

Abstinence-Only Sexual Education vs. Comprehensive Sexual Education, with Emphasis on Knowledge, Attitudes, and Behaviors of Adolescents

Erika Phillips PA-S*, Timothy Quigley MPH, PA-C

Department of Physician Assistant, College of Health Professions

In 2003, the Youth Behavior Risk Survey reported that 46.7% of high school students had been sexually active.[1] In 2000, 9.1 million of the 18.9 million new cases of STDs came from young people age 15-24.[2] Although the teen pregnancy rates had modestly declined in 2004 for girls 15-19, it slightly increased for girls 10-14.[3] Due to these statistics, there is currently an ongoing debate concerning teenage sexual education in the United States and how to make a greater impact on the attitudes, knowledge, and behavior of adolescents. *Purpose:* To determine whether Abstinence-Only or Comprehensive sexual education has more of an impact on the attitudes, knowledge and sexual behaviors of adolescents. *Methods:* An evidence based literature review was completed using published studies involving Abstinence-Only and Comprehensive sexual education. These studies were then evaluated to determine which method has the greatest impact. *Results:* Comprehensive is given a B recommendation and Abstinence-Only is given a C recommendation. More head to head and randomized controlled trials still need to be completed.

1. Introduction

Adolescent sexual behavior has been a major issue for many years. According to the Youth Behavior Risk Survey, in 2003 there were 46.7% (+/- 2.6) high school students that reported having had sexual intercourse at some point in their life.[1] In 2000, of the 18.9 million new cases of sexually transmitted diseases in the United States, 9.1 million of these cases were among 15-24 year olds.[2] The STDs among this age group had an estimated direct medical cost of \$6.5 billion.[4] In 2004, there were 6,789 births to 10-14 year olds and 415,408 for 15-19 year olds (41.2 births per 1000 females.)[3] These statistics have added to the current debate concerning teenage sexual education in the United States. Comprehensive and Abstinence-Only sexual education are in the middle of this debate since they are the most common types of sexual education. Comprehensive sexual education programs typically emphasize abstinence as the safest

method for preventing STDs and pregnancy, and that condoms and other methods of contraception provide protection against STDs and pregnancy and accordingly are safer than unprotected sex.[5] Abstinence-Only sexual education is defined by the A-H criteria for Title V, Section 510 Programs. An Abstinence-Only program is required to:

- A. Have as its exclusive purpose teaching the social, psychological and health gains to be realized by abstaining from sexual activity
- B. Teach abstinence from sexual activity outside marriage as the expected standard for all school-age children
- C. Teach 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. Teach that a mutually faithful, monogamous relationship in the context of marriage is the expected standard of sexual activity
- E. Teach that sexual activity outside the context of marriage is likely to have harmful psychological and physical effects
- F. Teach that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society
- G. Teach young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances
- H. Teach the importance of attaining self-sufficiency before engaging in sexual activity.[6]

To meet federal guidelines each Abstinence-Only sexual education program must incorporate the A-H criteria into their teachings but are able to choose how much emphasis they place on each item.[7] The purpose of this study is to determine whether Abstinence-Only or Comprehensive sexual education has a larger impact on the knowledge, attitudes, and behaviors of adolescents

2. Experiment, Results, Discussion, and Significance

Data was collected after a thorough review of the literature from 1997 to the present using Medline FirstSearch, Pubmed, and Government Reports. Studies were then ranked based on Oxford Center for Evidence-Based Medicine Levels of Evidence. A randomized control trial, Evidence Level I, of an Abstinence-Only and Comprehensive sexual education program showed the Comprehensive program had a longer lasting effect on adolescents. It increased the use of contraception at 3 months and decreased sexual behaviors at 6 and 12 month follow ups. Abstinence-Only was shown to decrease sexual behaviors at the 3 month follow up.[8] Of the Comprehensive sexual education studies, 8 were Evidence Level I[9-16] and 2 were Evidence Level II (strength of evidence is limited.)[17,18] Of the Abstinence-Only studies, 4 were Level I [19-22] and 5 were Level II.[23-27] The Safer Choices study, a Comprehensive program, was a well developed study that showed long term effects on both male and female sexual behavior.[10,13] The For Keeps program, although a non-randomized study, was a well developed Abstinence-Only study that increased HIV/STD knowledge, decreased intentions to have sex but did not show a significant decrease in sexual activity as compared to the control group.[27]

3. Conclusions

Based on the literature, Comprehensive sexual education was given a B recommendation (at least fair evidence that the intervention improves important health outcomes) and Abstinence-Only sexual education was given a C recommendation (no recommendation for or against this intervention because the balance of benefits and harms is too close to justify a stronger recommendation.) It is necessary for more head to head studies and randomized control trials to be done with both programs. It is important for these programs to be tailored for the communities and ages in which they are implemented.

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