CLAIM

73

Adolescents are more likely to have sex when they learn about contraception.

Stan and Francine were embroiled in a heated debate. Stan believed their teens should only receive a message of abstinence on the topic of sex. On the other hand, Francine wanted their teens to learn about safer sex options such as condoms. The debate could be boiled down to one very specific issue. "The more they learn about contraception," argued Stan, "the more likely they will be to have sex." Francine couldn't disagree more. "I don't think learning about contraception makes them more likely to have sex," she countered, "and, in fact, if they do have sex, knowing more will make them more likely to be safer."

What light can research shed on Stan and Francine's debate?

When it comes to sexuality education, the term *abstinence* refers to choosing to engage in no sexual activity. In this case, abstinence refers not only to vaginal intercourse but also to other types of sexual activity such as oral sex. Most parents would probably agree that they'd prefer their teens to remain abstinent throughout their youth, and as such, most parents are on board with their teens receiving some type of message emphasizing the value of abstinence as part of their education. Indeed, there are a few good reasons why youth should be encouraged to avoid sexual activity. Specifically, abstinence is the only guaranteed way to avoid pregnancy, and it's also the only guaranteed way to avoid sexually transmitted infections (STIs). Additionally, sexual activity comes with emotional consequences that can be especially challenging for a teenager to navigate.

It's common for schools to provide some form of sexuality education, and just about every sexuality education curriculum emphasizes the good reasons

to remain abstinent. These programs largely fall into two broad categories, however, that differ in one major respect—whether or not youth learn about the potential benefits of contraception, such as condoms. Thus, one category of program, called *abstinence-only sexuality education*, teaches about the value of abstinence without also teaching about contraceptive options. The other category of program, the one that does actually teach about contraception, is called *comprehensive sexuality education*, and it's also referred to as *abstinence-plus* to highlight the fact that even though contraception is discussed, abstinence is still presented as the safest option.

Why wouldn't everyone want teens to learn about contraception? A large part of the abstinence message is aimed at making youth realize that sex can very likely lead to consequences such as pregnancy or an STI. Thus, when a teen learns how effective contraception can be, the concern of many parents and educators is that the teen will have less fear of negative consequences, making them more likely to engage in sexual activity. Indeed, this likelihood seems plausible and worthy of investigation.

A systematic review of sixteen randomized controlled trials was conducted to examine the effects of sexuality education programs (Bennett & Assefi, 2005). In the review, four of the studies examined abstinence-only programs and thirteen of the studies examined comprehensive programs. Unfortunately, none of the reviewed studies on abstinence-only programs were effective at decreasing sexual activity at a three-month follow-up. On the other hand, of the studies that examined comprehensive education, eight specifically assessed for sexual activity at a three-month follow-up. Of these, four provided strong evidence that comprehensive sexuality programs were effective at decreasing sexual activity. Thus, one major take home point from this review is that comprehensive sexuality education programs actually can help make teens less likely, not more likely, to engage in sexual activity.

Additionally, the same review found that in a majority of the studies, teens who did engage in sexual activity were more likely to use some form of contraception. Comparatively, most of the studies examining abstinence-only programs did not assess contraception use. The one study that did examine contraceptive use found that teens in the abstinence-only program were more likely to report engaging in unprotected sex than teens in a comprehensive sexuality program (Jemmott, Jemmott, & Fong, 1998).

Since the publication of the review, another study directly compared the two types of sexuality education by including three groups: a) no sexuality education, b) abstinence-only sexuality education, and c) comprehensive sexuality education (Kohler, Manhart, & Lafferty, 2008). This study actually analyzed pregnancy rates and found the abstinence-only group was not less likely to report a pregnancy than the group who received no sexuality education. However, the comprehensive sexuality education group was significantly less likely to be involved in a teen pregnancy.

Efforts to delay teens from engaging in sexual activity are definitely needed. A large study of high school students found that 41% have had sexual

intercourse, and this number increases when only seniors are examined (Kann et al., 2016). Of the sexually active students, only 57% reported that a condom was used during the last time they had intercourse. Relatedly, research shows that of the new 20 million or so STIs contracted each year in the United States, about half are found in adolescents and young adults (Satterwhite et al., 2013). Moreover, although the teen pregnancy rate is declining, it continues to be high in the United States compared to other industrialized nations (Sedgh, Finer, Bankole, Eilers, & Singh, 2015).

Research on sexuality education has influenced groups such as the American Psychological Association to support comprehensive sexuality education. As it pertains to the concern about contraceptive education increasing the likelihood of sexual activity, the resolution states that "comprehensive sexuality education programs that discuss the appropriate use of condoms do not accelerate sexual debut" (American Psychological Association, 2005). Moreover, a committee from the American Academy of Pediatrics published a report saying that "The pediatrician should encourage early parental discussion with children at home about sexuality, contraception, and Internet and social media use that is consistent with the child's and family's attitudes, values, beliefs, and circumstances" (Breuner, Mattson, & Committee on Psychosocial Aspects of Child and Family Health, 2016, p. e7). Thus, both the American Psychological Association and the American Academy of Pediatrics are in favor of sexuality education that includes discussion of contraception.

Conclusion

A large percentage of teens are engaging in sexual activity. Pregnancy and STIs continue to be serious issues facing youth today. Parents and educators are often conflicted about what message to send regarding contraception. The available research shows that contraceptive education enhances the effectiveness of sexuality education. Parents like Stan and Francine in the opening story shouldn't really worry that comprehensive sexuality education will give their teens a free license to go have sex. Moreover, if they do have sex, comprehensive sexuality education makes them more likely to use contraception.

CRITICAL THINKING

1. Use the cdc.gov website to find the page titled "Contraception: How effective are birth control methods?" Which types of birth control are the most effective? Which types are the least effective?

2. Using the same source on the cdc.gov website, take the view of adolescents who are considering different types of contraception. Which types of contraception would be easier for them to use correctly? Which types might they have more difficulty using correctly?
3. Adolescents commonly compare their behavior to that of their peers. How might this type of social comparison affect their decisions about abstinence and contraception?
4. Use the apa.org website to find the "Resolution in Favor of Empirically Supported Sex Education and HIV Prevention Programs for Adolescents." In addition to supporting comprehensive sexuality education, what other aspects of sexuality education does the resolution support?
5. Use the webmd.com website to find the article titled "Teen Sex May Take an Emotional Toll." What are some of the negative emotional consequences that some teens experience related to sex? What are the potential positive consequences?

REFERENCES

American Psychological Association. (2005). Resolution in Favor of Empirically Supported Sex Education and HIV Prevention Programs for Adolescents. Retrieved from www.apa.org

Bennett, S. E., & Assefi, N. P. (2005). School-based teenage pregnancy prevention programs: A systematic review of randomized controlled trials. *Journal of Adolescent Health*, *36*(1), 72–81.

Breuner, C. C., Mattson, G., & Committee on Psychosocial Aspects of Child and Family Health. (2016). Sexuality education for children and adolescents. *Pediatrics*, *138*(2), e20161348.

Jemmott III, J. B., Jemmott, L. S., & Fong, G. T. (1998). Abstinence and safer sex HIV risk-reduction interventions for African American adolescents: A randomized controlled trial. *JAMA*, *279*(19), 1529–1536.

Kann, L., Olsen, E. O., McManus, T., Harris, W. A., Shanklin, S. L., Flint, K. H., Queen, B., et al. (2016). Sexual identity, sex of sexual contacts, and health-related behaviors among students in grades 9–12—United States and selected sites, 2015. *MMWR. Surveillance Summaries*, *65*, 1–202.

Kohler, P. K., Manhart, L. E., & Lafferty, W. E. (2008). Abstinence-only and comprehensive sex education and the initiation of sexual activity and teen pregnancy. *Journal of Adolescent Health*, *42*(4), 344–351.

Satterwhite, C. L., Torrone, E., Meites, E., Dunne, E. F., Mahajan, R., Ocfemia, M. C. B., . . . & Weinstock, H. (2013). Sexually transmitted infections among US women and men: Prevalence and incidence estimates, 2008. *Sexually Transmitted Diseases*, *40*(3), 187–193.

Sedgh, G., Finer, L. B., Bankole, A., Eilers, M. A., & Singh, S. (2015). Adolescent pregnancy, birth, and abortion rates across countries: Levels and recent trends. *Journal of Adolescent Health*, *56*(2), 223–230.