TESTIMONY OF
MARGARET J. BLYTHE, MD, FAAP, FSAM
ON BEHALF OF THE
AMERICAN ACADEMY OF PEDIATRICS

before the

COMMITTEE ON OVERSIGHT AND
GOVERNMENT REFORM

UNITED STATES HOUSE OF REPRESENTATIVES

APRIL 23, 2008

Endorsed by the Society for Adolescent Medicine
Chairman Waxman, Ranking Member Davis and members of the committee, good morning and thank you for inviting me. My name is Dr. Margaret Blythe. I am a pediatrician and Professor of Pediatrics at Indiana University School of Medicine and a subspecialist in adolescent medicine. As the current chair for the Committee on Adolescence, I have been asked to give testimony regarding the position of the American Academy of Pediatrics on abstinence education and on age-appropriate comprehensive sexuality education and evidence supporting this position. My testimony is also endorsed by the Society for Adolescent Medicine of which I am also a member.

The American Academy of Pediatrics supports age-appropriate comprehensive sexuality and reproductive health education and wants to ensure that our nation’s resources are being allocated toward educational approaches that are science-based. Comprehensive sexuality education emphasizes abstinence as the best option for adolescents, but also provides age-appropriate, medically accurate discussion and information for the prevention of sexually transmitted infections and unintended pregnancies.1

Abstinence-only programs have not been shown to change adolescent sexual behaviors according to 5 systematic reviews including a federally funded evaluation of Title V programs conducted by an independent research organization.2,3,4,5,6 In fact, 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.1,7 Specifically, one systematic review reports that using both self-reported biological and behavioral health outcomes, the abstinence-only
programs did not affect incidence of unprotected vaginal sex, frequency of vaginal sex, numbers of partners, age of sexual initiation or condom use.\textsuperscript{5}

Two new sets of data recently released by the Centers for Disease Control and Prevention (CDC) bring additional concerns about abstinence-only education programs and really demand a change in policy for funding sexual health education for adolescents. The most recent data indicate that births to teen girls aged 15-19 years increased by 3%; this is the first increase noted in the previous 14 years of decline.\textsuperscript{8} As well in this past month, CDC released new data about the prevalence of sexually transmitted infections (STIs) among adolescents, especially adolescent girls. CDC estimates that one in four girls aged 14-19 has at least one STI. This means as many as 3.2 million adolescent girls are infected with human papilloma virus (HPV), chlamydia, herpes simplex type-2, or trichomoniasis. These numbers are likely to be understated because syphilis, gonorrhea and the human immunodeficiency virus were not included in the data CDC analyzed for the estimate.\textsuperscript{9}

Children and adolescents need accurate and comprehensive education about sexuality to practice healthy sexual behaviors as adults, but also to avoid early, exploitative or risky sexual activity that may lead to health and social problems, such as unintended pregnancy and STIs, including HIV infection and AIDS.\textsuperscript{1} This is especially true among gay, lesbian and bisexual youth who are more likely to have had sexual intercourse, to have had more partners, and to have experienced sexual intercourse against their will, putting them at increased risk of STIs including HIV infection.\textsuperscript{10} The data is clear that abstinence is the most effective means of birth control and prevention of STIs and needs to be included as part of an individual’s strategy to reduce unintended pregnancy and STI rates.
But abstinence should not be taught as the *only strategy*. To date, the evidence regarding the efficacy of abstinence-only in the reduction of risky sexual behaviors, including risk for STIs, has not been proven.\(^2,3,4,5,6,7\) For some adolescents, abstinence may be a difficult choice. And in practice, many adolescents who intend to be abstinent often fail and have sex. A longitudinal analysis of teens and virginity pledges compared “pledgers” to “nonpledgers” and found at a 6-year follow-up that 88% of pledgers reported experiencing premarital sex and had STI rates that, statistically, were no different from those of nonpledgers.\(^7\)

Evidence suggests that abstinence-only policies of the federal government changed the nature of sexuality education in the United States with many schools adopting abstinence-dominant or abstinence-only education programs for school sexuality curricula. Data comparing 1995 to 2002 showed a decline in young women reporting education about contraception (87% to 70%) and an increase in abstinence-only education (8% to 21%) with a decrease in those receiving both (84% to 65%).\(^{11}\) Citing the ineffectiveness of abstinence-only programs, already 17 states have opted out of Title V funding. Estimates suggest over 40% of youth in the United States between the ages of 12 to 18 years live in these states.\(^{12}\) The most recent review of abstinence-only programs in 2007 by the National Campaign to Prevent Teen and Unplanned Pregnancy continue to support that such programs are ineffective at reducing risky sexual behaviors. Specifically, these programs “did not delay the initiation of sex, did not increase the return to abstinence, or decrease the number of sexual partners.”\(^3\)

Several published studies and evaluations have suggested that *comprehensive sexuality education* is an effective strategy for helping young people delay initiation of
sexual intercourse. Comprehensive programs encourage abstinence as the best option but offer discussion and education for those adolescents who are sexually active about protecting against sexually transmitted infections and contraception. Research has shown that these programs do not hasten the onset or frequency of sexual intercourse and do not increase the number of partners that sexually active teens have.

A national study compared sexual health risks of adolescents who received abstinence-only education and those who received comprehensive sex education to those who received none. Adolescents who reported having received comprehensive sex education before initiating sexual intercourse were significantly less likely to report a teen pregnancy compared to those receiving no sexual education while there was no effect of abstinence-only education. Sexuality education and interventions with some abstinence-base or "abstinence-plus" curriculum components are most effective when targeted at younger adolescents before they become sexually active.

Providing information to adolescents about contraception does not result in increased rates of sexual activity, earlier age of first intercourse, or a greater number of partners. In fact, if adolescents perceive obstacles to obtaining contraception and condoms, they are more likely to experience negative outcomes related to sexual activity.

Adolescents who choose to abstain from sexual intercourse should be encouraged and supported by their parents, peers, pediatricians and society, including the media. Adolescents need to know about other contraceptive options before (or if) they decide to have intercourse. Based on the evidence, AAP supports a comprehensive approach to sexuality education for adolescents. Abstinence should play a part in any comprehensive
discussion of sexuality, with support and resources available for adolescents who feel
压性，但更倾向于不参与性行为。从公共卫生角度来看，防止青少年意外怀孕和
STIs 的主要预防措施涉及在达到心理、社会或婚姻成熟度后延迟性行为的开始，这
取决于宗教或文化背景。次级预防涉及那些性活跃但不打算完全避免性行为的
人群使用更安全的性行为方式。青少年是一个充满成长和变化的时期——身体的、心
理的和社会的情感的。发展一个健康的性行为是青少年的一个关键发展任务。随着
这些变化和目标的到来，一个愿望和需要出现，那就是要独立和承担责任，这影响到健
康的决定和行为。根据经验和科学依据的方法支持更健康的决定，并进一步达成这些
目标的益处不仅在于青少年个体，而且对我们的社会和国家的整体健康都有益。

The Society of Adolescent Medicine summarized its expert review of sexuality
教育的综述如下：

Abstinence from sexual intercourse represents a healthy choice for teenagers, as
青少年面临意外怀孕和 STIs 包括 HIV 感染的健康风险。保持处女，至少
通过高中，强受到父母的支持，甚至受青少年自己支持。然而，很少在美国人保持处
女直到结婚，许多人不会或不能结婚，而且大多数青少年会参与性行为和其它
性行为。节欲作为一个行为目标并不等同于节欲唯一教育计划。节欲从性行为中
的性行为，虽然理论上是充分保护，但在实际中因节欲未保持而不能保护怀孕和
疾病的风险。
Thank you for the opportunity to provide this testimony. I would be happy to answer any questions you may have.

Margaret J. Blythe, MD, FAAP, FSAM
Chair, Committee on Adolescence
American Academy of Pediatrics
Professor of Pediatrics
Indiana University School of Medicine

17 AMERICAN ACADEMY OF PEDIATRICS, Contraception and Adolescents, PEDIATRICS Vol. 120 No. 5 November 2007, pp. 1135-1148.