

10 Reasons to Keep North Carolina's Focus on Abstinence-Until-Marriage Sex Education

Applicable Bills: **HB 88—Healthy Youth Act**

1. *Early sexual activity has a myriad of negative consequences for adolescents that go beyond sexually transmitted diseases (STDs) and teen pregnancy, which condoms cannot protect against.*

- Condoms may offer *some* protection against the *physical consequences* of sexual activity, but they provide *zero protection* against the *mental and emotional after-effects* that often result from early sexual activity and multiple lifetime sexual partners.
- Early sexual activity has been linked to higher levels of depression and thoughts of suicide in boys and girls.¹
- “For the thousands of teens I’ve treated and counseled, one of the major causes of depression is sex,” pediatrician Dr. Meg Meeker writes in her 2002 book, *Epidemic*. “I consider it an STD with effects as devastating as...HPV, Chlamydia or any other.”²
- Early sexual activity and multiple lifetime sexual partners are associated with a host of negative lifetime outcomes for women, including increased risk of STDs, out-of-wedlock births, abortion, single parenthood, maternal and child poverty, marital instability and depression.³

2. *Postponing sexual activity—even a few years—is associated with fewer lifetime sexual partners and healthier lifetime outcomes for men and women.*

- According to a 2003 study, girls who begin sexual activity at age 13 or 14 will have an average of 13 voluntary non-marital sexual partners in their lifetime, compared to girls who postpone sexual activity until their 20s, who will have an average of 2.7 sexual partners.⁴
- Having fewer lifetime sexual partners greatly reduces an individual’s risk of contracting an STD.⁵
- According to an analysis of the National Survey of Family Growth, women who become sexually active at ages 13 or 14 are more than three times as likely to become single mothers than women who wait until their early 20s. Girls who become sexually active at an early age are also more likely to have abortions.⁶
- Data from the federally funded National Longitudinal Study of Adolescent Health show that teens who abstain from sex during high school are significantly less likely to be expelled from school and drop out of high school, and more likely to graduate from college.⁷
- Compared to women who become sexually active in their 20s, girls who initiate sexual activity at ages 13 or 14 are less than half as likely to be in a stable marriage in their 30s.⁸

3. While CSE claims to be “abstinence-based,” studies show that the primary focus of CSE curricula is on promoting contraceptive use, while their emphasis on abstinence is weak.

- A 2007 study by the U.S. Department of Health and Human Services, which analyzed nine popular CSE curricula, found that the abstinence message within the curricula was weak and imbalanced. The DHHS study concluded: “Of the curricula reviewed, the curriculum with the most balanced discussion of abstinence and safer sex still discussed condoms and contraception *nearly seven times more than abstinence.*”⁹
- A 2004 study by The Heritage Foundation, which also reviewed nine popular CSE curricula, found that CSE programs dedicate 28.6 percent of their page content to describing contraception and encouraging teens to use it, and only 4.7 percent of their page content to promoting abstinence.¹⁰
- In contrast, authentic abstinence-until-marriage (AUM) curricula devote 53.7 percent of their page content to abstinence-related material (i.e., encouraging abstinence, risk avoidance; negative consequences of non-marital sexual activity, such as STDs; and promoting abstinence), and over 17 percent of their content to promoting health marriage and relationships.¹¹

4. In contrast to sexual abstinence, no contraceptive can provide complete protection against any STD, particularly STDs that occur in areas not covered or protected by a condom.

- A 2008 CDC fact sheet states: “Genital ulcer diseases and HPV infections can occur in both male and female genital areas that are covered or protected by a latex condom, as well as in areas that are *not covered*. Consistent and correct use of latex condoms reduces the risk of genital herpes, syphilis, and chancroid, *only* when the infected area or site of potential exposure is protected.”¹² (*emphasis added*)
- In an opinion published in the journal *Obstetrics and Gynecology* in September 2008, the American College of Obstetrics and Gynecology (ACOG) urged physicians to advise their female patients about the serious disease risks of sexual activities that do not involve sexual intercourse, noting that “Noncoital sexual activity is not necessarily ‘safe sex.’”¹³

5. Since AUM education was implemented in the mid-1990s, teen sexual activity has declined sharply nationwide, along with significant declines in the teen pregnancy rate, the teen birth rate (until 2006), and the teen abortion rate.

- **Sexual Activity.** Nationally, the percentage of high school students “who ever had sexual intercourse” decreased between 1991 and 2007, from 54.1 to 47.8 percent. The percentage of high school students who reported multiple sexual partners dropped 20 percent during the same time period.¹⁴ In *North Carolina*, 52.1 percent of North Carolina’s high school students reported ever having sexual intercourse in 2007, down from 57.3 percent in 1995.¹⁵
- **Teen Pregnancy.** According to the Guttmacher Institute, the teen pregnancy rate decreased 38 percent between 1990 and 2004, reaching an all-time low in 2004.¹⁶ *North Carolina*’s teen pregnancy rate dropped 36 percent since 1992 to reach the lowest rates ever in 2003, although in recent years there has been a plateau. Specifically, the teen pregnancy rate dropped from 91.4 in 1995 to 61.0 in 2003.

There was a slight increase between 2005 and 2006, but in 2007, it is at 63.0, which is still significantly lower than in the mid-1990s.¹⁷

- **Teen Births.** After declining 34 percent between 1991 and 2005, the birth rate for older teens ages 15 to 19 *increased* for the first time in 15 years—by three percent in 2006 and by one percent in 2007.¹⁸ The teen birth rate increased in 26 states, including North Carolina, where it rose two percent, according to the National Center for Health Statistics.¹⁹
- **Teen abortions.** According to the Guttmacher Institute, the teenage abortion rate has dropped by more than half, from 42 abortions per 1,000 teens ages 15 to 19 in 1989 to 20 per 1,000 in 2004.²⁰

6. *Despite the relative youth of AUM education in the United States in comparison to CSE, a significant number of scientific studies have shown that AUM education works to change teen sexual behavior.*

- A recent analysis of 21 studies of AUM programs by researchers at The Heritage Foundation concluded: “16 of the 21 studies reported statistically significant positive results, such as delayed sexual initiation and reduced levels of early sexual activity, among youths who have received abstinence education.”²¹
- Another study published in the *American Journal of Health Behavior* in Jan/Feb 2008 showed that the rate of sexual activity in Virginia teens that participated in abstinence programs was cut in half.²²
- An April 2009 report published by the National Abstinence Education Association identifies a total of 40 peer-reviewed studies of abstinence-centered education programs that found either significant behavioral change in teens, such as reductions in teen sex, or change that is predictive of behavior change.²³

7. *Comprehensive sex education served as the primary form of sex education for over three decades in the United States and continues to be taught in the majority of school systems nationwide. Since the 1960s, when CSE first began in schools, the number of STDs has increased dramatically.*

- According to a 2002 study, contraceptive programs for teens receive \$12 of government money for every one-dollar that teen abstinence programs receive.²⁴
- According to the Guttmacher Institute, 51 percent of school systems teach an “abstinence-plus” program, 35 percent teach “abstinence-only,” and 14 percent have a formal CSE approach.²⁵
- Since the 1960s, the number of STDs has grown from two dominant diseases (syphilis and gonorrhea) to over 25 today, many of which are incurable.²⁶

8. *Since the early 1990s, condom use among teenagers has increased substantially, yet the STD rate has not declined but escalated, especially among teenagers.*

- The proportion of teens who used condoms increased by 28 percent among males and 47 percent among females between 1991 and 2005.²⁷
- Sexually active 15 to 19-year-olds experience the highest STD rates of any age group in the nation.²⁸ Each year, about one in four sexually active young people ages 15 to 24 contracts an STD.²⁹
- A CDC study released in March 2008 found that an estimated one in four young women (ages 14 to 19) in the U.S. is currently infected with at least one of four common STDs: human papillomavirus (HPV), chlamydia, herpes simplex virus, and

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trichomoniasis.³⁰ Two of these STDs, HPV and genital herpes, are transmitted not only through sexual intercourse, but also through contact with infected skin in areas not covered by a condom.

9. *Adolescents desperately need the AUM message in today's sex-saturated culture, where they are bombarded at every turn with sexual messages and images.*

- Teens are inundated with sexually charged images and messages on TV, radio, and the Internet, as well as in movies and magazines. The culture tells them that casual sexual activity is not only acceptable but normal and healthy, as long as it is performed in a “responsible” manner (i.e., using contraceptives).
- AUM programs communicate a number of specific messages about sex and human beings that go beyond “just say no” and are the direct opposite of what teenagers are hearing from the culture, as well as from CSE programs. These messages include: sex has a purpose and works best inside of marriage, teens have the ability to postpone sexual activity, and (most importantly) they are worth the wait.³¹
- There is a desire among teens to postpone sexual activity, with the majority of sexually experienced teens saying they regret having sex. According to a 2007 survey by the National Campaign to Prevent Teen and Unplanned Pregnancy, 60 percent of sexually experienced teens ages 12 to 19 say they wish they had waited longer to have sex.³²

10. *Current North Carolina law provides school systems with the freedom to choose CSE, while balancing the rights of parents and local citizens to be involved in the curriculum review process.*

- The current AUM law gives school systems the option of choosing CSE, if they go through the public hearing process first.³³
- This process ensures that parents and local citizens get a chance to view and debate the proposed CSE curriculum, and approve it before it is adopted by the school system.

ACTION:

Please OPPOSE House Bill 88 because it would put our children at risk.

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- ¹ Rector, Robert, et. al., “The Harmful Effects of Early Sexual Activity and Multiple Sexual Partners Among Women,” The Heritage Foundation, June 2003.
- ² Meeker, Meg, M.D., *Epidemic: How Teen Sex is Killing Our Kids*, Washington: Regnery, 2002.
- ³ Op. Cit., Rector (Harmful Effects).
- ⁴ Ibid.
- ⁵ Meeker, Meg, M.D., *Epidemic: How Teen Sex is Killing Our Kids*, Washington: Regnery, 2002, pg. 11, 20 & 31. See Also: Rector, Robert. “The Effectiveness of Abstinence Education Programs on Reducing Sexual Activity Among Youth,” The Heritage Foundation, April 5, 2002.
- ⁶ Op. Cit., The Harmful Effects of Early Sexual Activity and Multiple Sexual Partners Among Women.
- ⁷ Rector, Robert and Kirk A. Johnson, Ph.D., “Teenage Sexual Abstinence and Academic Achievement,” Paper Presented at The Ninth Annual Abstinence Clearinghouse Conference, August 2005, pg. 2. www.heritage.org.
- ⁸ Op. Cit., Rector, Harmful Effects.
- ⁹ U.S. Department of Health and Human Services, Administration for Children and Families, “Review of Comprehensive Sex Ed Curricula,” May 2007, available at: http://www.citizenlink.org/pdfs/06-13-07_sex_ed.pdf
- ¹⁰ Martin, Shannon, et. al., *Comprehensive Sex Education vs. Authentic Abstinence: A Study of Competing Curricula*, The Heritage Foundation, 2004.
- ¹¹ Martin, Shannon, et. al., *Comprehensive Sex Education vs. Authentic Abstinence: A Study of Competing Curricula*, The Heritage Foundation, 2004.
- ¹² CDC, *Condoms and STDs: Fact Sheet for Public Health Personnel*, Updated 2008, <http://www.cdc.gov/condomeffectiveness/latex.htm>
- ¹³ “Opinion Highlights Risks of Sexual Activity, NCFPC, 8/5/08, <http://www.ncfamily.org/stories/080905s1.html>
- ¹⁴ CDC, “Trends in HIV and STD Related Risk Behaviors Among High School Students—United States, 1991-2007,” *MMWR*, 8/1/2008, available: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5730a1.htm?s_cid=mm5730a1_e
- ¹⁵ <http://apps.nccd.cdc.gov/yrbss/SelQuestyear.asp?cat=4&desc=Sexual%20Behaviors&loc=NC>
- ¹⁶ <http://www.guttmacher.org/media/inthenews/2008/04/16/index.html>
- ¹⁷ <http://www.nchealthyschools.org/teenpregnancy>
- ¹⁸ NCHS, <http://www.cdc.gov/media/pressrel/2009/r090318.htm>
- ¹⁹ CDC/National Center for Health Statistics, Births: Final Data for 2006, National Vital Statistics Report, Jan. 7. 2009, <http://www.cdc.gov/media/pressrel/2009/r090107.htm>
- ²⁰ Guttmacher Institute, “Trends in the Characteristics of Women Obtaining Abortions, 1974-2004,” August 2008, available: <http://www.guttmacher.org/media/nr/2008/09/23/index.html>
- ²¹ <http://www.heritage.org/Research/Welfare/bg2126.cfm>
- ²² http://www.abstinenceassociation.org/newsroom/pr_042208_studies_reveal_delay.html
- ²³ National Abstinence Education Association, *Abstinence Works*, April 2009, see www.abstinenceworks.org
- ²⁴ Pardue, Melissa, Rector, Robert, & Shannon Martin, “Government Spends \$12 on Safe Sex and Contraceptives for Every \$1 Spent on Abstinence,” The Heritage Foundation, January 2004.
- ²⁵ Guttmacher Institute, “Facts on Sex Education in the United States,” December 2006. See also:
- ²⁶ Meeker, Meg, M.D., *Epidemic: How Teen Sex is Killing Our Kids*, Washington: Regnery, 2002, pg. 11, 31.
- ²⁷ Guttmacher Institute, *Sex Education: Needs, Programs and Policies*, December 2006, pg. 8.
- ²⁸ Cates, J.R., et. al., *Our Voices, Our Lives, Our Futures: Youth and STDs*, UNC-Chapel Hill: School of Journalism and Mass Communication, February 2004, pg. 4.
- ²⁹ Kaiser Family Foundation, “Sexual Health Statistics for Teenagers and Young Adults in the United States,” Fact Sheet, September 2006.
- ³⁰ <http://www.cdc.gov/stdconference/2008/media/release-11march2008.htm>
- ³¹ ElHage, Alysse, AUM Education vs. CSE: Which Approach is Most Effective at Protecting the Health of Teens? *Family North Carolina*, May/June 2007.
- ³² National Campaign to Prevent Teen and Unplanned Pregnancy, *With One Voice: Adults and Teens Sound Off About Teen Pregnancy*, February 2007, pg. 26.
- ³³ N.C.G.S. §115C-81(e1)(6).

