

Over the past few months there has been considerable media coverage of 'abstinence-only' education, an approach favoured by the US government. This briefing looks at some of the latest evidence summarised by the Alan Guttmacher Institute (2004), a recent overview of the research evidence on teenage pregnancy (Dennison 2004) and reflects on why the Sex Education Forum does not support the abstinence-only approach as an alternative to sex and relationships education (SRE).

## What is 'abstinence-only' education?

In the US many public schools have adopted 'abstinence-only' programmes due to requirements from central funding. These programmes teach that abstinence is the only option for unmarried people of any age. There should be no discussion about contraception unless it is in the context of failure rates because it believes that positive information about contraception may encourage young people to have sex (AGI 2004). In addition some programmes require young people to take pledges to remain virgins until they are married. 'Abstinence-only' education as defined here is not a form of SRE.

## Does 'abstinence-only' education work?

Despite nearly two decades of abstinence education, there have been few rigorous evaluations. There is no evidence that 'abstinence-only' education either reduces teenage pregnancy or improves sexual health (Kirby 2001 & Swann et al 2003). There is also no evidence to support the claims that the teaching of contraception leads to increased sexual activity (Swann et al 2003).

Education about sex in the US, much like in the UK is a highly politicised subject. Despite backing from the Bush administration, the 'abstinence-only' approach remains highly controversial. American opinion polls overwhelmingly favour broader SRE, and this is echoed by young people, parents and many major medical and public health institutions (KFF 2000).

The US still has higher STI rates, teenage pregnancy rates, birth rates and abortion rates than most developed countries. This is not because they are having earlier or more sex than their peers in other countries but is due to the fact they are less likely to use contraception/protection (AGI 2001). In fact the recent drop in US teenage pregnancy rates has been mainly attributed to improved contraceptive use as well as a decline in birth rates which began prior to abstinence education programmes (Darroch & Singh 1999).

## Can abstinence-only education put young people at risk?

Research suggests that education and strategies that promote abstinence but withhold information about contraception including condoms can actually place young people at higher risk of pregnancy and STIs (Bearman 2001, Jemmot et al 1998, Dailard 2002). There has been concern that virginity

pledges may deter young people from using contraception or protection when they do become sexually active. For example, a study of teenagers who took a pledge and subsequently broke the pledge were one third less likely to use contraception than those who had not pledged virginity.

## **What is a balanced programme?**

The Sex Education Forum works with a clear agreed values framework and evidence of good practice. We support children and young people's entitlement to a balanced educational programme of sex and relationships education (SRE) which should include information provision, life skills development and the clarification of attitudes and values. It should be appropriate to a child's developmental needs to help them manage their lives through childhood, puberty, adolescence and into adulthood.

SRE should help develop children and young people's knowledge of how to protect themselves and others as well as how to deal with unwanted pressure to have sex. It should encourage them to delay sexual activity until they are ready and prepare them to be responsible when they do become sexually active. 'Abstinence only' education falls short of this established good practice and fails to meet the needs of children and young people on a number of counts (SEF 2001):

- It is not evidence based and it is not informed by the needs or wishes of children, young people and their parents.
- Many of the approaches and messages contribute to fear, shame and guilt which do not support children and young peoples learning.
- It does not take into account the diversity of children and young peoples experiences and family backgrounds and thus excludes large groups of young people. This includes those who are gay, lesbian, those who have or are currently engaging in sexual activity.
- It does not provide important information on staying safe and healthy, contraception and protection, abortion and what services are available and how to access them.
- It does not allow for the development of essential life skills including how to negotiate and communicate.
- It does not provide opportunities to explore and develop positive attitudes and values to health and well being.
- It disseminates incorrect information that contraception does not work and does not encourage children and young people to make informed choices.
- It contravenes the UN Convention for the Rights of the Child\* by denying children and young people information about their sexual and reproductive health.

## **How can we lower teenage pregnancy rates?**

Increasingly the evidence is clear that in countries that have lower levels of teenage pregnancy and STIs, SRE is a less politicised subject. Adults tend to be more accepting of sexual activity among teenagers and give clear and consistent messages about rights and responsibilities of sexual relationships including the importance of protecting themselves and their partners. Teenagers are given positive incentives to delay childbearing and are supported through their transition from childhood to adulthood. They also have better access to sexual health services and comprehensive SRE (Boonstra 2002, Darroch et al 2001).

In summary research suggests the best way to reduce teenage pregnancies and improve sexual health is a multifaceted approach, which offers balanced SRE encouraging young people to delay sexual intercourse but that recognises that many young people will become sexually active in their teens. Consequently there should be appropriate confidential services in place to support them (Darroch 1999, Swann 2003) and information should be provided on how to access these services.

### What are we doing in this country?

In the UK we are already seeing the benefits of a multi-faceted National Teenage Pregnancy Strategy with a 9% reduction in teenage pregnancy since 1998. Both this and the Sexual Health and HIV Strategy are based on sound evidence and work towards ensuring that children and young people have access to balanced SRE which is linked to services.

However we must not become complacent, nor can we afford to become a society that turns a blind eye on teenage sexual activity because it believes that they should not be doing it in the first place. We must encourage young people to delay sexual activity until they are ready and are able to take responsibility for it. All the evidence shows that we can do this by providing them balanced SRE. Undermining their confidence in contraception will not support this education.

\*UN convention for the rights of the child states that children and young people have the right to access to information which will allow them to make decisions about their health (Article 17), enjoy the highest attainable health and access to health facilities (Article 24). It also states that those professionals working with young people '...shall take appropriate measures to develop preventative health care... and family planning education and services' (Article 24). Children and young people also have the right to be heard, express opinions and be involved in decision-making (Article 12). They have the right to education which will help them learn, develop and reach their full potential and prepare them to be understanding and tolerant to others (Article 29). Additionally, children have the right not to be discriminated against (Article 2).

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The Sex Education Forum is the national authority on sex and relationships education (SRE). It believes that good quality SRE is an entitlement for **all** children and young people and is working with its 48 member organisations – including religious, children’s, parents, governors, health and education to ensure this.

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