American Academy of Pediatrics

TESTIMONY OF
MARGARET J. BLYTHE, MD, FAAP, FSAM
ON BEHALF OF THE
AMERICAN ACADEMY OF PEDIATRICS

before the

COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM

UNITED STATES HOUSE OF REPRESENTATIVES

APRIL 23, 2008

Endorsed by the Society for Adolescent Medicine

Department of Federal Affairs
601 Thirteenth Street, N.W.
Suite 400 North
Washington, D.C. 20005
202-347-8600 / 800-336-5475 / Fax 202-393-6137

Chairman Waxman, Ranking Member Davis and members of the committee, good morning and thank you for inviting me. My name is Dr. Margaret Blythe. I am a pediatrician and Professor of Pediatrics at Indiana University School of Medicine and a subspecialist in adolescent medicine. As the current chair for the Committee on Adolescence, I have been asked to give testimony regarding the position of the American Academy of Pediatrics on abstinence education and on age-appropriate comprehensive sexuality education and evidence supporting this position. My testimony is also endorsed by the Society for Adolescent Medicine of which I am also a member.

The American Academy of Pediatrics supports age-appropriate comprehensive sexuality and reproductive health education and wants to ensure that our nation's resources are being allocated toward educational approaches that are science-based. Comprehensive sexuality education *emphasizes* abstinence as the best option for adolescents, but also provides age-appropriate, medically accurate discussion and information for the prevention of sexually transmitted infections and unintended pregnancies.[1]

Abstinence-only programs have not been shown to change adolescent sexual behaviors according to 5 systematic reviews including a federally funded evaluation of Title V programs conducted by an independent research organization.[2,3,4,5,6] In fact, abstinence-only programs are not only *ineffective* but may cause *harm* by providing inadequate and inaccurate information and resulting in participants' failure to use safer sex practices once intercourse is initiated.[1,7] Specifically, one systematic review reports that using both self-reported biological and behavioral health outcomes, the abstinence-only

programs did not affect incidence of unprotected vaginal sex, frequency of vaginal sex, numbers of partners, age of sexual initiation or condom use.[5]

Two new sets of data recently released by the Centers for Disease Control and Prevention (CDC) bring additional concerns about abstinence-only education programs and really demand a change in policy for funding sexual health education for adolescents. The most recent data indicate that births to teen girls aged 15-19 years increased by 3%; this is the first increase noted in the previous 14 years of decline.[8] As well in this past month, CDC released new data about the prevalence of sexually transmitted infections (STIs) among adolescents, especially adolescent girls. CDC estimates that one in four girls aged 14-19 has at least one STI. This means as many as 3.2 million adolescent girls are infected with human papilloma virus (HPV), chlamydia, herpes simplex type-2, or trichomoniasis. These numbers are likely to be understated because syphilis, gonorrhea and the human immunodeficiency virus were not included in the data CDC analyzed for the estimate.[9]

Children and adolescents need accurate and comprehensive education about sexuality to practice healthy sexual behaviors as adults, but also to avoid early, exploitative or risky sexual activity that may lead to health and social problems, such as unintended pregnancy and STIs, including HIV infection and AIDS.[1] This is especially true among gay, lesbian and bisexual youth who are more likely to have had sexual intercourse, to have had more partners, and to have experienced sexual intercourse against their will, putting them at increased risk of STIs including HIV infection.[10] The data is clear that abstinence is the most effective means of birth control and prevention of STIs and needs to be included as part of an individual's strategy to reduce unintended pregnancy and STI rates.

But abstinence should not be taught as the *only strategy*. To date, the evidence regarding the efficacy of abstinence-only in the reduction of risky sexual behaviors, including risk for STIs, has not been proven.[2,3,4,5,6,7] For some adolescents, abstinence may be a difficult choice. And in practice, many adolescents who intend to be abstinent often fail and have sex. A longitudinal analysis of teens and virginity pledges compared "pledgers" to "nonpledgers" and found at a 6-year follow-up that 88% of pledgers reported experiencing premarital sex and had STI rates that, statistically, were no different from those of nonpledgers.[7]

Evidence suggests that abstinence-only policies of the federal government changed the nature of sexuality education in the United States with many schools adopting abstinence-dominant or abstinence-only education programs for school sexuality curricula. Data comparing 1995 to 2002 showed a decline in young women reporting education about contraception (87% to 70%) and an increase in abstinence-only education (8% to 21%) with a decrease in those receiving both (84% to 65%).[11] Citing the ineffectiveness of abstinence-only programs, already 17 states have opted out of Title V funding. Estimates suggest over 40% of youth in the United States between the ages of 12 to 18 years live in these states.[12] The most recent review of abstinence-only programs in 2007 by the National Campaign to Prevent Teen and Unplanned Pregnancy continue to support that such programs are ineffective at reducing risky sexual behaviors. Specifically, these programs "did not delay the initiation of sex, did not increase the return to abstinence, or decrease the number of sexual partners."[3]

Several published studies and evaluations have suggested that *comprehensive sexuality education* is an effective strategy for helping young people delay initiation of

sexual intercourse.[2,3,4] Comprehensive programs encourage abstinence as the best option but offer discussion and education for those adolescents who are sexually active about protecting against sexually transmitted infections and contraception.[1] Research has shown that these programs do not hasten the onset or frequency of sexual intercourse and do not increase the number of partners that sexually active teens have.[13]

A national study compared sexual health risks of adolescents who received abstinence-only education and those who received comprehensive sex education to those who received none. Adolescents who reported having received comprehensive sex education before initiating sexual intercourse were significantly less likely to report a teen pregnancy compared to those receiving no sexual education while there was no effect of abstinence-only education.[14] Sexuality education and interventions with some abstinence-base or "abstinence-plus" curriculum components are most effective when targeted at younger adolescents before they become sexually active.[15]

Providing information to adolescents about contraception does not result in increased rates of sexual activity, earlier age of first intercourse, or a greater number of partners.[13] In fact, if adolescents perceive obstacles to obtaining contraception and condoms, they are more likely to experience negative outcomes related to sexual activity.[16]

Adolescents who choose to abstain from sexual intercourse should be encouraged and supported by their parents, peers, pediatricians and society, including the media. Adolescents need to know about other contraceptive options before (or if) they decide to have intercourse.[17] Based on the evidence, AAP supports a comprehensive approach to sexuality education for adolescents. Abstinence should play a part in any comprehensive

discussion of sexuality, with support and resources available for adolescents who feel pressured, but prefer not, to engage in sexual activity.[1,17]

From a public health perspective, primary prevention of unintended pregnancy and STIs in adolescents involves a delay in the initiation of sexual activity until psychosocial maturity or marriage, depending on the religious or cultural perspective. Secondary prevention in adolescents involves the use of safer sex practices by those who are sexually active and who do not plan on abstaining from sexual activity.[18] Adolescence is a time of growth and change- physically, psychosocially and emotionally. Developing a healthy sexuality is a key developmental task for adolescents. With these changes and goals come a desire and a need to assert independence and take responsibility for decisions and behaviors that impact health. Evidenced-based approaches that support healthy decisions and further these goals benefit not only the adolescent as an individual but the health of our society and nation as a whole.

The Society of Adolescent Medicine summarized its expert review of sexuality education with the following:

> Abstinence from sexual intercourse represents a healthy choice for teenagers, as teenagers face considerable risk to their reproductive health from unintended pregnancies and STIs including infection with HIV. Remaining abstinent, at least through high school, is strongly supported by parents and even by adolescents themselves. However, few Americans remain abstinent until marriage, many do not or cannot marry, and most initiate sexual intercourse and other sexual behaviors as adolescents. Abstinence as a behavioral goal is not the same as abstinence-only education programs. Abstinence from sexual intercourse, while theoretically fully protective, often fails to protect against pregnancy and disease in actual practice because abstinence is not maintained.[19]

Thank you for the opportunity to provide this testimony. I would be happy to answer any questions you may have.

Margaret J. Blythe, MD, FAAP, FSAM
Chair, Committee on Adolescence
American Academy of Pediatrics

Professor of Pediatrics
Indiana University School of Medicine

[1] AMERICAN ACADEMY OF PEDIATRICS: *Sexuality Education for Children and Adolescents*. PEDIATRICS Vol. 108 No. 2 August 2001, pp. 498-502.
[2] Kirby D. *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy*. Washington, DC: National Campaign to Prevent Teen Pregnancy; 2001. http://www.thenationalcampaign.org/resources/pdf/pubs/abstinence_only.pdf
[3] Kirby D. *Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Infections*. Washington, DC: National Campaign to Prevent Teen Pregnancy; 2007. http://www.thenationalcampaign.org/resources/pdf/pubs/EA2007_FINAL.pdf, http://www.thenationalcampaign.org/EA2007/EA2007_sum.pdf
[4] Manlove J, Romano-Papillo A, Ikramullah E. Not *Yet: Programs to Delay First Sex Among Teens*. Washington, D.C.: National Campaign to Prevent Teen Pregnancy; 2004. http://www.thenationalcampaign.org/resources/pdf/pubs/NotYet.pdf
[5] Underhill K, Montgomery P, Operiario D. *Sexual Abstinence-only Programmes to Prevent HIV Infection in High Income Countries; Systematic Review*. Br Med J 2007 335: 248-259.
[6] Trenholm C, Devaney B, Fortson K, et al. *Impacts of Four Title V, Section 510 Abstinence, Education Programs—Final Report.* Princeton, NJ: Mathematica Policy Research Inc; 2007.
[7] Brückner H, Bearman P. *After the Promise: the STD Consequences of Adolescent Virginity Pledges*. J Adolesc Health. 2005;36 :271 –278.
[8] Centers for Disease Control and Prevention, *Births: Preliminary Data for 2006*, National Vital Statistics Reports, Vol. 56, No. 7.
[9] Centers for Disease Control and Prevention, *Prevalence of Sexually Transmitted Infections and Bacterial Vaginosis among Female Adolescents in the United States: Data from the National Health and Nutritional Examination Survey (NHANES) 2003-2004*, Oral Abstract D4a, 2008 National STD Prevention Conference, Chicago, Illinois, 2008.
[10] AMERICAN ACADEMY OF PEDIATRICS: *Sexual Orientation and Adolescents*, PEDIATRICS Vol. 113 No. 6 June 2004, pp. 1827-1832.
[11] Lindberg LD, Santelli JS, Singh S. *Changes in Formal Education: 1995-2002*. Perspect Sex Repro Health 2006; 38: 182-189.
[12] *Four in 10 Adolescents Now Live in States Not Participating in Federal Abstinence-Only Education Program*. Guttmacher Policy Review**.** Winter 2008, Volume 11, Number 1. http://www.guttmacher.org/pubs/gpr/11/1/gpr110123.html.

[13] Kirby DB, Laris BA, Rolleri LA. *Sex and HIV Education Programs: Their Impact on Sexual Behaviors of Young People throughout the World.* J Adolesc Health. 2007;40 :206 –217.
[14] Kohler PK, Manhart LE, Lafferty WE. *Abstinence-only and Comprehensive Sex Education and the Initiation of Sexual Activity and Teen Pregnancy*. J Adolesc Health 2008; 42: 344-351.
[15] Jemmott JB III, Jemmott LS, Fong GT. *Abstinence and safer sex HIV risk-reduction interventions for African American adolescents: a randomized controlled trial*. JAMA. 1998;279 :1529 –1536.
[16] Guttmacher S, Lieberman L, Ward D, Freudenberg N, Radosh A, Des Jarlais D. *Condom availability in New York City Public High Schools: Relationships to Condom Use and Sexual Behavior.* Am J Public Health. 1997;87 :1427 –1433.
[17] AMERICAN ACADEMY OF PEDIATRICS, *Contraception and Adolescents*, PEDIATRICS Vol. 120 No. 5 November 2007, pp. 1135-1148.
[18] AMERICAN ACADEMY OF PEDIATRICS: *Condom Use by Adolescents*, PEDIATRICS Vol. 107 No. 6 June 2001, pp. 1463-1469.
[19] Society for Adolescent Medicine, *Position Paper, Abstinence-only education policies and programs: A position paper of the Society for Adolescent Medicine.* JAdolesc Health 2006; 38 ; 83-87.