

Hudsonville Public Schools
Sex Education Advisory Board

HPS Board Policy/Legal Obligations

- Required to teach about dangerous communicable diseases, including, but not limited to HIV/AIDS. Must be offered at least once a year at every building level (elementary, middle, high school)
- School district may choose to teach sex education
- Board Policy states the need for a Sex Education Advisory Board (SEAB) to convene prior to implementation of instruction in sex education

HPS Board Policy/Legal Obligations

Instruction must include at least all of the following:

- Abstinence
- Healthy Dating Relationships
- Refusal Skills
- HIV/AIDS
- Laws

HPS Board Policy/Legal Obligations

- School districts must teach about the **best methods** for the restriction and prevention of dangerous communicable diseases including, but not limited to HIV/AIDS.
- **District are not prohibited** from teaching about behavioral risk reduction strategies, including the use of condoms, within their sex education programs.
- Hudsonville Public Schools currently has adopted an Abstinence Only curriculum. Abstinence only curriculum does not include the topic of other behavioral risk reduction strategies, other than abstinence.
- Parents must be notified in advance of content, and have the right to review materials, observe instruction, and excuse their child without penalty.

Current HPS Reproductive Health

Elementary

4th grade - Puberty (1 lesson)

5th grade - Puberty/Reproductive Anatomy (1 lesson)

HIV/AIDS/Bloodborne Pathogens (1 lesson)

Middle School

7th grade - Health Class (Approx. 14 lessons)

High School

Health Class - Majority are 9th grade students (4 lessons)

Family Health - Elective only available to 11th-12th grade

SEAB Membership

- The local school board determines the terms of service , the number of members, and a membership selection process that reasonably reflects the school district population.
- The SEAB must include: parents of children attending the districts schools, pupils in the district's schools, educators, local clergy, and community health professionals.
- At least half of the members must be parents who have a child attending a school operated by the school district. A majority of those parents members must not be employed by a school district.

SEAB Membership Selection

- Spring 2018 parent questionnaire
- Approximately 50 parents indicated interest
- Selection process completed by Co-chairs: Jaime Fleming and Karla Akins, former Assistant Superintendent of Curriculum and Instruction
- Grade level of children, school(s) attended by children, occupation of parent (due to need for educators, clergy and health professionals), perspective on sex education and reproductive health curriculum

SEAB Role

- Establish program goals and objectives for pupil knowledge and skills that are likely to reduce the rates of sex, pregnancy, and STI's.
- Review and recommend materials and methods to the local school board taking into consideration the district's needs, demographics, and trends in youth risk behaviors.
- Evaluate, measure, and report the attainment of program goals and objectives and make the resulting reports available to parents at least once every two years.

Sex Education Advisory Board Goal

The goal of the Hudsonville Public Schools Sex Education program is to ensure that students have access to the knowledge, attitudes, supports, and skills necessary to make and act upon effective personal decisions that promote their sexual, reproductive, mental/social-emotional health and well-being within their value systems.

SEAB Timelines

- Spring 2018 SEAB Convened
- Spring 2018 Parent Survey
- Winter 2019 HPS School Board approved SEAB Membership and SEAB By-laws
- Winter/Spring 2019
 - Reviewed Youth Assessment Survey (YAS) Data (Hudsonville 2015/Ottawa County 2015 and 2017)
 - Reviewed Spring 2018 Parent survey data

SEAB Timelines Continued

➤ Winter/Spring 2019 -

- SEAB participated in an in-depth review of of the current Middle School and High School Reproductive Health curriculum materials
- Extensive dialogue around abstinence-only and abstinence- based curricular similarities and differences
- Extensive dialogue around the desire to have parents highly engaged in the reproductive health curriculum with their children

SEAB - Parent Survey • Spring 2018

- Spring 2018 - 551 Total respondents
 - 72% elementary aged children
 - 37% middle school aged children
 - 7% high school aged children

SEAB - Parent Survey • Spring 2018

At what level(s) should information about **REPRODUCTIVE ANATOMY** be taught? (describes male and female reproductive anatomy and function)

- ❖ 37% Elementary
- ❖ 78% Middle School
- ❖ 17.3% High School
- ❖ 1.3% This topic should NOT be taught in school
- ❖ 1.6% Unsure

SEAB - Parent Survey • Spring 2018

At what level(s) should information about **ABSTINENCE** be taught? (discusses the benefit of abstaining from sex or ceasing sexual activity, teachers assertiveness skills for resisting pressure such as communication and refusal)

- ❖ 12% Elementary
- ❖ 78.2 % Middle School
- ❖ 64.1 % High School
- ❖ 2.9% This topic should NOT be taught in school
- ❖ 1.8% Unsure

SEAB - Parent Survey • Spring 2018

At what level(s) should information about RISK REDUCTION be taught?
(provides information about condoms as a means to reduce risk for HIV and other STI's)

- ❖ 2.9% Elementary
- ❖ 52.8% Middle School
- ❖ 73.5 High School
- ❖ 7.6 % believe this should NOT be taught in school
- ❖ 3.1% Unsure

SEAB - Parent Survey • Spring 2018

At what level(s) should information about **CONTRACEPTION** be taught?
(provides information about birth control and their role in preventing pregnancy)

- ❖ 2.4% Elementary School
- ❖ 50.6% Middle School
- ❖ 71.4% High School
- ❖ 9.7% believe this should NOT be taught in school
- ❖ 3.1% Unsure

Introduction to the Data

- Scholarly, peer reviewed empirical data

National Data: Sexual Behavior

- Approximately 90% of adolescents will have vaginal or anal sex before age 19¹⁻²
- National average age of sexual debut: 16.85¹⁻²
- Demographics for sexual intercourse¹⁻²:
 - Before 15 years old: 23%
 - Between 15-19 years old: 60.3%
- Number of sexual partners by age 17: 1.60; age 18: 2.43 (CDC, 2018; HHS, 2018)
 - About 34% of first sexual experiences are with someone they do not know well, which increases the risk of STI¹
- Teen pregnancy is down 7% from 2016; (some) STI rates have increased (Engel, 2009; CDC, 2017)

Ottawa County Youth Assessment Survey Data 2017

- Average age for Ottawa County youth for first experience with oral sex or sexual intercourse is 15 ½ years old (YAS, 2015, 2017)

Youth Assessment Survey

QUESTION:	2015 HUDSONVILLE	2015 OTTAWA COUNTY	2017 OTTAWA COUNTY
I have had sexual intercourse	14%	17%	21%
I have had oral sex	19%	20%	23%
I have been tested for a sexually transmitted disease in the past 12 months (among those who have ever had sexual intercourse)	26%	20%	22%
I did not use a condom during the last time I had sexual intercourse (among those who have ever had sexual intercourse)	35%	38%	40%
AMONG THOSE WHO REPORTED HAVING SEXUAL INTERCOURSE IN THE PAST THREE MONTHS:			
I did not use a condom during the last time I had sexual intercourse	35%	41%	43%
No method was used to prevent pregnancy during the last time I had sexual intercourse	10%	8%	8%

Efficacy Data

Abstinence Only Versus Abstinence-Based

- Numerous empirical studies have examined the effectiveness of abstinence only and abstinence-based programs
 - e.g., Trenholm et al., 2008; Kirby, 2008; Bruckner & Bearman, 2005; Bennett & Assefi, 2005; Underhill, Montgomery, & Operario, 2007; Hoefler & Hoefler, 2017; Shepard et al., 2017; Bennett & Assefi, 2005; Underhill, Montgomery, & Operario, 2007; Chin et al., 2012; Kohler et al., 2008

Efficacy Data

Outcome Measures of Interest

- Delay of sexual debut
- Preventing negative health outcomes of sexual behavior

The Impact of Abstinence and Comprehensive Sex and STD/HIV Education Programs on Adolescent Sexual Behavior

Douglas B. Kirby

Abstract: In an effort to reduce unintended pregnancy and sexually transmitted disease (STD) in adolescents, both abstinence and comprehensive sex and STD/HIV education programs have been professed. Based on specified criteria, the author searched for and reviewed 56 studies that assessed the impact of such curricula (8 that evaluated 9 abstinence programs and 48 that evaluated comprehensive programs) on adolescents' sexual behavior. Study results indicated that most abstinence programs did not delay initiation of sex and only 3 of 9 had any significant positive effects on any sexual behavior. In contrast, about two thirds of comprehensive programs showed strong evidence that they positively affected young people's sexual behavior, including both delaying initiation of sex and increasing condom and contraceptive use among important groups of youth. Based on this review, abstinence programs have little evidence to warrant their widespread replication; conversely, strong evidence suggests that some comprehensive programs should be disseminated widely.



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Journal of Adolescent Health 42 (2008) 344–351

JOURNAL OF
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HEALTH

Original article

Abstinence-Only and Comprehensive Sex Education and the Initiation of Sexual Activity and Teen Pregnancy

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Manuscript received April 17, 2007; manuscript accepted August 29, 2007

Consequences of Sex Education on Teen and Young Adult Sexual Behaviors and Outcomes

Laura Duberstein Lindberg, Ph.D.^{*}, and Isaac Maddow-Zimet

The Guttmacher Institute, Research Division, New York, New York

Article history: Received September 20, 2011; Accepted December 22, 2011

Keywords: Abstinence; Age at sexual initiation; Contraception; Sex education; Sexual behavior; Teen pregnancy

ABSTRACT

Purpose: This study examined whether formal sex education is associated with sexual health behaviors and outcomes using recent nationally representative survey data.

Methods: Data used were from 4,691 male and female individuals aged 15–24 years from the 2006–2008 National Survey of Family Growth. Weighted bivariate and multivariate analyses were conducted by gender, estimating the associations of sex education by type (only abstinence, abstinence and birth control, or neither) before first sexual intercourse, and sexual behaviors and outcomes.

Results: Receipt of sex education, regardless of type, was associated with delays in first sex for both genders, as compared with receiving no sex education. Respondents receiving instruction about abstinence and birth control were significantly more likely at first sex to use any contraception (odds ratio [OR] = 1.73, females; OR = 1.91, males) or a condom (OR = 1.69, females; OR = 1.90, males), and less likely to have an age-discrepant partner (OR = .67, females; OR = .48, males). Receipt of only abstinence education was not statistically distinguishable in most models from receipt of either both or neither topics. Among female subjects, condom use at first sex was significantly more likely among those receiving instruction in both topics as compared with only abstinence education. The associations between sex education and all longer-term outcomes were mediated by older age at first sex.

Conclusions: Sex education about abstinence and birth control was associated with healthier sexual behaviors and outcomes as compared with no instruction. The protective influence of sex education is not limited to if or when to have sex, but extends to issues of contraception, partner selection, and reproductive health outcomes.

IMPLICATIONS AND CONTRIBUTION

This study expands on previous research on the association of formal sex education with sexual health and behaviors, and finds that formal sex education that includes instruction about both waiting to have sex and methods of birth control can improve the health and well-being of adolescents and young adults.

The Effectiveness of Group-Based Comprehensive Risk-Reduction and Abstinence Education Interventions to Prevent or Reduce the Risk of Adolescent Pregnancy, Human Immunodeficiency Virus, and Sexually Transmitted Infections

Two Systematic Reviews for the Guide to Community Preventive Services

Helen B. Chin, MPH, Theresa Ann Sipe, PhD, Randy Elder, PhD, Shawna L. Mercer, MSc, PhD, Sajal K. Chattopadhyay, PhD, Verugheese Jacob, PhD, Holly R. Wethington, PhD, Doug Kirby, PhD, Donna B. Elliston, DrPH, MSPH, Matt Griffith, MPH, Stella O. Chuke, MBBS, MPH, Susan C. Briss, B Mus Ed, Irene Erickson, MS, Jennifer S. Galbraith, PhD, Jeffrey H. Herbst, PhD, Robert L. Johnson, MD, Joan M. Kraft, PhD, Seth M. Noar, PhD, Lisa M. Romero, DrPH, John Santelli, MD, MPH, Community Preventive Services Task Force

Summary of Research Findings

- Abstinence-based programs are leading to similar or improved outcomes in terms of **delaying sexual debut** compared to Abstinence-only programs
 - Abstinence-only education did not delay onset of initiation of sex (Kirby, 2008) and did not reduce the likelihood of engaging in vaginal intercourse, but abstinence-based was marginally associated with lower likelihood of reporting having engaged in vaginal intercourse (Kohler et al., 2008), and may reduce number of sexual partners (Chin et al., 2012)
 - 47% of the abstinence-based programs delayed initiation of sex and none hastened initiation; 29% decreased frequency of sex and none increased it; 46% reduced the number of sexual partners (Kirby, 2008)
- Abstinence-based are leading to improved outcomes in terms of **reducing negative health outcomes** compared to Abstinence-only programs
 - Abstinence-only programs had no impact on reducing the health risks of sexual activity (Chin et al., 2012)
 - Abstinence-based programs demonstrated a decrease of 25% in unprotected sexual activity, 31% in prevalence of STI's, and increases of 13% in use of protection (Chin et al., 2012)
 - Adolescents who received abstinence-based sex education were significantly less likely to report teen pregnancy compared to abstinence-only education (Kohler et al., 2008)

Performance Outcomes

Abstinence-Only vs Abstinence-Based Instruction

	Abstinence-Only	Abstinence-Based
Age of Sexual Debut	-	↑ ?
Contraception Use	-	↑
Teen Pregnancy	-	↓
STI Diagnosis	-	↓

SEAB Process To Arrive At Recommendation

- Data Review
- Reviewed current curriculum
- Unanimous vote to recommend updated HIV/AIDS/Puberty videos for 4th and 5th grade - no change to content
- Unanimous vote to recommend HS Abstinence Based Curriculum
- 14 of 15 vote to recommend MS Abstinence Based Curriculum
- Unanimous vote to develop Abstinence Based Curriculum recommendations with Michigan Model materials and supplemental materials as needed

SEAB Process to Arrive at Recommendation

- The HPS staff met to develop curriculum materials that meet HPS Board Policy and legal obligations under the abstinence-based recommendation

DIFFERENCES

Abstinence-Based / Abstinence-Only



Student Handout: Abstinence-Only Version

HIV Fact Sheet (continued)

How can it be avoided?

- Abstain from vaginal intercourse, oral sex, and anal sex with an infected person.
- Have intimate sexual contact with only one person who is not infected and is also faithful to that relationship—for life.
- Avoid sharing needles for any purpose.
- Avoid the exchange of blood and other body fluids with another person.
- Avoid breastfeeding for infected mothers.
- Use "universal precautions" to reduce the risk of infection with HIV in any situation if the handling of fresh blood (or other body fluids that could contain blood) cannot be avoided. "Universal precautions" involves the use of latex gloves, hand-washing, and careful disposal of latex gloves and other blood-soaked items. "Universal precautions" should be used at all times with all individuals.

If you have questions about sexually transmitted infections, call, e-mail, or talk to...

- CDC INFO: 1-800-232-4636 (English and Spanish; available 24/7)
- Hearing impaired hotline: 1-888-232-6348
- CDC e-mail address: cdcinfo@cdc.gov
- Parent or other trusted adult
- Family physician
- Local public health department
- Local AIDS hotline

These websites will also provide accurate information:

- Centers for Disease Control and Prevention (CDC): <http://www.cdc.gov/>
- American Red Cross: <http://www.redcross.org/services/hss/hiv aids/>
- American Social Health Association: <http://www.ashastd.org/>
- Michigan Department of Health and Human Services: www.michigan.gov/mdhhs



Student Handout: Abstinence-Based Version

HIV Fact Sheet (continued)

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- Michigan Department of Health and Human Services: www.michigan.gov/mdhhs

Closure: Summarize behaviors that prevent infection with HIV and STIs and benefits of choosing those behaviors. Assign homework.

2 minutes

Instructional Steps	Script and Detailed Directions
Summarize behaviors that prevent infection with HIV and STIs and benefits of choosing those behaviors.	<p>If a person wants to avoid HIV infection and/or STIs, what can he or she do?</p> <p>Answers:</p> <ul style="list-style-type: none">• Abstain from sexual intercourse, whether you have had sex in the past or not.• Abstain from sharing needles and "works."• Avoid kissing a person with mouth sores, or touching a person's sores, blisters, or warts.• Refuse to use alcohol and other drugs. <div data-bbox="645 299 1508 459" style="border: 1px solid black; padding: 5px;"><p><u>Abstinence-Based Addition:</u> Answer:</p><ul style="list-style-type: none">• Before having sex, talk to your partner about being in a long-term, committed relationship, for example marriage; make sure you and your partner get tested; and have intimate sexual contact with only one person who is not infected and is also committed to that relationship.• If you choose to have sex, use a latex or polyurethane condom consistently and correctly.</div> <p>What are some benefits of choosing these behaviors?</p> <p>Answers:</p> <ul style="list-style-type: none">• You avoid or reduce the risk of getting HIV and other STIs.• You avoid or reduce the risk of passing HIV or STIs to your children in the future.• When you protect yourself from HIV and STIs by being abstinent, you are also protected from pregnancy.• You avoid or reduce the risk of getting infections that might keep you from being able to have children later. You avoid or reduce the possibility of infecting a future partner. <div data-bbox="645 661 1508 765" style="border: 1px solid black; padding: 5px;"><p><u>Abstinence-Based Addition:</u> Answer:</p><ul style="list-style-type: none">• When you reduce your risk of infection with HIV and other STIs by using a condom consistently and correctly, you are also greatly reducing your risk of pregnancy.</div>
Assign homework using the family worksheet, "What Do You Think?" 	<p>Instruct students to place the student worksheet, "Vital STI Facts," in their folders for use with Lesson 9.</p> <p><i>Take your student worksheet, "Is It Risky?" home with you and discuss it with your adult family members or another trusted adult. See if they can place the check marks in the correct boxes.</i></p> <p>Distribute the family worksheet, "What Do You Think?" to each student.</p>

SEAB Process to Arrive at Recommendation

- SEAB unanimously approved updated HIV/AIDS/Puberty videos for Elementary curriculum on March 15, 2019 for recommendation to the HPS School Board
- SEAB unanimously approved the abstinence-based HS Reproductive Health Curriculum and High School Family Health Curriculum on May 21, 2019 for recommendation to the HPS School Board
- SEAB requested a modification to one item; presented by HPS staff for the Middle School curriculum. After modification, the SEAB approved by a 12 of 15 vote the abstinence-based MS Reproductive Health Curriculum on June 17, 2019 for recommendation to the HPS School Board

Ottawa County Reproductive Health Curriculum

District	Middle School	High School
Allendale	Abstinence-based	Abstinence-based
Coopersville	Abstinence-only	Abstinence-only
Grand Haven	Abstinence-based	Abstinence-based
Hamilton	Abstinence-based	Abstinence-based
Holland Public	Abstinence-based	Abstinence-based
Hudsonville Public	Abstinence-only	Abstinence-only
Jenison	Abstinence-based	Abstinence-based
Saugatuck	Abstinence-only	Abstinence-based
Spring Lake	Abstinence-based	Abstinence-based
West Ottawa	Abstinence-based	Abstinence-based
Zeeland	Abstinence-only	Abstinence-based

Sex Education Advisory Board Goal

The goal of the Hudsonville Public Schools Sex Education program is to ensure that students have access to the knowledge, attitudes, supports, and skills necessary to make and act upon effective personal decisions that promote their sexual, reproductive, mental/social-emotional health and well-being within their value systems.

Recommendation

The SEAB recommends approval of:

1. Updated Elementary HIV/AIDS/Puberty videos,
2. Updated Middle School Abstinence-Based curriculum
3. Updated High School Abstinence-Based curriculum
4. Updated Family Health Abstinence-Based curriculum.

*Michigan Model Curriculum

Thank you!



References

1. Harden, K. P. (2012). True love waits? A sibling-comparison study of age at first sexual intercourse and romantic relationship in young adulthood. *Psychological Science, 23*(11), 1324-1336.
2. Moore, M. J., Barr, E. M., & Johnson, T. M. (2013). Sexual behaviors of middle school students: 2009 Youth Risk Behavior Survey results from 16 locations. *Journal of School Health, 83*(1), 61-68.
3. Boekeloo, B. O., Howard, D. E. (2002). Oral sexual experience among young adolescents receiving general health examinations. *American Journal of Health Behavior, 26*(4), 306-314.
4. Copen, C. E., Chandra, A., & Martinez, G. (2012). Prevalence and timing of oral sex with opposite-sex partners among females and males aged 15-24 years: United States, 2007-2010. *National Health Statistics Report, 16*(56), 1-14.
5. Tremholm, C., Devaney, B., Fortson, K., Clark, M., Quay, L., & Wheeler, J. (2008). Impacts of abstinence education on teen sexual activity, risk of pregnancy, and risk of sexually transmitted diseases. *Journal of Policy Analysis and Management, 27*(2), 255-272.
6. Kirby, D. B. (2008). The impact of abstinence and comprehensive sex and STD/HIV education programs on adolescent sexual behavior. *Sexuality Research and Social Policy, 5*(3), 18-27.
7. Chin, H. B., et al. (2012). The effectiveness of group-based comprehensive risk-reduction and abstinence education interventions to prevent or reduce the risk of adolescent pregnancy, human immunodeficiency virus, and sexually transmitted infections. *American Journal of Preventive Medicine, 42*(3), 272-294.
8. Kohler, P. K., Manhart, L. E., & Lafferty, W. E. (2008). Abstinence-only and comprehensive sex education and the initiation of sexual activity and teen pregnancy. *Journal of Adolescent Health, 42*, 344-351.
9. Lindberg, L. D., & Maddow-Zimet, I. (2012). Consequences of sex education on teen and young adult sexual behaviors and outcomes. *Journal of Adolescent Health, 51*, 332-338.
10. The Society for Adolescent Health and Medicine (2017). Abstinence-only-until-marriage policies and programs: An updated position paper of the Society for Adolescent Health and Medicine. *Journal of Adolescent Health, 61*, 400-403.

Evaluation

- YAS 2019
- Opt in/opt out data
- SEAB current bylaws state at least bi-annual meetings
- 2020/2021 Additional Parent Survey to gather perception data

DIFFERENCES

Abstinence-Based / Abstinence Only



Student Handout: Abstinence-Based Version

HIV Fact Sheet (continued)

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- Michigan Department of Health and Human Services: www.michigan.gov/mdhhs



Student Handout: Abstinence-Only Version

HIV Fact Sheet (continued)

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Mission

MISSION

To promote the optimal health and well-being of all adolescents and young adults by supporting adolescent health and medicine professionals through the advancement of clinical practice, care delivery, research, advocacy, and professional development.

VISION

To be a leader in the promotion of health, well-being, and equity for all adolescents and young adults.

CORE VALUES

Recognizing that health is more than the absence of disease, the Society for Adolescent Health and Medicine promotes positive youth development, illness prevention, achievement of individual potential and a sense of physical, mental, and social well-being.

In its pursuit of optimal adolescent health and developmentally-appropriate health care, SAHM believes that scientific research provides the evidence base for effective health promotion as well as prevention and treatment of illness and injury.



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Position paper

Abstinence-Only-Until-Marriage Policies and Programs: An Updated Position Paper of the Society for Adolescent Health and Medicine



The Society for Adolescent Health and Medicine

See Related Review Article p. 273

A B S T R A C T

Abstinence from sexual intercourse can be a healthy choice for adolescents, particularly if an adolescent is not ready to engage in sex. However, government programs exclusively promoting abstinence-only-until-marriage (AOUM) are problematic from scientific and ethical viewpoints. Most young people initiate sexual intercourse as adolescents or young adults, and given a rising age at first marriage around the globe, increasingly fewer adolescents wait until marriage to initiate sex. While theoretically fully protective, abstinence intentions often fail, as abstinence is not maintained. AOUM programs are not effective in delaying initiation of sexual intercourse or changing other behaviors. Conversely, many comprehensive sexuality education programs successfully delay initiation of sexual intercourse and reduce sexual risk behaviors. AOUM programs inherently provide incomplete information and are often neglectful to sexually active adolescents; lesbian, gay, bisexual, transgender, and questioning adolescents; pregnant and parenting adolescents; and survivors of sexual assault. Promotion of AOUM policies by the U.S. government has undermined sexuality education in the United

Impacts of Abstinence Education on Teen Sexual Activity, Risk of Pregnancy, and Risk of Sexually Transmitted Diseases

Christopher Trenholm
 Barbara Devaney
 Kenneth Fortson
 Melissa Clark
 Lisa Quay
 Justin Wheeler

- A. Have as its exclusive purpose teaching the social, psychological, and health gains to be realized by abstaining from sexual activity
- B. Teach abstinence from sexual activity outside marriage as the expected standard for all school-age children
- C. Teach that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems
- D. Teach that a mutually faithful, monogamous relationship in the context of marriage is the expected standard of sexual activity
- E. Teach that sexual activity outside the context of marriage is likely to have harmful psychological and physical effects
- F. Teach that bearing children out of wedlock is likely to have harmful consequences for the child, the child's parents, and society
- G. Teach young people how to reject sexual advances and how alcohol and drug use increase vulnerability to sexual advances
- H. Teach the importance of attaining self-sufficiency before engaging in sexual activity

Source: Title V, Section 510 (b)(2)(A-H) of the Social Security Act (P.L. 104-193).

Figure 1. A-H definition of abstinence education.

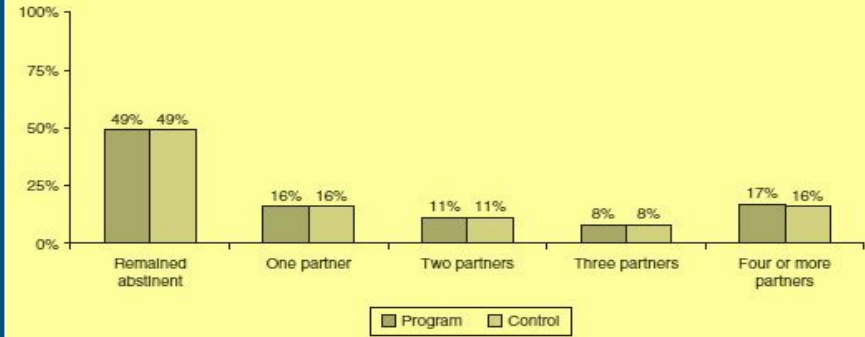


Table 6. Impacts on unprotected sex and consequences of teen sex, all four programs combined.

	Program Group (Percentage)	Control Group (Percentage)	Program-Control Difference (Percentage Points)	p-value
Unprotected Sex at First Intercourse				
Remained abstinent (always)	49	49	0	0.91
Had sex, used condom first time	44	43	1	0.59
Had sex, no condom first time	7	8	-1	0.45
<i>F</i> -test of distributional differences				0.40
Unprotected Sex in the Last 12 Months				
Abstinent last 12 months	56	55	1	0.76
Had sex, always used condoms	23	23	-1	0.77
Had sex, sometimes used condoms	17	17	0	0.88
Had sex, never used condoms	4	4	0	0.84
<i>F</i> -test of distributional differences				0.95
Consequences of Teen Sex				
Ever been pregnant	10	10	1	0.68
Ever had a baby	5	5	-1	0.56
Ever had an STD (reported)	5	4	1	0.53

Source: Wave 4 Survey of Teen Activities and Attitudes (Mathematica Policy Research, 2005), administered to youth 42 to 78 months after enrolling in the Title V, Section 510 Abstinence Education Program study sample.

Note: All estimates are based on weighted regression models. Program-control difference may not equal difference in percentages due to rounding. *F*-tests of distributional differences are computed from multinomial logistic regressions of the categorical outcome variable on an indicator for program status and the baseline control variables.