

Abstinence Education and Sexually Transmitted Diseases

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For the first time in 18 years, Congress has increased funding for “risk-avoidance” sex education, also known as “abstinence” education as part of the health care funding bill President Obama signed into law. Funding rose from \$50 million to \$75 million, matching the amount for “comprehensive” sex education. Discussions about whether the government should be spending money at all on these programs aside, I applaud the increase. Some, however, are outraged at how that money will be used. According to the U.S. Department of Health and Human Services, in order to qualify for funding, abstinence education must:

- Have as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
- Teach abstinence from sexual activity outside marriage as the expected standard for all school age children;
- Teach that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;
- Teach that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity;
- Teach that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;
- Teach that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child’s parents, and society;

- Teach young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances;
- Teach the importance of attaining self-sufficiency before engaging in sexual activity.

While opponents may object to what is—and is not—taught in abstinence programs, the most common criticism is that they are not effective. While some studies have found comprehensive education to be marginally more effective, others have demonstrated a significant benefit from abstinence programs.

Sadly, neither approach is making any impact on the spread of sexually transmitted diseases (STDs) like human papilloma virus (HPV), chlamydia, gonorrhea, herpes, and HIV. April was STD Awareness Month, and the numbers are staggering. People ages 15 to 24 account for half of the 20 million new STD infections each year even though they account for only 25% of the sexually-experienced population. 43% of teens will have had sex by the time they are 19; 1 out of every 4 teen has an STD. An estimated 24,000 women become infertile every year from an undiagnosed STD. We spend \$16 billion annually treating them. Yet 100% of STDs listed are preventable with chaste living. I diagnose and treat STDs frequently working as a physician assistant in the emergency department.

Given the powerful influence of the sexualized culture around us, frank discussions are necessary. Shifting names from “abstinence” to “risk-avoidance” education emphasizes the health hazards inherent in a sexually-active lifestyle outside of marriage. An effective risk-avoidance program should reach out to both those who have and those who have not yet initiated sexual relationships. Clearly discuss the physical and emotional risks involved with sexual activity along with its moral and spiritual implications. Instead of detailing how to go about having sex, as comprehensive programs do, explain the realities of that “choice.” Urge all young

adults that have not initiated sexual activity to remain chaste, but also urge those who have had sex to heal their bodies by going for STD testing, heal their souls by going to Confession, and to begin again in a new life of chastity.

Given the increased funding for risk-avoidance sex education, perhaps more of these programs can be funded in our communities. A “sexually active” lifestyle carries serious health risks and should be strongly discouraged by health professionals, parents, and schools.