SEX AND PREGNANCY AMONG TEENS
• By their 18th birthday, six in 10 teenage women and more than five in 10 teenage men have had sexual intercourse.
• Between 1995 and 2002, the number of teens aged 15–17 who had ever engaged in sexual intercourse declined 10%.
• Of the approximately 750,000 teen pregnancies that occur each year, 82% are unintended. More than one-quarter 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 75 per 1,000 women in 2002.
• Approximately 14% of the decline in teen pregnancy between 1995 and 2002 was due to teens’ delaying sex or having sex less often, while 86% was due to an increase in sexually experienced teens’ contraceptive use.
• Despite the decline, the United States continues to have one of the highest teen pregnancy rates in the developed world—almost twice as high as those of England, Wales and Canada, and eight times as high as those of the Netherlands and Japan.
• Every year, roughly nine million new sexually transmitted infections (STIs) occur among teens and young adults in the United States. Compared with rates among teens in Canada and Western Europe, rates of gonorrhea and chlamydia among U.S. teens are extremely high.
• Though teens in the United States have levels of sexual activity similar to levels among their Canadian, English, French and Swedish peers, they are likely to have shorter and more sporadic sexual relationships and are less likely to use contraceptives.

SEX EDUCATION: TEENS’ PERSPECTIVES
• By 2002, one-third of teens had not received any formal instruction about contraception.
• More than one in five adolescents (21% of females and 24% of males) received abstinence education without receiving instruction about birth control in 2002, compared with 8–9% in 1995.
• In 2002, only 62% of sexually experienced female teens had received instruction about contraception before they first had sex, compared with 72% in 1995.
• Only one out of three sexually experienced black males and fewer than half of sexually experienced black females had received instruction about contraception before the first time they had sex.
• One-quarter of sexually experienced teens had not received instruction about abstinence before first sex.

SEX EDUCATION: TEACHERS’ PERSPECTIVES
• Sex education teachers were 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 in 1999 than they were in 1988.
• In 1999, one in four sex education teachers taught abstinence as the only way to prevent pregnancy and STIs—a huge increase from 1988, when the fraction was just one in 50.
• The majority of teachers believe that topics such as birth control methods and how to obtain them, the correct way to

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Shifts in Formal Sex Education
The proportion of teens receiving any information about birth control has declined, while the proportion receiving information only about abstinence has increased.

% of teens aged 15–19
100
80
60
40
20
0
Girls Boys
Birth control information
Girls Boys
Only abstinence information
1995 2002
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 nine in 10 teachers believe that students should be taught about contraception, but one in four are prohibited from doing so.

• One in five teachers believe that restrictions on sex education are preventing them from meeting their students’ needs.

• Eighty-two percent of adults support comprehensive sex education that teaches students about both abstinence and other methods of preventing pregnancy and STIs.

• Only one-third of districts leave policy decisions up to individual schools or teachers.

• Eighty-six percent of the public school districts that have a policy to teach sex education require that abstinence be promoted. Some 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 STIs.

• Eighty percent of adults support comprehensive sex education that teaches students about both abstinence and contraception.

• More than half of the districts in the South with a policy to teach sex education have an abstinence-only policy, compared with one in five of such districts in the Northeast.

**GOVERNMENT SUPPORT OF ABSTINENCE-ONLY EDUCATION**

• There are three federal programs dedicated to funding restrictive abstinence-only education: Section 510 of the Social Security Act, the Adolescent Family Life Act’s teen pregnancy prevention component and Community-Based Abstinence Education (CBAE). The total funding for these programs is $176 million for FY 2006.

• Federal law establishes a stringent eight-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. The law also prohibits programs from advocating contraceptive use or discussing contraceptive methods except to emphasize their failure rates.

• Federal guidelines now define sexual activity to include any behavior between two people that may be sexually stimulating, which could be interpreted as including even kissing or hand-holding.

• Federal restrictions have been expanded to target adolescents and young adults between the ages of 12 and 29.

• There is currently no federal program dedicated to supporting comprehensive sex 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 teen sexual activity. Moreover, recent research shows that abstinence-only strategies may deter contraceptive use among sexually active teens, increasing their risk of unintended pregnancy and STIs.

• Evidence shows that comprehensive sex education programs that provide information about both abstinence and contraception can help delay the onset of sexual activity among teens, 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.