institute of Medicine, The National Academy Press, 2000), (Accessed September 18, 2001), Available online: http://www.nap.edu/catalog/9964.html.

[v] H.R. 4425 [PL 106-246], "Making appropriations for military construction, family housing, and base realignment and closure for the Department of Defense for the fiscal year ending September 30, 2001, and for other purposes", provides for $20 million in Special Projects of Regional and National Significance (SPRANS) grants originally available on October 1, 2000 but delayed until March 1, 2001 through amendment in H.R. 4577; H.R. 4577, "Making Omnibus Consolidated and Emergency Supplemental Appropriations for Fiscal Year 2001", provides for $30 million in SPRANS grants "which shall become available on October 1, 2001." The SPRANS funds are targeted at 12-18 year olds.

[vi] About $483 million will have been spent since one state, California, opted out of the 1996 federal program. The expenditure total includes about $388 million in federal and state funding due to the 1996 law (excluding California), $50 million in SPRANS community grants, and $45 million in AFLA abstinence education.

[vii] "Labor, Health and Human Services, and Education Subcommittee Hearing Transcript", *HHS Appropriations , Senate Appropriations Committee*, (Washington, DC, April 25, 2001), (Accessed September 18, 2001), Available online: http://www.kaisernetwork.org/health_cast/hcast_index.cfm?display=detail&hc=198

[viii] Peter Bearman and Hannah Brueckner, "Virginity Pledges and the Transition to First Intercourse", *Pregnancy Prevention for Youth: An Interdisciplinary Newsletter,* Vol. 3, No. 2, (June 2000); "Virginity Pledges as they Affect the Transition to First Intercourse", *American Journal of Sociology*, Vol. 106, No. 4, (2001).

[ix] "The abstinence intervention acknowledged that condoms can reduce risks but emphasized abstinence to eliminate the risk of pregnancy and STDs, including HIV. It was designed to…strengthen behavioral beliefs supporting abstinence…The safer-sex intervention indicated that abstinence is the best choice but emphasized the importance of using condoms to reduce the risk of pregnancy and STDS, including HIV, if participants were to have sex. It was designed to…increase skills and self-efficacy regarding [the] ability to use condoms." John B. Jemmott III, Loretta Sweet Jemmott, and Geoffrey T. Fong, "Abstinence and Safer Sex HIV Risk-Reduction Interventions for African American Adolescents, A Randomized Controlled Trial", *Journal of the American Medical Association,* Vol. 279, (May 20, 1998).

[x] Edward J Saunders, et al., "Evaluation of Abstinence-Only Education: Year One Report", *University of Iowa School of Social Work*, (October 1999).

[xi] Douglas Kirby, No Easy Answers: Research Findings on Programs to Reduce Pregnancy, (Washington, DC: National Campaign to Prevent Teen Pregnancy, March 1997); Douglas Kirby, Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy, (Washington, DC: National Campaign to Prevent Teen Pregnancy, May 2001).

[xii] "Sex Education in America: A View from Inside the Nation's Classrooms", *A Series of National Surveys of Students, Parents, Teachers, and Principals*, Kaiser Family Foundation Website, (September 26, 2000) (Accessed September 13, 2001), (Accessed September 18, 2001), Available online: http://www.kff.org/content/2000/3048/Chartpack.pdf

[xiii] Jodie Levin-Epstein, "Abstinence-Unless-Married Education", *Center for Law and Social Policy*, (March 1999).

[xiv] Patricia F. Horan et. al., "The Meaning of Abstinence for College Students", *Journal of HIV/AIDS Prevention & Education for Adolescents & Children*, Vol. 2., No. 2, (1998).

[xv] Horan et. al, (1998).

[xvi] Sanders and Reinisch, (1999), as cited in Heidi Amelia Bell, "Adolescents' Understanding of Sexual Terminology", *Iowa State University*, (2000).

[xvii] Heidi Amelia Bell, "Adolescents' Understanding of Sexual Terminology", *Iowa State University*, (2000).

[xviii] Lisa Remez, "Oral Sex Among Adolescents: Is It Sex or Is It Abstinence*?" Family Planning Perspectives*, (November/December 2000).

[xix] T.R. Eng and W.T. Butler, eds., The Hidden Epidemic: Confronting Sexually Transmitted Diseases, (Washington, DC: National Academy Press , 1997), (Accessed September 18, 2001), Available online at http://books.nap.edu