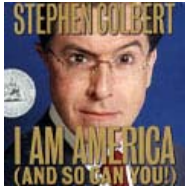


Stephan Colbert: On Accuracy and The Truth

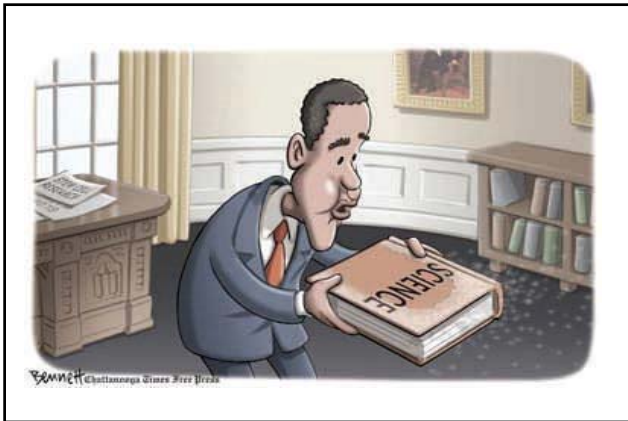
“In order to maintain an untenable position, you have to be actively ignorant, ... One motto on the show is, Keep your facts, I’m going with the truth.”



America (Almost!) Recovers from Abstinence Only: Demographic, Human Rights and Policy Perspectives

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Science and Nonsense

Outline

- Key critiques of abstinence-only
- Recent research on abstinence
- Shifting federal funding
- Lessons learned from the fight
 - Role of research
 - National advocacy groups
 - State public health establishment
- Continuing threats, future visions



Federal Abstinence Only Until Marriage (AOUM)

Primary U.S. government strategy for dealing with adolescent sexuality over ~ past 10 years

- Through FY2009, 800+ programs and \$1.9 billion
- “Exclusive purpose” is the promotion of abstinence outside of marriage
- May not in any way advocate condom/contraceptive use or discuss methods *except* to emphasize their failure rates

SAM Position Paper (2006): Abstinence-Only Education Policies and Programs (Santelli, Ott, Lyon, Rogers, Summers)

- Abstinence from sexual intercourse = a healthy choice for teenagers
- Teens – considerable risk STIs and pregnancy
- Strong support for teaching abstinence in school among parents and even teens

- Few Americans remain abstinent until marriage
- Abstinence intentions often fail
- Abstinence as a sole option for teens is flawed: viewpoints of science and medical ethics

Federal Support for Abstinence-Only Programs

Major expansions in federal support since 1996

- Adolescent Family Life Act (1981)
- Section 510 of the Social Security Act to fund states (1996)
 - Personal Responsibility and Work Opportunity Reconciliation Act (i.e., welfare reform)
- Community-Based Abstinence Education projects (CBAE, 2000)

Definition of Abstinence-only Education, Section 510

8 point definition (A to H):

- a. **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. abstinence from sexual activity is the **only certain way** to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems
- d. **mutually faithful monogamous relationship** in the context of marriage is the **expected standard of human sexual activity**

Definition of Abstinence-only Education, Section 510

8 point definition:

- e. **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
- h. teaches the importance of attaining self-sufficiency before engaging in sexual activity

Political Battles Over Federal AOUM Funding

- Increasing rejection of state funding since 2005
- Defunding proposed by Congress in 2007, 2008, 2009
- President Obama proposes to zero out funding (6/09)
- Reinstated in health reform bill (10/09)
- Obama: new \$ in FY2010 for medically-accurate, evidence-based teen pregnancy prevention
- In the past week DHSS OAH awarded:
 - \$155 million for new programs
 - \$34 millions for abstinence only
 - (29 states, including NYS!)



Science-Based Critiques of Abstinence-Only Policies

- Poorly designed, lack program efficacy, considerable costs
- Not medically accurate, promote misinformation
- Harm to CSE, public health and foreign aid programs
- Inconsistent with sexual realities of young people
- Inconsistent with parent preferences



Rights-Based Critiques of Abstinence-Only Policies

- A “moral” agenda, not a public health policy
- Promote sexist and racist stereotypes
- Insensitive/unresponsive to LGBTQ & other youth
- Withhold life-saving information
- Censor textbooks and teachers
- Counter to medical ethics
- Counter to international human rights thinking



Efficacy of Comprehensive Sexuality Education and AOUM programs, UNESCO (Kirby 2009)

87 comprehensive sexuality education programs (Developed and developing countries)

6 rigorously evaluated AOUM

Efficacy of Comprehensive Sex Ed: UNESCO (Kirby) 2009

Among the 87 comprehensive sex ed programs

- 38% delayed initiation of sexual intercourse
- 31% ↓ frequency of sex (10/32), 3% ↑ frequency
- 44% ↓ number of sexual partners (16/36), 0% ↑
- 40% ↑ condom use, 0% ↓ use
- 40% ↑ contraceptive use (6/15), 1 ↓ use
- 53% ↓ sexual risk Δ in multiple behaviors (16/30)

Efficacy of Abstinence Promotion: UNESCO (Kirby) 2009

6 rigorous evaluated studies of abstinence-only

- 0/6 showed ↓ initiation of sex, recent sex, # of partners, or condom use

5 weak evaluations

- 2/5 showed delay in initiation

Recent CDC review

- Best evaluated programs (e.g., RCTs) = no impact
- Weaker evaluations more likely to find an impact



Efficacy of Theory-Based Abstinence-Only Intervention (Jemmott et al 2010)

Basics-

- 5 arm RCT including AO and CSE arms, 662 AA students in grades 6 & 7, focus on KAS, AO delayed initiation @ 2 years

Strengths-

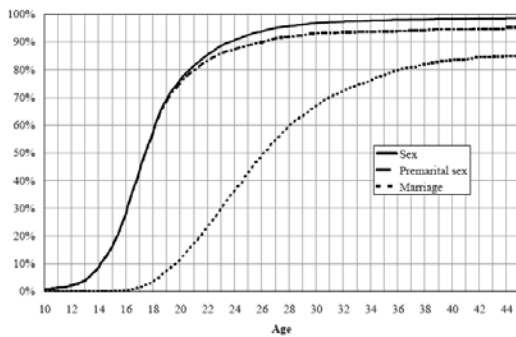
- Strong researchers, theory-based (TRA, SCT), accurate info, not moralistic, did not disparage condoms

Critiques-

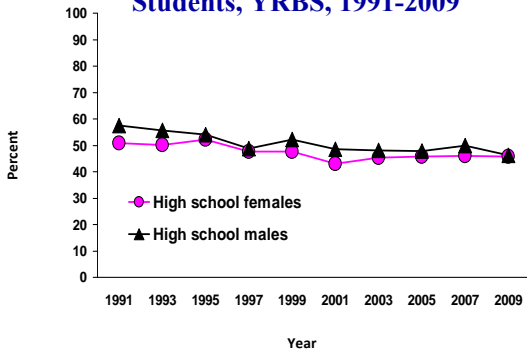
- Not an AOUM program, small sample (n~130 per arm), 25% sexually experienced @ baseline, condom use @ 75%

Inconsistency with Demographic Realities

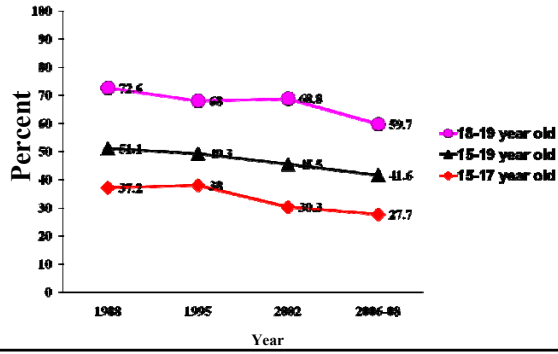
Figure 1. Proportion of individuals who had had sex, had premarital sex, and married by specific ages, 2002 National Survey of Family Growth



Ever Had Sexual Intercourse, High School Students, YRBS, 1991-2009



Ever Had Sexual Intercourse, Teen Females, NSFG, 1988-2008



Harm to Comprehensive Sexuality Education and other Public Health Programs

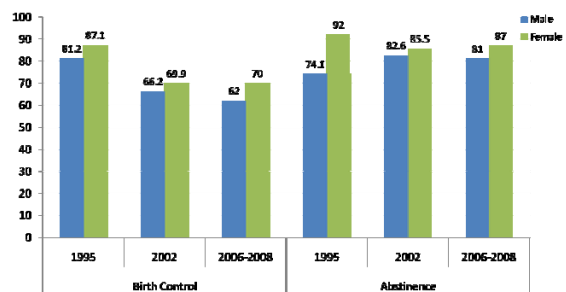


Harm to Sexuality Education and Other Public Health Programs

- Censorship of textbooks and teachers
- Abstinence-only replaced comprehensive sexuality education
- Undermining public health goals in Title X & HIV
- Harm to foreign aid efforts
 - PEPFAR prevention



Receipt of Formal Education on Birth Control and Abstinence : United States, 1995-2008



Source: CDC/NCHS, National Survey of Family Growth, 1995-2008

Congressional Review of Abstinence-Only Curricula (Waxman Committee report 2004)

- Evidence of major errors and distortions of public health information
- Eleven of 13 curricula contained false, misleading or distorted information
 - False information about effectiveness of contraception
 - Risks of abortion
 - Other scientific errors
 - Treat stereotypes as scientific fact

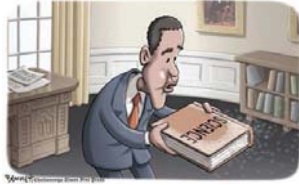
Abstinence-Only Until Marriage: Symptom of a Broader Problem

A Broader Problem of

- Science and politics
- Data and ideology

Also reflects

- Victorian morality
- Ascendency of conservative movement in 1990s
- Broad opposition to sexual and reproductive rights



Bad Wine in New Bottles (An Historical Perspective)

- Opposition to sex education in the late 1960s
 - Christian Crusade: “Is the School House the Proper Place to Teach Raw Sex?”
- Historical roots in the Victorian era (Anthony Comstock)
 - Contraception and information as pornographic
- A conservative movement about social mores and political power reached its ascendance in the 1990s-2000s
- Opposition to sexuality education, reproductive rights, women’s rights, rights for adolescents, gays and lesbians



Abstinence Only Education: Inconsistent with Scientific Theory?

- Does not build upon scientific findings or create an encompassing paradigm grounded in science
- Builds on an ideological belief system which is internally consistent but often not logical
- Many separate “facts” are incorrect
- Refuses to accept scientific consensus or follow the rules of scientific review (e.g., does not publish)
- Creates a veneer of science by using medical professionals and the creating its own communication streams

Federal Science Circa 2005

"Abstinence is the only 100 percent effective way of ensuring that someone does not become pregnant out of wedlock or get someone pregnant out of wedlock or contract sexually transmitted diseases. I don't think we need any studies [to prove that]."

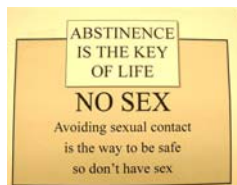
Dr. Wade F. Horn, Assistant Secretary
for Children and Families in HHS
Capitol Hill "Abstinence Day" February 2005

Key Themes from the Language of the Federal Program

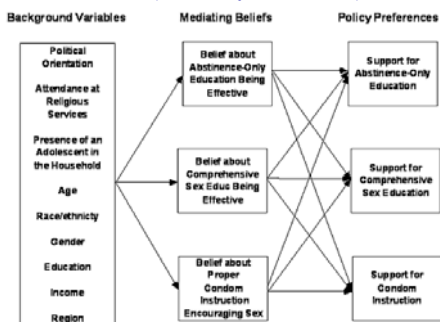
- Moral language: "chaste," "virgin," and "promiscuous"
 - "a mutually faithful monogamous relationship in context of marriage is the expected standard of human sexual activity"
- Frames abstinence as attitude or commitment
- Assertions of medical "facts"
- Certainty about the efficacy of abstinence
- Denigration of condoms and contraception
 - Fear of the mixed message
 - Concern that contraception causes sex
- "Genesis" story, creation of a post-sex syndrome

World View/ Underlying Assumptions

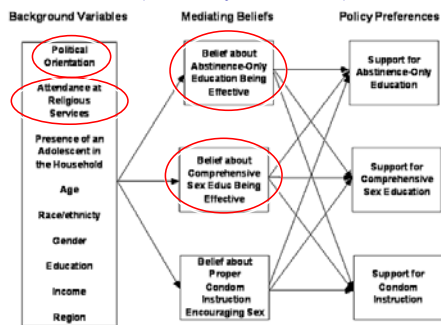
- Sex education and access to contraception cause teenagers to have sex
- Teaching about abstinence and protection is a mixed message
- Describing the limitations of contraceptive methods will stop teenagers from having sex



Predicting Preferences for Types of Sex Ed (Bleakley et al 2010)



Predicting Preferences for Types of Sex Ed (Bleakley et al 2010)



Shifting Public Policy regarding Abstinence only

- Multiple science-based and rights-based critiques
 - Program efficacy
 - Medical accuracy
- Partnership between advocates and scientists
- Rejection by the state public health establishment
- Political change in states and Washington

Sustained Advocacy

- SEICUS, Guttmacher I., Advocates for Youth
- Human Rights Watch
- Organizations of health professionals
 - SAM - 2006, APHA – 2007, ACOG - 2008, AAP-2008

Program Efficacy

- Multiple evaluations of ab-only and CSE programs
- 7 abstinence-only programs (Kirby 2007):
 - 0% strong evidence of ↓ sexual initiation, 1 program weak evidence
 - No impact: condom or contraceptive use, sexual risk-taking
- 87 comprehensive sex ed programs (UNESCO 2009)
 - 38% ↓ initiation of sex, 0% ↑ initiation
 - 40% ↑ condom use
 - 40% ↑ contraceptive use

Requiring Medical Accuracy in Sex Ed

- By spring 2007, 21 states have required scientific or medical accuracy in sexuality or HIV/AIDS education
- Key features of legal definition:
 - Based on generally-recognized scientific methods
 - Publication in peer-reviewed journals
 - Weight of the evidence
 - *Accurate, objective, complete* by leading professional organizations: CDC, AMA, ACOG, AAP
- Clarify distinctions between science and ideology
- Medical accuracy: a useful rhetorical device (hard to oppose!)

**Public Health Rejection:
State Refusal of Federal Funding**

- California never accepted \$
- By December 2006
 - Maine, Pennsylvania, New Jersey
- By August 2008: 25 states



- Key concerns of state policy-makers:**
- Accuracy and efficacy (Raymond et al 2008)
- Key driver:**
- Political leadership, political alliances

**Moving Forward:
Reframing the Policy Debate**

- Goals: CSE or public health outcomes?
- Time for some healthy cohabitation between CSE and contraception
- Human rights and medical ethics
- Questioning abstinence



Reproductive Rights as Human Rights

- Access to accurate health information as a basic human right
- Patients have rights to accurate and complete information from health care providers
- Governments obligated to provided accurate information to their citizens
- Adolescents are *people* with human rights



Is Abstinence Only Until Marriage a Public Health Goal?

- A goal for government(s)?
 - Healthy People 2010, 2020
- A healthy choice for individuals?
- Abstinent until when?

Considerations

- Universality of sexual initiation in mid to late teens
- Changing age at marriage
- Marriage not an option for GLBTQ youth
- Non-importance in teen fertility



A New Vision of Healthy Adolescent Sexuality (Schalet)

- Normalizing adolescent sexuality & sexual behavior
- Dutch parents:
 - Supportive, see teens as capable of self regulation
 - Responsibility= ready for sex, protected, sex within a steady and emotionally healthy romantic relationship
- U.S. parents:
 - Dramatize teen sexuality, sex as risk taking
 - Focus on dangers and conflicts
- The Sleep Over
 - Well accepted vs. “not in my house!”

Looking Backward, Moving Forward

Implications

- States will be the next battle ground on AOUM
- Commitment to science and human rights of teens
- Creating a new vision of health sexuality



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Science and Nonsense: America Tries to Recover from “Abstinence Only Until Marriage”

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“It was clear the only weapon we had against AIDS was education, education, and more education.”

Dr. Koop, 1992



Arias, D. C. Am J Public Health 2008;98:396-399