

# Adolescent health professionals critique new abstinence-only sex ed standards

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Experts at the Society for Adolescent Health and Medicine (SAHM) are calling attention to a crisis in sex education, specifically the continued creation and endorsement of abstinence-only curricula being taught

across the U.S. The commentary in the *Journal of Adolescent Health* is a response to the Medical Institute for Sexual Health's recently released K-12 Standards for Optimal Sexual Health, which the authors find deeply flawed for its scientific inaccuracies, omitted topics, and misdirected focus on marriage and abstinence as solutions to adolescent sexual health.

The authors sound the alarm on the decline in sex [education](#) across the country. Despite substantial evidence that comprehensive sex education works to promote sexual [health](#) among adolescents, as well as strong support for its implementation from health professionals and parents alike, delivery of sex education in the U.S. has declined over the last 25 years.

"The trend of decreasing or stagnate sex education delivery over the past two decades in the U.S. is unsettling," said Laura Lindberg, Principal Research Scientist at the Guttmacher Institute. "We are missing crucial opportunities to positively influence the sexual and reproductive health outcomes for adolescents both in their adolescence and throughout their lives."

When taught, comprehensive curricula provide adolescents with [accurate information](#) on essential sexuality topics, opportunities to explore their identities and values, and skillsets in communication and decision-making. The National Sex Education Standards (NSES) are referenced in the paper as a prime example of standards that provide clear, age-appropriate instruction to reduce risk behaviors among adolescents and improve their overall health and wellbeing.

The authors express their dismay at M-SOSH, as it ignores the science and instead promotes an ideological agenda of abstinence until marriage. Abstinence-only-until-marriage approaches to sex education have been proven time and again to be not only ineffective but also harmful as they

often withhold important health information from young people.

"It is our duty as [adolescent health](#) professionals to implement the tools we have to do better in providing comprehensive sex education to young people," said lead author John Santelli, MD, MPH, and professor of Population and Family Health at Columbia University Mailman School of Public Health. "Promoting abstinence-only curriculum goes against the evidence and is unequivocally a step in the wrong direction."

The commentary includes a side-by-side comparison of NSES and M-SOSH's glossaries, highlighting critical topics missing from M-SOSH such as sexual orientation and gender identity, social determinants of health; disabilities; reproductive justice; PrEP therapy for HIV infection; and adolescent rights and minor consent laws.

"Sexual orientation and gender identity are foundational to any sex education program," said David Bell, MD MPH, president of SAHM, and professor of Population and Family Health at Columbia Mailman School and professor of Pediatrics at the Columbia University Medical Center. "We cannot simply pay lip service by mentioning the terms. Adolescents need clear guidance to explore these topics both in the exploration of their own identities and to be able to navigate the world around them."

"Young people have the right to the information and skills that can help them protect their health and plan their futures," said Debra Hauser, president of Advocates for Youth, an organization that works with young people in the fight for sexual health, rights, and justice. "It is misguided and harmful to exclude information about [sexual orientation](#) and [gender identity](#) or to fail to help [young people](#) think critically about the economic, social, political and environmental factors that impact [sexual health](#) when teaching sex education. Schools have the responsibility to provide honest sex education that includes, affirms, and educates all of

our students."

The authors also provide detailed examples of M-SOSH's medical inaccuracies, including misinformation about adolescents' cognitive development and how it affects their decision-making abilities. The risks of sex outside of marriage to an adolescents' physical and mental health are also grossly exaggerated.

"The emphasis on marriage throughout M-SOSH is cause for concern," said Dr. Santelli. "The vast majority of Americans have sex before they are married. The notion that marriage is the ideal setting for sexual activity is unrealistic, lacks scientific backing, and is frankly outdated."

The authors call upon [health professionals](#) to recognize M-SOSH as a flawed and harmful obstacle in the fight for improved [adolescent](#) sex education. The authors urge decision makers to use NSES, which provides a comprehensive blueprint for states and local school districts to build their [sex education](#) programs.

**More information:** John S. Santelli et al, School-based Sex Education in the U.S. at a Crossroads: Taking the Right Path, *Journal of Adolescent Health* (2021). [DOI: 10.1016/j.jadohealth.2021.09.007](https://doi.org/10.1016/j.jadohealth.2021.09.007)

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