Congress Examines the Evidence on Abstinence-Only Education Programs

Continued funding for federal abstinence-only-until-marriage programs was hotly debated during a hearing before the House Committee on Oversight and Government Reform on April 23. The first-ever congressional hearing to examine the effectiveness of abstinence-only education clearly put social conservatives on the defensive against a wealth of evidence that such a highly restrictive educational approach is not effective in stopping or delaying teen sex.

A panel of public health experts, including representatives of the American Public Health Association and the Institute of Medicine, testified that there is no evidence base to support the current, massive federal investment in abstinence-only programs. "In fact," said Margaret Blythe of the American Academy of Pediatrics, "abstinence-only programs are not only *ineffective* but may cause *harm* by providing inadequate and inaccurate information and resulting in participants' failure to use safer sex practices once intercourse is initiated." Indeed, a recent, congressionally mandated evaluation of federally funded abstinence-only programs by Mathematica Policy Research found that these programs have no beneficial impact on whether young people abstain, when they first have sex or their numbers of sexual partners.

John Santelli, chairman of the Department of Population and Family Health at Columbia University and senior fellow at the Guttmacher Institute, pointed out that premarital sex is nearly universal among Americans. By the time they reach age 44, 99% of Americans have had sex, and 95% have done so before marriage. "Expecting people to wait until marriage to engage in sexual intercourse is simply unrealistic." Santelli and other experts pointed to an extensive body of research demonstrating that comprehensive sex education can help young people both delay having sex and prepare to use condoms and other contraceptives once they do become sexually active. And yet, "we have no dedicated source of federal funding specifically for comprehensive classroom sex education," argued Chairman Henry Waxman (D-CA).

Sen. Sam Brownback (R-KS) and an official from the Administration for Children and Families of the Department of Health and Human Services, meanwhile, defended the abstinence-until-marriage approach. They maintained that programs focusing on complete "risk avoidance," as opposed to risk reduction, are necessary to counterbalance ongoing U.S. family planning programs, which they equated with a federal comprehensive sex education effort. Brownback and House conservatives called into question the evidence on abstinence-only programs and stuck to their mantra that abstinence is 100% effective. "There is no more scientific fact," said Rep. Virginia Foxx (R-NC), "[than] that abstinence is the only way to prevent STDs and pregnancy."

Comprehensive sex education advocates are hopeful that the oversight hearing will be an important next step toward ending federal support for two highly restrictive abstinence education programs that prohibit the provision of any information about contraceptives, except to emphasize their failure rates. Attention first turns to the $50 million program of grants to states, which since 1996 has been enshrined in Title V of the Social Security Act and is set to expire on June 30, 2008. To date, at least 17 states have said they will no longer accept their Title V allotments; more than 12 million young people aged 12–18, 42% of those nationwide, now live in states that have declined participation in the Title V program.

Advocates are also gearing up for an appropriations battle. Of the $176 million in the total federal allotment for abstinence-only programs this year, $113 million flows directly to community and faith-based organizations under the Community-Based Abstinence Education (CBAE) program. Last month, 76 House members sent a letter to Rep. David Obey (D-WI), chairman of the House Committee on Appropriations, urging him to eliminate the CBAE program from next year's budget. "Now, as responsible stewards of taxpayer dollars, we must…scale back our nation's investment in this ineffective program," says the letter. "Our teens—and our taxpaying constituents—deserve nothing less."
—*Heather D. Boonstra*

New Study Points to High STI Rates Among Teens, Major Disparities Among Population Groups

One in four U.S. women aged 14–19 has a sexually transmitted infection (STI), according to a study released in March 2008 by researchers from the Centers for Disease Control and Prevention (CDC). Prevalence was 40% among those who said they were sexually experienced. The data are drawn from the 2003–2004 National Health and Nutrition Examination Surveys (NHANES), a nationally representative survey that is notable for relying on actual medical testing, rather than self-reported infection—important because many STIs are asymptomatic.

The new figures were trumpeted in newspapers around the country and are in many ways distressing. The STI cases in the study include chlamydia (3.9% of the teens), trichomoniasis (2.5%) and genital herpes (1.9%), all of which can increase one's vulnerability to HIV infection and impact fertility, maternal and child health, or both. Chlamydia and trichomoniasis are curable; herpes is not, although treatment can suppress outbreaks and reduce the chances of passing it on to a partner. Several even less common STIs were missing from the study, including gonorrhea, syphilis and HIV.

In one key respect, however, the overall STI rates may not be as alarming they first appear. Roughly two-thirds of the infections were of human papillomavirus (HPV), found among 18.3% of the teens. Yet, although all 25 of the strains studied are deemed "high risk" by medical researchers, the most serious HPV strains are considerably less common. Four strains of HPV account for 70% of cervical cancer cases and 90% of genital warts. Another CDC analysis, from 2007, found that infection with one or more of these four strains is about one-fifth as common as infection with a "high risk" strain overall.

Perhaps more important is the fact that most HPV infections—including the highest-risk strains—are cleared naturally and safely by a woman's body. A study released in April by researchers from the National Cancer Institute found that more than half of infections clear within six months; other studies have found that nine in 10 infections are fought off within two years. Moreover, the simple and relatively inexpensive Pap test has been proven extremely successful in detecting cervical abnormalities long before they may develop into cancer and while they are easily treated. So, although HPV is so common that it can be seen as virtually a marker for sexual activity, cervical cancer is quite rare in this country: roughly 10,000 cases per year, resulting in 3,700 deaths.

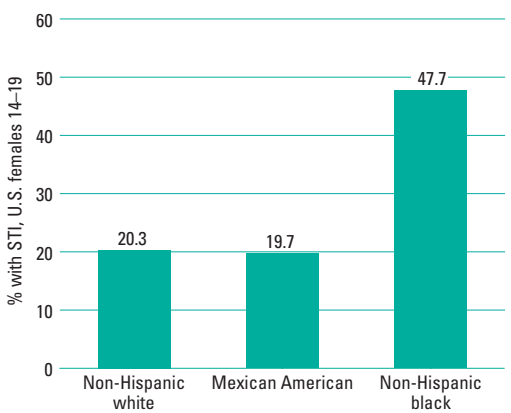
The study's most important finding, rather, may be its confirmation of severe disparities in STI rates by race and ethnicity. Nearly half of black teens in the study were found to have one or more of the four STIs, compared with only one in five white or Mexican American teens (see chart). This disparity is independent of factors such as income and number of sexual partners.

The new study adds weight to calls for expanded STI screening, treatment and prevention—in which there are also serious racial and economic disparities. More than half of cervical cancer cases, for example, occur among women who have not had a Pap test in the past three years, women who are disproportionately low-income and of color. The combination of increased access to Pap tests and even more sophisticated diagnostic technologies and the roll-out of the HPV vaccine—which targets some of the highest-risk strains—hold the potential to virtually eliminate cervical cancer in this country. Similarly, the U.S. government recommends routine screening for chlamydia among sexually active women 25 and younger. If fully funded and paired with treatment for the woman and her partner, this initiative could make substantial headway in reducing disparities in the incidence and impact of that STI as well.

—Adam Sonfield

DISTURBING DISPARITIES

Half of black teenage women in the United States have at least one of the four most common STIs, a rate that is two-and-a-half times as high as that for their white and Mexican American peers.



Note: Includes infection with chlamydia, trichomoniasis, genital herpes or one of 25 strains of human papillomavirus linked to cervical cancer or genital warts. *Source:* Centers for Disease Control and Prevention, 2008.