

Comments by Glenn Northern.

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Why Support Comprehensive Sex Education:

Thank you. My name is Glenn Northern – I am the Sexuality Education Policy Manager at Planned Parenthood Federation of America. I help communities across the nation implement balanced and effective sex education curricula and programs so that youth can make responsible decisions. But I am also coming today first and foremost as a concerned parent and resident in Montgomery County. I am so glad you are all here today. It is great to see so many parents and community members involved and concerned about the sex education that students are receiving.

I believe we all want our children to grow into happy, healthy adults free of the negative consequences of sex and capable of enriching relationships and all the positive aspects of sexuality. For that, we need programs that work. We need programs that have proven track records. We need programs that can help young people grow into sexually healthy adults who make responsible, considerate, compassionate decisions about their sexual health. We need programs that build

on the work of parents. We need programs not based on fear and distortion of information. We need programs with honest answers.

Those kinds of programs are comprehensive sex education programs.

- 1) First, I will talk a little about what comprehensive sex education is and how the video fits in
- 2) Then, I'll review what the research says about the effectiveness of comprehensive sex education,
- 3) Third, I'll talk a little about who else supports comprehensive sex education

**Lets start with the video and put it in context.**

This video is an example of a single tool within the much broader toolbox of comprehensive sexuality education. Comprehensive Sexuality Education is not simply talking about contraception. It is much broader and aims to create sexually healthy individuals who are capable of preventing the negative consequences of sexual intercourse, and who are also facile in a broad range of life-enhancing skills such as assertiveness, effective communication, critical thinking, decision-making and the capacity to build rewarding relationships. It seeks to assist young people in

understanding a positive view of sexuality, provide them with information and skills about taking care of their sexual health and help them acquire skills to make good decisions now and in the future. Comprehensive Sex Education achieves these ends by providing honest, comprehensive, medically accurate, age-appropriate information. Too often, the sex education debate devolves to one of false dichotomies about abstinence versus contraception. The video is a casualty of that debate when it should instead be seen as one segment in a much larger picture.

### **What's Good About the Video -**

First the video addresses abstinence – it mentions abstinence at least seven times as, I counted it as, the most effective means of protection. This is not simply lip service to abstinence given that that specific video was about how to use a condom. We even saw the moment when the narrator mentioned talking to one's partner and said "if you can't talk about sex then maybe you should not be having it."

Certainly this once again sends a message that refraining from sex makes sense.

Second the video also addresses the needs of those students who ARE sexually active. It provides information that they might not get anywhere else and could

provide a moment for open dialogue with teachers, or with parents. I know we all would like our youth to refrain from sexual activity until they are truly ready (whatever our values as parents determine that criteria to be), but the difficult reality is that 45.6 percent of high school students (48.5 percent of males and 42.9 percent of females) reported having had sexual intercourse. That is a lot of sexually active students. No abstinence program – or comprehensive one for that matter – will ever have a 100% success rate. Therefore, students who are sexually active need more than just an abstinence message. They need to know how to protect themselves from unintended pregnancy and disease. The video provides important information to the many youth who are sexually active.

Third, the tone of the video addresses condom use in a matter-of-fact manner that still manages to maintain credibility among youth. Given how easily a discussion like this could devolve into bawdy joking among students, the perfunctory treatment of the subject matter is a strength.

Those are three of the positive aspects of the video, but it is important to remember that the video is only one tool. It is important to view it in that context.

Comprehensive sex education is not simply about providing information about abstinence and contraception, as important as they are. Let me explain a little

more about comprehensive sex education. Balanced, responsible sex education recognizes that the most important sexuality educator is the parent. At Planned Parenthood we believe that parents are – and need to be – the primary sexuality educators of their children. Comprehensive sex education programs aim to assist parent-child communication, and help youth understand that the family is an important source for guidance in developing responsible, honest and respectful values about sex and sexuality. But we also know that parents feel like they need help. Most parents want schools to share the responsibility for helping their kids learn to make healthy choices that protect themselves and others. Ninety-three percent of all Americans support the teaching of sexuality education in high schools, while 84 percent support sexuality education in middle/junior high schools. (Hickman-Brown Research, Inc., June 1999.)

Teaching abstinence, or ways to delay sex until maturity, is an integral part of Comprehensive sex education programs. Let me repeat that, abstinence and delaying sex until maturity ARE an integral part of comprehensive sex education programs. No one wants youth who are not ready to have sex. Comprehensive sex education programs teach young people to say no, and then provide the skills and assertiveness training to help them negotiate those encounters. Comprehensive sex education programs also address the needs of those who are already sexually

active. If someone is already sexually active they need to know that there are other options such as refraining from sex, but they also need information about where they can get tested, and how not to spread potential diseases. They also need skills for how to talk to their partner, they need to understand how their bodies and feelings are changing, and they need compassion and understanding. They also need to know about contraception and how to protect themselves. The bottom line for most parents is that if their child did become sexually active and was at risk they would at least want them to be as safe as possible. Condoms are 98% effective in preventing pregnancy when used consistently and correctly. They are less so when used inconsistently or incorrectly. Out of 100 users who do not use a condom every time, or who do not use it properly each of those times, 16 will get pregnant in a given year. Without using any method 85 will. Of course, all it takes is one improper usage – or failure to use – to get pregnant. That is why it is important that users understand correct and consistent use. That is why the video went into such detail about proper use. Condoms have been proven to offer protection against most serious sexually transmitted infections, including bacterial infection, Chlamydia, gonorrhea, trichomoniasis, syphilis and HIV/AIDS. Condoms do not completely prevent skin to skin contact and are therefore not 100% effective against STIs, but short of not engaging in sexual activity, they do offer the best protection possible against STI's including HIV. In fact, condoms are

the ONLY technology currently available that can effectively protect people against the sexual transmission of HIV. According to the Centers for Disease Control and Prevention (CDC), “a number of carefully conducted studies, employing rigorous methods and measures, have demonstrated that consistent condom use is *highly effective* in preventing HIV transmission”.<sup>1</sup> For students who are sexually active that is important potentially life-saving information. Comprehensive sex education programs offer this information in honest, unbiased manners and do not try to hide or distort the facts.

So now you should have better understanding of what comprehensive sex education is trying to accomplish, and that it is much broader than just teaching about abstinence and contraception. Body image, negotiating peer pressure, assertiveness skills, biology, decision making, communication, media literacy, interpersonal relationships, gender roles, affection, critical thinking and others are all topics and skills that comprehensive sex education addresses in an attempt to help youth learn to make responsible decisions and lead healthy happy lives.

**So What Does the Research Say About Comprehensive Approaches:**

The evidence is very clear. Comprehensive sex education programs should be supported because they work. Comprehensive sex education programs can get adolescents to change their behaviors, not just their attitudes and can help delay having sex or increase the use of protection for those that are sexually active.

Numerous peer-reviewed studies over the years have shown that various comprehensive sex education programs can change students' behavior. In *Science and Success*, researchers describe the effect of 12 programs that demonstrated a statistically significant delay in the timing of first sex, and 17 programs that demonstrated increased risk reduction among sexually active youth including increased use of condoms and other contraception, reduced number of partners and frequency of sex, and reduced incidence of unprotected sex. Eight (8) programs demonstrated statistically significant declines in teen pregnancy, births, HIV and other STIs. In each of these programs – as well as in Doug Kirby's work which also looked at successful programs – the effects were long term, lasting from 12-31 months.

The seminal work *Emerging Answers* by Douglas Kirby also concluded that as of 2002 “there do not currently exist any abstinence-only programs with reasonably



strong evidence that they actually delay the initiation of sex or reduce its frequency. Other programs may get youth to “say they are going to change their behavior” or may change student’s attitudes temporarily, but comprehensive sex education programs have demonstrated that they can change students’ behavior in the long term.

Furthermore, there are numerous studies that show that comprehensive sex education program DO NOT INCREASE SEXUAL ACTIVITY. The Surgeon General cited in his Call To Action of 2001 that “providing information about contraception does not increase adolescent sexual activity, either by hastening the onset of sexual intercourse increasing the frequency of sexual activity or increasing the number of sexual partners.” Similarly, most parents correctly believe that it is not a mixed message to talk about both abstinence and contraception and most parents want programs to do exactly that. Even a January 2004 poll conducted by Zogby for ardent opponents of balanced sex education (Focus on the Family) found that 75% of parents wanted programs that included information about both abstinence and contraception.

Poll after poll after poll show similar results. The issue cuts across party lines, across racial, socioeconomic and geographic lines. People support programs that include both abstinence and contraception and are displeased if either is omitted.

Groups like the American Academy of Pediatrics, The American Medical Association, The American Psychological Association, The American College of Obstetricians and Gynecologists, The American Public Health Association, The American Federation of Teachers, The American Association of School Administrators, The American School Health Association and over 125 other major organization all support balanced, responsible sex education.

Yet despite overwhelming support for programs that teach both abstinence and contraception, and despite the profusion of evidence demonstrating the effectiveness of comprehensive programs to help youth achieve positive behavioral results, there is no dedicated federal funding for comprehensive sex education in the classroom.

On the other hand, over a billion dollars has been funneled into programs that have yet to produce long term behavioral results, and which have been shown to be replete with misinformation, factual errors and distortions. Ten different

individual state evaluations since 2002 have all have suggested less than stellar grades for programs that focus exclusively on abstinence. None of them managed to find long term behavioral changes, and none managed to delay initiation of sex, though some did find attitudinal changes.

But to make matters worse, a recent study by Congressman Waxman from California found that over 80% percent of the most popular curricula funded the by the federal government through the Special Projects of Regional and National Significance Community Based Abstinence Education Grants contained “false, misleading or distorted information” including errors like “HIV, the virus that causes AIDS, can be spread via sweat and tears.”

Even Maryland spent over a million dollars on these programs last year while others that have been proven to work, languish. That does not seem like a very good investment. We do not want programs that are rife with errors. No, let us support honest, truthful, medically accurate programs. Let us support programs that teach about assertiveness, body image, gender roles, sexual orientation, decision-making, communication, interpersonal relationships, dating, both abstinence and contraception and that encourage family communication, Let’s support programs that have been proven to change adolescents’ behaviors, and that

can delay teens engaging in sex for the first time, and increase their use of protection if they do become sexually active. Let us support programs that the major teachers' and medical associations support as an approach to sex education. Let us support what the overwhelming majority of parents know to be the best approach. Comprehensive sex education can do all of the above. Let us support comprehensive sex education. Montgomery County has a rich history of providing education leadership – let us not falter in this important arena. The young people of the county are counting on us.

*Thank you.*

### **Sidebar Stats on Teen Sexual Activity:**

For twelfth graders its 60.5 percent; 11<sup>th</sup> graders 51.9 percent and 40.8 percent for tenth graders, even 34.4 percent of ninth graders reported having had sexual intercourse.

### **Sidebar If anyone asks about HPV & Condoms**

Condoms do provide some protection against HPV and HPV-associated diseases such as cervical dysplasia and cervical cancer. In fact, recent studies showed that 1) newly sexually active women who used condoms for all sex acts were significantly less likely to acquire HPV than their peers who did not use condoms consistently;[\[19\]](#) and 2) women already diagnosed with a pre-cancerous cervical condition and who used condoms consistently were much more likely to have a healthy cervix at follow-up and/or to have cleared HPV from their system than were inconsistent condom users.[\[20\]](#) Among men, consistent condom users were less likely than inconsistent users to have penile HPV or HPV lesions.[\[21,22\]](#)

#### Sidebar on Polling

A 2004 poll by Kaiser/NPR and Harvard showed that 85% of parents supported broader forms of sex education that included information about both contraception and abstinence.

## References

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1. <sup>i</sup> Centers for Disease Control and Prevention. *Male Latex Condoms and Sexually Transmitted Diseases*. Atlanta, GA: CDC, 2002.
  2. Centers for Disease Control and Prevention. *Condoms and Their Use in Preventing HIV Infection and Other STDs*. Atlanta, GA: CDC, 1999.
  3. Chaya N, Amen KA. *Condoms Count: Meeting the Need in the Era of HIV/AIDS*. Washington, DC: Population Action International, 2002