

This is a response to the Position Paper from the Society for Adolescent Health and Medicine regarding Abstinence Only Until Marriage Policies.

The SAHM states that it believes:

1. *Young people have a right to accurate and complete information to protect their lives and their health.*

What is the premise that adolescents have a right to comprehensive sex education? Where does this right come from? Is it a basic human right? Eventually this will lead back to the right being based in Natural Law, but there are other aspects in Natural Law that will compete with the adolescent's right to Comprehensive Sex Education. Parental Rights are also based in Natural Law and all societies have a notion of parental rights. There is a basic premise regarding parental rights that pediatricians adhere to every day and that is that all parents are assumed to have their children's best interest in mind. That parents make decisions that they truly believe to be the best for their children. It takes a great deal of abuse, neglect, or disability for a judge to rule that a biological parent has lost his/her parental rights. In the arena of competing rights, parental rights on deciding what sexual information their children should be exposed to should supersede any supposed right that adolescents have to comprehensive sex education. Historically, attempts to abrogate parental rights have been viewed as a tool of tyranny.

2. *Abstinence can be a healthy choice, but adolescents should decide for themselves when they are ready to initiate sex.*

There is an implication here that adolescents have a right to sexual activity itself. Adolescents are considered minors and have limited rights in our society because throughout all human history adolescents have been shown to make poor choices and that they need to be raised to be responsible adults in their given society. The brains of adolescents are still developing, and it is unwise for adults to assume that adolescents can make fully informed decisions regarding sexuality.¹ Adolescents don't choose when they get to vote or when they can get a license to drive a car. They have no inherent right to choose to have sex.

An adolescent's choice of abstinence or sexual activity should never be coerced.

¹ The Teen Age Brain Under Construction <https://www.acped.org/the-college-speaks/position-statements/parenting-issues/the-teenage-brain-under-construction> Accessed 11/23/17

Stating that an adolescent should not be coerced to abstain from sexual activity is a purposefully deceptive statement. It presupposes that abstinence is something negative and something to be avoided. Because abstinence is a noble goal, it is more appropriate to say that abstinence is encouraged as opposed to being coerced. Just as it is more appropriate to say that math teachers encourage students to study algebra, they don't coerce their students to study algebra. Teaching comprehensive sex education has an underlying theme that most adolescents are having sex and it can be viewed as creating a coercive environment for adolescents who would like to be abstinent.

3. *Young people should be empowered to become full partners in the development and implementation of comprehensive sexuality education programs.*

This statement returns to assumed natural law rights that are superseded by parental rights. No, the adolescents should not create their own sex education curriculum, just as they don't create the math or history curriculum.

4. *Education for adolescents regarding abstinence is best provided within health education programs that provide adolescents with complete accurate information about sexual and reproductive health.*

Because there is a moral component to sexuality, it is best taught by parents who can provide the adolescent sex education in the context of the parents' own morals and values. To deny that there is a moral component to sexuality is to deny that some aspects of sexuality are right, and some are wrong. Sexual assault, sexual coercion, and workplace sexual harassment are all considered morally wrong. The teaching of things right and wrong has always been the prerogative of the parents.

5. *Sexuality education should be comprehensive, medically accurate, and culturally competent; promote healthy sexuality; and prepare young people to make healthy sexual decisions.*

The healthiest and most responsible sexual decision that an adolescent can make is to abstain from and refuse sexual activity until marriage when they can be responsible enough to care for children.

Instruction in sexuality education should include essential concepts and issues such as sexual orientation, sexual health, gender identity and

power dynamics, intimate partner violence and sexual exploitation, healthy relationships, social and structural determinants, personal responsibility, risks for HIV and other sexually transmitted infections, and unwanted pregnancy, access to sexual and reproductive health care, and the benefits and risks of condoms and other contraceptive methods.

These are overreaching goals that are inappropriate for the school system to attempt. Teaching these topics again infringes on parental rights and some of the topics border on indoctrination. Adolescent sexual activity causes the spread of HIV and other STI's and it is also a well-known cause of unwanted pregnancy.

6. *Health educators and health care providers should provide comprehensive information to young people.*

Comprehensive professional health information should be provided in the context of the doctor-patient relationship.

7. *Governments and schools should eliminate censorship of information related to human sexuality, including sexual orientation and gender identity.*

This should not be done because students, especially girls, report that graphic sex education is embarrassing and unpleasant.² The topic of sexual orientation and gender identity need not be part of a school's curriculum, and is an opportunity to simply inject political biases into the classroom.

8. *Sexuality education curricula and programs should be based on scientific principles and evidence from research. Government policy regarding sexual and reproductive health education should be science based. The focus on evidence-based interventions in current U.S. federal programs to prevent adolescent pregnancy represents an important scientific advance over prior federal efforts which focused on abstinence only and ignored the evidence base. The USG and other governments should increase support for development and evaluation of programs to promote adolescent sexual*

² Pound, P. Langford, R., and Campbell, R. What do young people think about their school-based sex and relationship education? A qualitative synthesis of young people's views and experiences <http://bmjopen.bmj.com/>
Downloaded on 9/14/16

and reproductive health, including school based interventions, media efforts, and clinic based interventions.

Sex education curricula should have well defined goals. Those goals should include the prevention of adolescent pregnancy, the prevention of the spread of sexually transmitted infection, and fostering the framework for a strong marriage including the creation of the nuclear family which is the basic engine of all world economies. This should all be done without infringing upon parental rights. The abstinence from sexual activity promotes these goals and is scientifically accurate.

9. *United States government programs promoting abstinence-only-until-marriage are ethically flawed, are not evidence based, and interfere with fundamental human rights to complete and accurate health information.*

To say that abstinence only programs are ethically flawed implies that there is a morally right or a wrong way to teach sex education. Ethics is a branch of philosophy that tries to answer the question, “what should or should not be done?” What philosophy do the authors of this apply to sex education that allows them to assert that their approach is ethical and other approaches are not ethical? Abstinence only until marriage programs are exceedingly science based because it is well established how human pregnancy occurs and how sexually transmitted infections are spread (inherent in their designation as STI’s). This is another appeal to human rights for which there is no law establishing those rights to appeal.

U.S. federal funding for such programs should be eliminated and Title V, Section 510(b) of the Social Security Act, including subsections A-H, should be repealed. Current funding for abstinence-only-until-marriage programs should be replaced with funding for programs that offer comprehensive, medically accurate sexuality education.

This is a political goal of the authors. A different policy could be to remove all funding for all sex education from public schools, give parents the tools to teach their own children the information that they believe is appropriate for their children and have the schools focus on what they do best, academic education.

10. *“Abstinence Only Until Marriage” as a basis for adolescent health policy and programs should be abandoned.*

Abstinence Only Until Marriage ensures that the stated goals of the prevention of adolescent pregnancy and the prevention of the spread of STI's can be achieved. Comprehensive Sex Education in schools is a usurpation of parental rights and it gives tacit approval to adolescents that it is acceptable or even expected for them to engage in sexual activity before they are mature enough to understand all the ramifications of sexual relationships. Comprehensive Sexual Education programs as a basis for adolescent health policy and programs should be abandoned.

There are several flaws in the way sex education policy is enacted in this country. The main goals of sex education are often obscured or poorly referenced. The main objectives should be 1) the prevention of teen pregnancy 2) the prevention of the spread of STI's 3) the fostering of sexually healthy adolescents who are prepared to become responsible parents for the country's next generation.

When we hear someone say, "there was an accident" and it is in reference to an unintended pregnancy, it is a misnomer. When a man and woman have sex and a pregnancy results, it is what we physiologically expect to happen. No accident has occurred. It is how pregnancies come to be. This is the real science. Attempts to circumvent human physiology and then to become frustrated when we fail at these attempts seems foolish. Teen pregnancy rates are in decline³ and this is likely due to the fall in the number of girls engaging in sexual activity.⁴ Half of all newly diagnosed STI's occur in adolescents and young adults 15 to 24 years old.⁵ Sex education programs that facilitate and tacitly encourage adolescent sexual activity have likely contributed to this sad state for our young people.

The authors of the position paper on banning Abstinence-Until-Marriage programs state, "we find no evidence that consensual sex between adolescents is psychologically harmful." I find it sad that adults who are charged with the healthcare, education, and welfare of young people would make that statement. Teenagers are growing up in a highly sexualized environment. Anxiety and depression diagnoses are at all-time highs in teenage girls. The pressure to have sex and to conform to modern views of

³ www.hhs.gov/ash/oah/adolescent-development/reproductive-health-and-teen-pregnancy/teen-pregnancy-and-childbearing/trends/index.html Accessed 10.17.2017

⁴ www.pewresearch.org/fact-tank/2016/04/29/why-is-the-teen-birth-rate-falling/ Accessed 10.17.2017

⁵ www.cdc.gov/std/life-stages-populations/adolescents-youngadults.htm Accessed 10.17.17

sexuality and sexual activity are likely contributing to this.⁶ Part of comprehensive sex education is the promotion of hormonal birth control for adolescent girls, but hormonal birth control is associated with mood changes, depression, and the use of antidepressants in teenage girls and young women 15-19 years old.⁷ Adolescents having sex is detrimental to future marriages that they may contract. The increasing number of sexual partners that a young woman has increases the odds that her first marriage will end in divorce.⁸⁹ Sexually transmitted infections, unintended teenage pregnancy, anxiety and depression, and unstable future relationships and marriages, are these the goals and dreams that parents have for their children?

We really do know how to prevent unintended pregnancies and STI's in adolescents. We must teach them to abstain from sexual relationships until they are ready to enter permanent, monogamous relationships. I once had an educator tell me, "children will give you what you expect from them." We expect them to work hard in school, to study and to master academic disciplines like chemistry and algebra. Why should we expect less discipline when it comes to their sexuality? Don't we want the best for them? Is this not what we would want for our own children? Graphic comprehensive sex education in schools is not the pathway to stable, happy, and healthy families. But, stable, happy, and healthy families are the long-term goals that parents have for all their children and no policies should be made that interfere with a parent's right to choose what he or she believes is best for their children.

⁶ Sexually Active Teenagers Are More Likely to be Depressed and Attempt Suicide <http://www.heritage.org/education/report/sexually-active-teenagers-are-more-likely-be-depressed-and-attempt-suicide> Accessed 11/23/17

⁷ Skovlund, C., Morch, L., and Kessing, L. Association of Hormonal Contraception with Depression. *JAMA Psychiatry* 2016;73(11):1154-1162. <https://jamanetwork.com/journals/jamapsychiatry/article-abstract/2552796> accessed 10.18.17

⁸ Teachman, J. Premarital Sex, Premarital Cohabitation, and the Risk of Subsequent Marital Dissolution Among Women. *Journal of Marriage and Family*. May 2003, Volume 66, Issue 2, pp. 444-455.

⁹ Paik, A. Adolescent Sexuality and the Risk of Marital Dissolution. *Journal of Marriage and Family*. April 2011, pp. 472-485.

