

Findings



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“Medical Accuracy”

The Strategy to Undermine Abstinence Education

By Stephen Daniels



here is an effort underway to undermine abstinence education all across America and here in North Carolina. With the abstinence movement growing and proving its effective-

ness, the proponents of so called “safe sex” have devised a new strategy to derail abstinence education. This strategy involves a push for legislation, which purports to require “medical accuracy” in information given to teenagers in sex education programs.

On its face, this may sound reasonable. After all, who would oppose requiring accurate information when talking to teens about sex? However, this new campaign is not all that it appears to be. Far from a benign attempt to insure that young people get the truth about sexual health, medical accuracy legislation is a coordinated effort to weaken abstinence education because of the threat it poses to the “comprehensive sex education” message that has been taught to students for decades. Comprehensive sex education is a curriculum that promotes the use and distribution of contraceptives as the acceptable means of reducing teen sex and provides information on sexual orientation, abortion and other alternative sexual activities.¹ It is diametrically opposed to the message of abstinence, which believes that teenagers have the ability to make responsible choices not to engage in sexual activity once they have the correct information. Comprehensive sex education assumes that teenagers “will have sex anyway” so they must be given information on how to engage in sex and get contraceptives.

This paper exposes the true agenda behind “medical accuracy” legislation, reveals who and what is behind this push to capture the hearts and minds of our teens and explains why abstinence until marriage

curriculum is the most effective means of reducing premarital sexual activity and teenage pregnancy. For the purposes of this paper, references to “the bill” or “proposed legislation” refer to medical accuracy legislation similar to that introduced in North Carolina’s 2003 legislative session.²

Undermining Abstinence

In 1995, the North Carolina General Assembly correctly determined that the best way to teach the state’s public school students about sexual health would be through abstinence until marriage educa-

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tion. The legislation adopted by the General Assembly states that “abstinence from sexual activity outside of marriage is the expected standard of behavior for all school-age children” and requires that students be taught that “a mutually faithful monogamous heterosexual relationship in the context of marriage is the best lifelong means of avoiding sexually transmitted diseases.”³

Since North Carolina and other states enacted their abstinence education laws, advocates for comprehensive sex education have accused these programs of providing “medically inaccurate” information. They have said that only comprehensive sex education is providing students with the facts about sex, including how to use and obtain contraceptives. However, it was because the comprehensive sex education programs were not providing the truth about the risks of sexual

activity outside of marriage that the General Assembly passed a law requiring abstinence education in the first place.

Money Talks

Not surprisingly, the bottom line in the war against abstinence education is money. Sex education is a big business in this country. In 1998, federal funding for contraceptive-based family planning programs totaled more than a half a billion dollars.⁴ Compare to that the annual \$50 million given to abstinence-only programs, and even to the proposed \$135 million increase, and the amount spent on abstinence seems minuscule. Couple that with the hundreds of millions of dollars to be made on the sale of contraceptives and abortion service and it becomes clear that the abstinence message poses a serious risk to the future of the comprehensive sex education movement. This is why the growth and success of the abstinence message is such a threat. As abstinence spreads and the pregnancy and abortion numbers continue to fall, the big profits to be gained by those who push contraceptives and make money from abortion will also fall. Undermining abstinence education is the strategy advocates of comprehensive sex education have adopted to reverse the success of the abstinence message. They have looked for ways to interject their message into the abstinence curriculum in states that teach abstinence (like North Carolina). More overt efforts to change the law have been made, but so far have not been successful.⁵ The medical accuracy strategy is the latest attempt to undo abstinence education.

Medical accuracy bills are not new and not limited to North Carolina. Similar legislation has been proposed at both the state and federal level. Attempts to implement the policy in Congress through bills and amendments have not been successful.⁶

However, anti-abstinence forces have had limited success on the state level. At least four states including California, Maine, Missouri and Oregon have passed “medical accuracy” legislation, and efforts are underway in other states as well.⁷

So with the push for these laws being so widespread, what is their purpose? Implementing a law that proposes a seemingly reasonable measure of safeguarding students from inaccurate health information seems logical. But what does it really mean for North Carolina’s abstinence until marriage law?

Subtle But Significant Changes

Though it seems to advocate a simple change in the law, medical accuracy legislation would create a whole new statute to govern every health education course in every grade paid for by public funds in North Carolina.⁸ But North Carolina law already requires that students receive medically accurate information. Current law reads: “The State Board shall include on the recommended list only programs that include, in appropriate grades and classes, instruction that: Provides factually accurate biological or pathological information that is related to the human reproductive system.”⁹ This requirement covers all curriculum taught in North Carolina schools. If medically accurate information is already required, why the emphasis on new legislation? Consider the following points:

1. New proposals would change the current emphasis on teaching abstinence from “sexual activity” to just “sexual intercourse”¹⁰ and would allow for the promotion of non-intercourse sexual activity that will put adolescents and teenagers at great risk for sexually transmitted disease.

Current law requires that teaching abstinence from “sexual activity” is the only “certain means of avoiding out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health and emotional problems.”¹¹ But new proposals would only require information be taught about abstinence from the specific act of sexual intercourse and would allow for the promotion of “outercourse”—a term used to describe sexual activity that can involve body-to-body rubbing, mutual masturbation, viewing pornography and even oral and anal sex as alternatives to sexual intercourse.¹²

Planned Parenthood describes outercourse as “nearly 100 percent” effective “against HIV and other serious sexually transmitted infections, unless body fluids are exchanged through oral or anal

intercourse.”¹³ However, outercourse is far from safe, especially considering that many sexually transmitted diseases including genital herpes, syphilis¹⁴ and human papilloma virus (also known as HPV)¹⁵ can be spread by skin-to-skin contact. HPV is the most prevalent sexually transmitted disease in America today. It infects some 20 million people in the United States and is present in over 99 percent of cervical cancers.¹⁶ Teaching abstinence from “sexual intercourse” is not enough because it sanctions the promotion of outercourse as a “safe” alternative. And it is misguided to believe that teenagers who engage in outercourse would not be likely to engage in sexual intercourse as well. Therefore, all forms of sexual activity, including outercourse, must be discouraged to prevent the spread of disease.

2. Proposed changes would move the focus away from a “mutually faithful, monogamous, heterosexual relationship in the context of marriage” as the safest way to avoid sexually transmitted diseases, thus reducing the emphasis on marriage as the best choice for lifelong sexual health.

The new proposals would only require that abstinence from sexual intercourse be taught as the best way to avoid getting a sexually transmitted disease, omitting “in the context of marriage.” Yet, it is only within the bonds of marriage that someone can truly remain safe from out-of-wedlock pregnancy and sexually transmitted disease. Reducing the emphasis on marriage is both misleading and dangerous. The more sex partners someone has and the earlier they become sexually active, the greater their risk of contracting a sexually transmitted disease.¹⁷ Teenagers who have one or many partners over time are exposing themselves to every other person with whom their partner has had sex. A monogamous relationship in the context of marriage brings an exclusivity that protects the sexual relationship and in turn safeguards each person’s physical and emotional wellbeing.¹⁸ This is why it is so important to promote marriage as the safest means of avoiding the negative consequences of sex.

3. Reducing the emphasis on heterosexual sex as the best means of avoiding disease opens the door for teaching homosexuality as an acceptable lifestyle in the classroom.

Homosexual activists have been trying to get their message into the public schools for years, while arguing that the state’s abstinence law discriminates against

homosexuals. Opponents of the existing law object to the emphasis on heterosexual sex as the expected standard of behavior and the requirement that “any instruction concerning the causes of sexually transmitted diseases...in cases where homosexual acts are a significant means of transmission” include the current legal status of those acts.¹⁹ Under the state’s crime against nature statute, individuals who engage in oral and anal sex (sodomy) are committing a Class 1 felony and, if convicted, could serve time in jail or pay a fine.²⁰ Comprehensive sex education proponents want to eliminate the emphasis on “heterosexual” and the requirement that students be informed about the state’s sodomy law. These efforts represent ongoing attempts to normalize the homosexual life-style and allow for the promotion of this behavior in the classroom.

4. Current state law says that instruction on contraceptives must include information about their effectiveness and failure rates “in actual use among adolescent populations.”²¹ The proposed legislation would only require that students be provided information on the “failure and success rates of condoms and other contraceptives.”²²

Providing “in use” data is important because when presenting information about condom failure rates, actual in-use failure rates are much more accurate than laboratory tests for condoms. Removing the emphasis on in-use data would present condoms in a much more favorable light by using clinical failure and success rates, which assume condoms are used 100 percent correctly 100 percent of the time. In reality, kids who are faced with having sex will not be in a controlled laboratory environment, but in the heat of the moment where they are much less likely to use contraceptives correctly, if at all. The Medical Institute for Sexual Health reports that condom slippage and breakage rates range from two to four percent. This means that after 100 episodes of intercourse with a three percent rate of breakage or slippage, 95 percent of individuals will have experienced condom failure.²³

Giving students unrealistic success rates for condoms gives them a false sense of security and is misleading. It is also dangerous considering that many sexually transmitted diseases are transferred by skin-to-skin contact, as was mentioned earlier. Condoms, even when used correctly every time, will not protect teenagers from serious disease and pregnancy.²⁴

Who Decides What is Accurate?

No one opposes including medically accurate information in health education curriculum. In fact, it is important for students to know the truth about these issues, which is why abstinence laws were passed in the first place. However, the real question is who gets to decide what “medically accurate” means. According to the proposed legislation:

“‘Medically and factually accurate’ means verified or supported by research conducted in compliance with scientific methods and published in peer-review journals, where appropriate, and recognized as accurate and objective by professional organizations and agencies with expertise in the relevant field, including the American College of Obstetricians and Gynecologists, the North Carolina Department of Health and Human Services, or the Centers for Disease Control and Prevention.”²⁵

As reasonable as it sounds, this mandate would hand over control of the abstinence curriculum to groups that actively promote comprehensive sex education. Take the Centers for Disease Control and Prevention (CDC) for example. The CDC has long promoted programs that advocate comprehensive sex education including one called *Reducing the Risk* which claims to be abstinence based, but proves to be otherwise. In the curriculum’s “Protection: Myths and Truths” section, teens are told that “You do not need a parent’s permission to get birth control at a clinic. No one needs to know that you are going to a clinic.” One homework assignment sends students to the store in order to “get prices and descriptions” of condoms and foam.²⁶ Another program that has been promoted by the CDC and is considered to be “abstinence-plus” is called *Be Proud, Be Responsible*. Among the activities it includes are a brainstorming session for “How to Make Condoms Fun and Pleasurable” where students hide condoms on their bodies and ask their partner to find them and “Tease each other manually while putting on the condom.”²⁷

The American College of Obstetricians and Gynecologists (ACOG), another group mentioned in the proposed legislation, also promotes comprehensive sex education and criticizes abstinence education.²⁸ In its current policy about contraception and family planning for minors, ACOG says that health professionals’ care “should, at a minimum, include comprehensive reproductive health services, such as sexuality

education, counseling . . . [and] access to contraceptives”²⁹ In addition, ACOG says that providing “reproductive health services” (another term for distributing contraception) is so important that “legal barriers and deference to parental involvement should not stand in the way of needed health care for patients who request confidentiality.”³⁰ Such statements are hard to reconcile with the tenants of abstinence education.

And what about other organizations not mentioned in the legislation? There is nothing to prevent Planned Parenthood, the Sexuality Information and Education Council of the United States (SIECUS), Advocates for Youth and other pro-comprehensive sex education groups from being considered professional health organizations that can be cited as a resource for medically accurate information.

For years, Planned Parenthood has led the charge against abstinence education and is a leading advocate of the current push for “medically accurate” information.³¹ In a July 2002 speech, Planned Parenthood President Gloria Feldt stated the first item on their organizations’ five-point agenda as “medically accurate sexuality education.”³² Planned Parenthood makes no secret of its disdain for abstinence education and actively promotes comprehensive sex education saying “An influential minority of individuals promotes unrealistic, abstinence-only education and parental consent requirements for obtaining contraception that deny American teens accurate information about and confidential access to family planning services to prevent pregnancy.”³³

Requiring that comprehensive sex education advocates be given authority over information taught to students is proof that the “medical accuracy” campaign seeks only to undermine abstinence education. Organizations with a history of promoting contraceptives and condemning abstinence education cannot be expected to provide or approve information that will send a clear message to teenagers that abstinence is the only practice that works.

Abstinence Works

Even though there are many who are trying to silence the abstinence message, the truth is that abstinence education is working. After decades of increase, statistics show that in North Carolina and across the nation the number of teenagers having sex is falling. This translates into lower pregnancy and birth rates, fewer abortions and declines in the cases of many sexually transmitted diseases.³⁴ It is no coincidence that these downward trends over the last

several years have come at the same time that abstinence education began replacing the decades-old message of comprehensive sex education.

Despite its critics calling it “dangerous and irresponsible,”³⁵ history and research have shown that the message of abstinence until marriage is working. In fact, numerous abstinence programs have been successful in changing sexual behavior in teenagers.³⁶ A recent study published in the journal *Adolescent and Family Health* (AFH) showed that abstinence, not contraceptive use, was the major contributor to the decline in birth and pregnancy rates among unmarried teens between 1991 and 1995. Researchers compared the birth and pregnancy rates among teenagers ages 15 to 19 during the early 1990s and found that abstinence accounted for 67 percent of the reduction in pregnancies among unmarried girls.³⁷ These findings contradict previous studies promoted by comprehensive sex education proponents, such as a 1999 report from the Alan Guttmacher Institute that linked dropping birth and pregnancy rates among teens to increases in contraceptive use.³⁸

Research also shows that teenagers want to choose abstinence and approve of the message to remain abstinent. According to a study published in the *American Journal of Sociology*, teenagers who took a pledge to remain abstinent from sexual activity until marriage delayed sexual activity an average of 18 months longer than teenagers who did not take a pledge.³⁹ According to a survey of teens ages 12 to 17 by the National Campaign to Prevent Teen Pregnancy, 93 percent of teens said that they 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.”⁴⁰

Not surprisingly, the message of abstinence is also popular among parents. A Zogby poll released by the Coalition for Adolescent Sexual Health found that 73 percent of parents approved of the material used in character-based abstinence education. The poll also found that 75 percent of parents disapprove of condom-based curriculum promoted by the Centers for Disease Control, sixty-one percent disapprove of the Guidelines for Comprehensive Sexuality Education (developed by SIECUS, CDC, Planned Parenthood and others).⁴¹

The question is no longer whether abstinence education is working, but rather who will have the final say in what information is presented to teenagers about how to make responsible decisions about their sexual health.

Conclusion

After decades of teaching so called “safe sex” and profiting highly from the sale of contraceptives and abortion services, the monopoly of comprehensive sex education is threatened by the growth and success of abstinence education. The current abstinence until marriage law in North Carolina is not only a sufficient means of teaching sexual health, it is a proven method of reducing unwanted pregnancy and sexually transmitted diseases. Any attempts to water down the law would only undermine its effectiveness. The strategy to include “medically accurate” information is just another attempt to weaken the state’s abstinence law and usher in more comprehensive sex education. Something that would not bode well for the health of North Carolina’s young people.

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