

Sexuality Education

Sex and Pregnancy Among Teenagers

- By their 18th birthday, 6 in 10 teenage women and nearly 7 in 10 teenage men have had sexual intercourse.
- A sexually active teenager who does not use contraception has a 90% chance of becoming pregnant within a year.
- Of the approximately 950,000 teenage pregnancies that occur each year, more than 3 in 4 are unintended. Over 1/4 of these pregnancies end in abortion.
- The pregnancy rate among U.S. women aged 15-19 has declined steadily—from 117 pregnancies per 1,000 women in 1990 to 93 per 1,000 women in 1997. Analysis of the teenage pregnancy rate decline between 1988 and 1995 found that approximately 1/4 of the decline was due to delayed onset of sexual intercourse among teenagers, while 3/4 was due to the increased use of highly effective and long-acting contraceptive methods among sexually experienced teenagers.

• Despite the decline, the United States continues to have one of the highest teenage pregnancy rates in the developed world—twice as high as those in England, Wales or Canada and nine times as high as rates in the Netherlands and Japan.

• Every year, roughly 4 million new sexually transmitted disease (STD) infections occur among teenagers in the United States. Compared with rates among teens in other developed countries, rates of gonorrhea and chlamydia among U.S. teenagers are extremely high.

• Though teenagers in the

United States have levels of sexual activity similar to their Canadian, English, French and Swedish peers, they are more likely to have shorter and more sporadic sexual relationships and less likely to use contraception.

Local Sexuality Education Policy

- More than 2 out of 3 public school districts have a policy to teach sexuality education. The remaining 33% of districts leave policy decisions up to individual schools or teachers.
- 86% of the public school districts that have a policy to teach sexuality education require that abstinence be promoted. 35% require abstinence to be taught as the *only option* for unmarried people and either prohibit the discussion of contraception altogether or limit discussion to its ineffectiveness. The other 51% have a policy to teach abstinence as the *preferred option* for teens and permit discussion of contraception as an effective means of preventing pregnancy and STDs.
- Only 14% of public school districts with a policy to teach

sexuality education address abstinence as *one option* in a broader educational program to prepare adolescents to become sexually healthy adults.

• Over 1/2 of the districts in the South with a policy to teach sexuality education have an abstinence-only policy, compared with 20% of such districts in the Northeast.

• While most states require schools to teach sexuality education, STD education or both, many also give local policymakers wide latitude in crafting their own policies. The latest information on state-level policies is available at www.guttmacher.org/pubs/spib_SSEP.pdf.

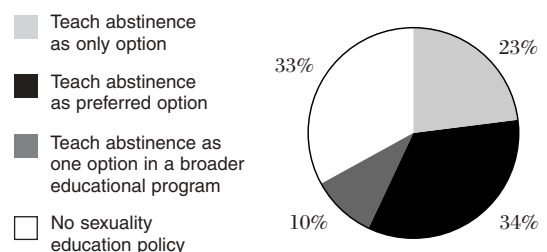
Sexuality Education in the Classroom

• Sexuality education teachers are more likely to focus on abstinence and less likely to provide students with information on birth control, how to obtain contraceptive services, sexual orientation and abortion than they were 15 years ago.

• The proportion of sexuality

chart a
Sex Education Policies

Most school districts promote abstinence.



Source: Landry DJ, Kaeser L and Richards CL, Abstinence promotion and the provision of information about contraception in public school district sexuality education policies, *Family Planning Perspectives*, 1999, 31(6):280-286.

education teachers who taught abstinence as the only way to prevent pregnancy and STDs increased from 1 in 50 in 1988 to 1 in 4 in 1999.

- The overwhelming majority of sexuality education teachers believe that by the end of the 7th grade, students should have been taught about puberty, how HIV is transmitted, STDs, how to resist peer pressure to have sex, implications of teenage parenthood, abstinence from intercourse, dating, sexual abuse and nonsexual ways to show affection.
- The majority of teachers believe that topics such as birth control methods and how to obtain them, the correct way to use a condom, sexual orientation, and factual and ethical information about abortion should also be taught by the end of the 12th grade. These topics are currently being taught less often

and later than teachers think they should be.

- More than 9 in 10 teachers believe that students should be taught about contraception, but 1 in 4 are prohibited from doing so.
- 1 in 5 teachers believe that restrictions imposed on sexuality education are preventing them from meeting their students' needs.
- The majority of Americans favor more comprehensive sexuality education over abstinence-only education.
- At least 3/4 of parents say that in addition to abstinence, sexuality education should cover how to use condoms and other forms of birth control, abortion, sexual orientation, pressures to have sex and the emotional consequences of having sex.
- At least 40% of students report that topics such as STDs and HIV, birth control,

how to use and where to obtain birth control, and how to handle pressure to have sex either were not covered in their most recent sexuality education course or were not covered sufficiently.

Government Support of Abstinence-Only Education

- There are currently 3 federal programs dedicated to funding restrictive abstinence-only education—Section 510 of the Social Security Act, the Adolescent Family Life Act's teenage pregnancy prevention component, and the Special Projects of Regional and National Significance program (SPRANS)—with total annual funding of \$102 million for FY 2002.
- Federal law establishes a stringent 8-point definition of "abstinence-only education" that requires programs to teach that sexual activity outside of marriage is wrong and harmful—for people of any age—and prohibits them from advocating contraceptive use or discussing contraceptive methods except to emphasize their failure rates.
- There is currently no federal program dedicated to supporting comprehensive sexuality education that teaches young people about both abstinence and contraception.
- Despite years of evaluation in this area, there is no evidence to date that abstinence-only education delays teenage sexual activity. Moreover, recent research shows that abstinence-only strategies may deter contraceptive use among sexually active teenagers, increasing their risk of unintended pregnancy and STDs.
- Evidence shows that com-

prehensive sexuality education programs that provide information about both abstinence and contraception can help delay the onset of sexual activity in teenagers, reduce their number of sexual partners and increase contraceptive use when they become sexually active. These findings were underscored in *Call to Action to Promote Sexual Health and Responsible Sexual Behavior*, issued by former Surgeon General David Satcher in June 2001.

Sources of Data

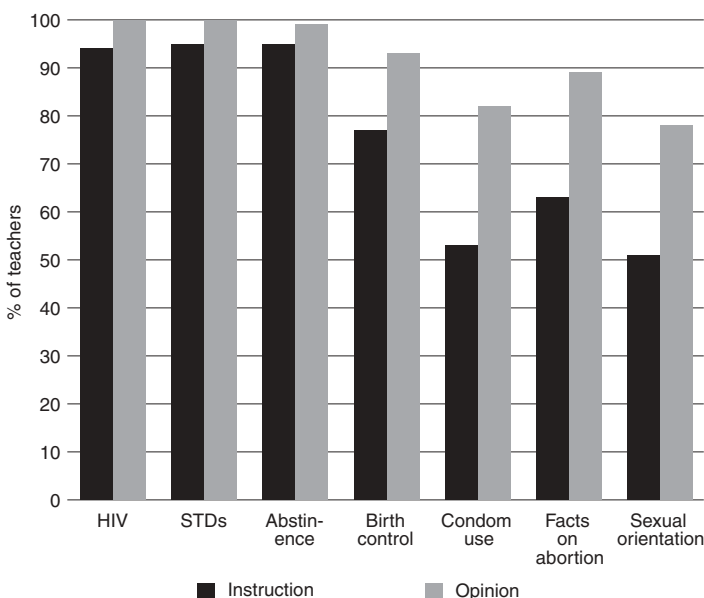
The data in this fact sheet are the most current available. Most of the data are from research conducted by The Alan Guttmacher Institute (AGI) and published in:

Why is Teenage Pregnancy Declining? The Roles of Abstinence, Sexual Activity and Contraceptive Use; Teenage Sexual and Reproductive Behavior in Developed Countries: Can More Progress Be Made?; and the peer-reviewed journal *Perspectives on Sexual and Reproductive Health* (formerly *Family Planning Perspectives*).

Additional sources include the Kaiser Family Foundation and the National Campaign to Prevent Teen Pregnancy.

chart b
Thinking vs. Doing

There is a large gap between what teachers think should be taught and what they teach when it comes to birth control, abortion and sexual orientation.



Source: Darroch JE, Landry DJ and Singh S, Changing emphasis in sexuality education in U.S. public secondary schools, 1988–1999, *Family Planning Perspectives*, 2000, 32(5):204–211 & 265.



A Not-for-Profit Corporation for Reproductive Health Research, Policy Analysis and Public Education

120 Wall Street
New York, NY 10005
Phone: 212.248.1111
Fax: 212.248.1951
info@guttmacher.org

1120 Connecticut Avenue, N.W.
Suite 460
Washington, DC 20036
Phone: 202.296.4012
Fax: 202.223.5756
policyinfo@guttmacher.org

Web site: www.guttmacher.org