

The Problem with Abstinence Only

TT Humanist paper presented by Cedriann J Martin
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Sex isn't getting old. And I have the numbers to prove it.

Quarter of young Trinidadians have had intercourse by age 12. 14 is the average age of first-timers. And 75% have had sex by the time they celebrate their sweet 16. We have 4000 births by teenage mothers every year and who knows how many pregnancies. The Caribbean Epidemiology Centre (CAREC) links those numbers with an HIV infection rate that doubled every three years during the last decade.

So what is the response of the state?

Forget sex. Watch TV. Okay we're told that the Prime Minister's advice to Tarouba squatters in go-forth-and-multiply mode was just a joke. The real line of action was to form a joint Committee of the Ministries of Health and Education in Support of Youth Abstinence.

Now if it were a Committee in Support of Factual Sex Education or Dealing With Reality its members would include folks from the Family Planning Association, workers at Rappport, youth activists from Advocates For Youth Sexual and Reproductive Health and Rights (AYSRHR). (Those would be the young people who were roughed up by the adults of this society two years ago for distributing brochures containing information on sexually transmitted infections and safe sex, with a condom stuck inside). So clearly, dealing with rough and tumble reality wasn't high on the agenda.

It's been one year since the Abstinence Support Committee introduced its foreign-used abstinence curriculum and club system. The program is set to be implemented in all secondary schools by 2007. The central idea is to explain the benefits of abstinence to young people and offer a support system for those who choose not to do the deed. Happy, smiling virgins then pledge not to have sex until they tie the knot. Sounds alright.

In reality, however, the abstinence-only approach tramples on the sexual and reproductive rights of our young people and flouts the fundamental humanist principles of empiricism, the right to information and freedom of choice.

On top of that, it does not work.

An eight-year-long study on the effect of virginity pledges was published in the April 2005 issue of the Journal of Adolescent Health. The study found that pledgers' STD infection rate was the same as non-pledgers. Not only do most pledgers have sex before they make it to



marriage, but they don't have the information needed to do it safely. The study also noticed a trend of unprotected oral and even anal sex among youths who had pledged to keep their hymens intact.

By hinging its message on the sanctity of marriage and virginal purity, the abstinence-only program amounts to a triumph of ideology over fact. It perpetuates the fallacy that "the only safe sex is marital sex". The World Health Organisation has reported that in ten years the highest incidence of new HIV cases would occur among married women. The phenomenon is already on-stream in parts of sub-Saharan Africa and India where there is a far lower rate of HIV-infection among single, sexually active women than among married, monogamous ones. We're turning out young people who think a wedding ring is some talisman that wards off herpes. And it just isn't true. We're not preparing our young people to be safe even within marriage.

One would think that if we're investing the money and manpower into making a sex education program available to all the nation's children, that it would seek to reach all of them. The very premise of abstinence-only education is exclusive. It excludes the thousands who will enter unions other than marriage. It excludes young people who decide to have sex, leaving them to do their thing without a clue about how to protect themselves. And it excludes those children who are victims of child sexual abuse and don't have the luxury of taking a pledge to remain virgins.

Because of the judgmental premise of abstinence-only education, it does not work in tandem with other sex education programs. A significant part of the abstinence curriculum is dedicated to the defamation of condoms. It is true that condoms are most effective when consistently and correctly used. Rather than leave room for someone else to teach these young people about how to consistently and correctly use condoms, the abstinence-only approach cites junk science about "efficacy versus effectiveness". Abstinence-only education actively undermines the safe sex message.

The starting point of this abstinence campaign is not to save lives. It is to impose an artificial moral standard. That's why our Abstinence Committee has been drawn to Louisiana's Governor's Program on Abstinence (GPA) and Uganda's Bush-assisted folly, rather than to sex education programs that work.

Let's talk about Bush. Bush's involvement with the abstinence movement dates from his governor years in Texas. Texas, incidentally, has the United States' third highest teen birth rate. Louisiana comes in seventh. Both states' rates are above the country's incredibly high national average of 53 births per 1000 teenagers.

The U.S. Census reports that there has been a 50% surge in the number of married teens during the 1990s. The increase is attributed to abstinence-until-marriage programs. The US Center for Law and Social Policy (CLASP) advises that teen marriages are more unstable than those among older adults and that teen mothers who marry are less likely to continue their education.

Is this what we want for the young people of Trinidad and Tobago. For them to dash down the aisle too soon so they could do it?

Then there is Uganda. During the 1990s Uganda accomplished a reduction from 30 to 10 percent in its HIV prevalence rate. The country accomplished this through a combination of messages on abstinence, fidelity and condoms.

But the tune changed in 2001 when the Ugandan Government launched a US-funded HIV-prevention program. The National Youth Forum, a body headed by Uganda's First Lady, Janet Museveni, has also received money under the plan. Enough money for her to begin proclaiming that "there is no 'safe sex' outside of the situation of faithfulness to a partner". Ugandan authorities now say with a straight face that condoms had nothing to do with the success in the battle against HIV. At this very moment there is a critical shortage in condoms in Uganda. And all arrows point to the dangerous shift in US donor policy from comprehensive prevention, education and provision of condoms to a focus on abstinence only.

Why are we looking toward those countries--whether rich or poor, first world or third world--that have prioritised the imposition of morality over saving lives? If we have to get a roll-on, roll-off sex education program, why don't we import one from places where sex education actually works?

Germany and Norway produce 11 babies per 1000 teenagers. Finland eight, Sweden and Denmark seven, the Netherlands five. According to Unicef the underlying reason for the success enjoyed by the Dutch has been "the combination of a relatively inclusive society with more open attitudes toward sex and sex education, including contraception. Requests for contraceptives there are not associated with shame and embarrassment and the media is willing to carry explicit messages about them that are designed for young people".

Let's look at Sweden. Thirty years ago the Swedes radically changed their sex education policies. Recommendations of abstinence and sex only within marriage were dropped, contraceptive education was made explicit, and a nationwide network of youth clinics was established specifically to provide confidential contraceptive advice and free contraceptives. Over the next two decades Sweden saw its teenage birth and sexually transmitted infection rates fall by 80% and 40% respectively.



That's what Trinidad and Tobago needs. All our children, while a captive audience in schools, must benefit from a comprehensive and sustained sex education program that combines information on abstinence, being faithful and contraceptive use. They would also benefit from a health care system that addresses their sexual and reproductive needs and a less hypocritical society. Sex education should be non-judgmental and non-directive, based on fact and fuelled by respect of the individual's capacity to think and act independently. This is the kind of program that would equip our young people for sex in the time of HIV.

The Abstinence Committee flippantly tells us that Principals can introduce such programs if they want to. Wrong again. Every one of our students, regardless of their principal's personal feelings, should be allowed to learn, think and operate without the burden of hypocrisy and judgment. Especially when it comes to education about something as fundamental as sex.

Comprehensive sex education need not be seen as a threat to religious teachings or a family's moral code. Parents and religious leaders continue to have the right to expose young people to their notions of right and wrong. But our children also have the right to make choices about their current and future sexual behaviour based on factual information. There's nothing problematic about teaching youths the truth about sex and equipping them to do it safely and responsibly. The danger lies in telling them that they should not be having sex in the first place. And nothing more.