

Abstinence is the Only Guarantee

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The purpose of our participation is the debate is to give way to the belief that abstinence-only sexual education does not have to be the religiously driven platform that many claim it is. Rather, it is our intent to draw-out some of the better qualities of abstinence, such as the fact that it is the only method that offers 100% guarantees against pregnancy and sexually transmitted infections (STI's). We will promote the inclusion of an abstinence-based approach by highlighting the the fact that abstinence is 100% guaranteed and that it has been proven to be effective in studies. We will also touch on the common concern that abstinence-based education discourages condom usage. To combat this belief, we point out that the studies we have included show no difference in condom usage after intervention.

Summary of Information

- We will provide facts about STI's in teens to set the stage of societal need (11 Facts About Teens and STDs, Retrieved 2017).
 1. Estimates show that there are about 20 million new STI's in the U.S. each year.
 2. 15-24 year olds account for 50% of all new STI infections, even though they only represent 25% of the sexuallay experienced population.
 3. 1 in 4 teens contract a sexually transmitted disease each year.
- We will use the above facts to promote Abstinence as the best form of sexual education, because it is the only way to 100% guarantee prevention of STI's and pregnancy. We will note the unique benefits of abstinence that students can only receive if they participate in this practice (HTPPI Hartford Teen Pregnancy Prevention Initiative, 2017).

1. It is free of cost.
2. 100% effective protection from both pregnancy and STI's. (The only form of birth control that offers 100% guarantees.)
3. No side effects and no allergic reactions that can typically occur with other forms of birth control such as The Pill and Condoms

- We will compound the above points by highlighting the Center for Disease Control and Prevention's (CDC) stance on the issue. According to the CDC's condom fact sheet, "The most reliable ways to avoid transmission of STDs are to abstain from sexual activity, or to be in a long-term mutually monogamous relationship with an uninfected partner." Also, according to the CDC's Adolescent and School Health page, "Abstinence from vaginal, anal, and oral intercourse is the only 100% effective way to prevent HIV, other STDs, and pregnancy. The correct and consistent use of male latex condoms can reduce the risk of STD transmission, including HIV infection. However, no protective method is 100% effective, and condom use cannot guarantee absolute protection against any STD or pregnancy."
- A study in 2010 used 662 African American student participants in grades six and seven, from four public schools in low-income communities from northeastern US, recruited between September 2001 and March 2002. Students were stratified by age and gender, and randomly allocated to an 8-hour abstinence-only intervention, a 12-hour comprehensive intervention, or an 8-hour health-promotion control intervention. They were also randomly assigned to intervention maintenance or no intervention maintenance and to a group of 6 to 8 participants. Follow-up occurred after 24 months. The results

indicated that a theory-based abstinence-only intervention reduced self-reported sexual involvement among the participants. Additionally, abstinence-only intervention participants did not differ in self-reported consistent condom use as compared with the control group (Jemmott, J. B. et al., 2010).

- A common concern about abstinence-only interventions is that they have the unintended consequence of reducing condom use. However, a randomized control trial (Trenholm, C. et al., 2007) and literature review (Underhill, K. et al., 2008) found no effects of abstinence interventions on condom use.
- Another study sought to evaluate the impact of an abstinence education program on sexual intercourse initiation and possible cognitive mediators for virgin seventh graders in Virginia. At the posttest, the students in the abstinence program scored significantly better on four of the six mediators, and after one year, program students had a substantially lower risk of sexual initiation. After controlling for pretest differences on mediating and demographic variables, results indicated that the students in the abstinence program were 46% as likely to initiate sexual intercourse as those in the comparison group (Weed, S. et al., 2008).

Possible Topics for Cross-examinations

- A common concern about comprehensive sexual education is that it will cause students to want to engage in sexual activity because of its graphic language. What do you say to those that hold this belief?
- In California, Planned Parenthood, a multi-billion dollar, government-funded agency, promoted a bill (AB-329) to reform sexual education to include comprehensive sexual

education. Based on the premise that they stand to gain financially, would that not be a conflict of interest? How can you be sure that comprehensive sexual education has the best interest of children in mind, when it is a part of a multi-billion dollar agenda?

- Many proponents of comprehensive sex education desire to see comprehensive education as a federal mandate in schools. What about those who object based on religious and moral reasons? There are religions and moral systems that do not believe in contraception, abortion, and premarital sex among other major aspects included in comprehensive sexual education. How can a comprehensive sex education mandate not infringe upon freedom of religion, a foundation of our country?

Key terms

- Abstinence-only: In this paper, the term “abstinence-only” is in reference to the abstinence-only sexual education platform.
- CDC: Center for Disease Control
- STD: Sexually transmitted disease
- STI: Sexually transmitted infection
- HIV: Human Immunodeficiency Virus

Social Work Values taken from the NASW Code of Ethics (2017)

- Ethical Principle: *Social workers' primary goal is to help people in need and to address social problems.* The data surrounding STI's and unwanted pregnancy in teens is astounding. It is clear that this is a social problem in need of help. Social workers have the ethical principle to address social problems such as high rates of STI's and pregnancy among teens.

- Core Value: *Social Justice*. The rates of STI's and pregnancy in teens is a social justice issue, because vulnerable populations, such as minorities and the impoverished, are particularly at risk.

Closing Statements

The case for abstinence only education is strong when considering the fact that abstinence is the only way to completely guarantee prevention from STI's and unwanted pregnancy (two current problems in our society). It seems reasonable that the only prevention method to offer 100% guarantees should be the one that is stressed the most to students in school. That being said, I think we, and others taking sides on this hot topic, have fallen prey to the logical fallacy of a false dichotomy. Here, we have argued the position of two opposing views (abstinence-only and comprehensive education) when in fact, there may be more options. For example, take a look at the first study promoted in our findings. Jemmott, J. B. et al., stated in the close of their study,

“The results of this trial should not be taken to mean that all abstinence-only interventions are efficacious. This trial tested a theory-based abstinence-only intervention that would not meet federal criteria for abstinence programs and that is not vulnerable to many criticisms that have been leveled against interventions meeting federal criteria. It was not moralistic and did not criticize the use of condoms.”

Here, we see a proven effective abstinence-based program that does not meet the federal criteria for abstinence programs, because it includes facets of other programs, yet is not a “comprehensive” program. This is important because abstinence is the only approach that is acceptable in some communities and settings in both the US and other countries. The ideal

abstinence intervention would include principles of effective infection risk-reduction behavioral interventions. It would utilize research with the population and behavior change theory to address motivation and help students build skills to practice abstinence. It would not be moralistic or undermine the importance of condom usage (Jemmott, J. B. et al., 2010). I think a program such as this one would be amenable to individuals on both sides of the debate, who only want what is best for their children to begin with.

Summary of Where Data was Obtained

We obtained our quantitative and qualitative data from peer-reviewed, empirical articles. We included websites, such as cdc.gov to highlight our points as well. We relied heavily on the research of Jemmott, et al., 2010 to guide our outline. A full reference list of our in-text citations and other sources is provided.

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