Abstinence Education and HIV/AIDS

Each year, half of all new HIV infections in the United States are among individuals under age 25. Two young Americans under the age of 25 are infected with HIV every hour, resulting in 20,000 new infections per year among young people. Yet federal funding trends support abstinence-only education rather than comprehensive abstinence and sexual health education programs that prepare teenagers for the world outside their classrooms. By graduation, 65 percent of all high school seniors report having had sex. Full knowledge of the options available to adolescents, from abstinence to safer sex, is important in empowering young people, influencing the choices they make about sex, and preventing new HIV infections. Abstinence-only programs do not meet the needs of America’s youth in their quest for the information and skills necessary to make good decisions and stay healthy.

While abstinence-only programs focus exclusively on abstaining from sexual activity until marriage, abstinence-plus programs seek to educate individuals about all facets of sexual health with a focus on abstinence. Information regarding the prevention of sexually transmitted diseases (STDs), including HIV, is discussed in addition to highlighting the option of abstaining from sexual activity until marriage. Research has shown that comprehensive sex education programs that discuss both abstinence and protection from sexually transmitted diseases actually delay the onset of sexual intercourse, reduce the frequency of intercourse, and reduce the number of sexual partners.

Abstinence-Plus Education Works

Comprehensive sexuality education that advocates abstinence yet provides education for those teens that choose to become sexually active has proven practical and effective. Abstinence-plus education, which provides a range of information and options for young people from abstinence to safer sexual behavior, does not increase sexual activity or lower the age of a young person’s first sexual encounter. There is no evidence that abstinence-only education is effective in preventing or delaying sexual activity. In fact, a recent abstinence-only initiative in California actually resulted in more students reporting sexual activity after participating in the program.

Concerns that discussing explicit sexual information with youth would result in an increase in sexual activity or early initiation of sex among youth have proven unfounded. A recent Institute of Medicine (IOM) report supported abstinence-plus programs, citing...
studies that found that teens with comprehensive sexuality education were less likely to engage in sexual intercourse, and those who had sex did so less often and were more apt to use protection.

Surveys have shown that an overwhelming majority of parents want their children to receive information about sex, including both abstinence and contraception, from trained professionals at schools. Parents who engage their children in frank discussions of STD and HIV risk are quite effective: A study of mother-adolescent communication regarding HIV demonstrated an increase in condom use only for teens whose mothers had talked to them about condoms before they became sexually active. Similarly, a survey of 522 African-American adolescent girls found that those girls who regularly discussed sex with their parents were significantly less likely to engage in behavior that placed them at risk for HIV and much more likely to bring up STD/HIV prevention with sexual partners than girls whose parents did not discuss sex, STDs, and HIV.

Current Trends and Programs

Comprehensive sexuality education helps to minimize behavior that places adolescents at risk for HIV, and it is in demand among American youth. Most teens know about HIV transmission, but they want to know more about protecting themselves against HIV. Today’s teens need information about sexual behavior and HIV/AIDS. The Kaiser Family Foundation has found that 68 percent of all sexually active teens did not think they were personally at risk of contracting HIV. However, 65 percent of sexually active teens are personally concerned about HIV/AIDS.

According to the IOM and the Presidential Advisory Council on HIV/AIDS, a significant challenge in preventing HIV transmission among teens is the increasing number of abstinence-only sex education programs in schools. These programs are offered in place of comprehensive or abstinence-plus sex education programs. Additionally, in his recent Call to Action, Surgeon General David Satcher asserted, “given that one-half of adolescents in the United States are already sexually active -- and at risk of unintended pregnancy and STD/HIV infection -- it also seems clear that adolescents need accurate information about contraceptive methods so that they can reduce those risks.” There is no evidence to support the widespread adoption of abstinence-only programs, whereas providing teens with more information has been found to delay the initiation of sexual activity and promote better overall health.

Currently, most (35) states require sexuality education to be taught in school. In 11 of those states, the curriculum must focus on abstinence until marriage, with brief mention of STD and HIV prevention. In two of those states, HIV prevention education is only discussed in the context of abstinence until marriage. In three of the states that do not require sexuality education, if it is taught voluntarily, the program can only discuss abstinence until marriage. The number of states requiring abstinence-only education is growing. In 1988, two percent of public school teachers reported teaching abstinence as the sole method of protection against sexually transmitted diseases (STDs) including HIV. That number rose to 23 percent by 1999.

Conclusion

There is a growing trend of providing abstinence-only education at the expense of comprehensive sexual education that includes abstinence as well as pregnancy, STD, and HIV prevention. Abstinence-plus programs provide
teenagers with a range of options and information. With half of all new HIV infections in the U.S. each year occurring among teens and young adults, more information about HIV prevention could prevent additional infections. Abstinence-only programs do not provide young people with the information or negotiation skills that they may need to protect themselves from HIV infection.