

### “ABC” vs. “A-Only”

As the HIV/AIDS epidemic continues to grow in Ohio, the US, and around the world, experts are carefully evaluating prevention methods. One of the most widely publicized success stories is the case of Uganda, which has realized a 70% decline in HIV infection since the mid 1980s<sup>1</sup> – equivalent to a vaccine with 80% effectiveness. The success in Uganda is due to three critical factors: an increase in delayed first intercourse, a 60% reduction in casual-partner sex, and increased condom use. Uganda’s comprehensive “ABC” plan emphasizes a three-part strategy: Abstinence, Be Faithful, and Use Condoms. Each of the three approaches is a key element to reducing HIV infections.

But in the U.S., the ABC approach is often mischaracterized. Millions of tax dollars now fund abstinence-only-until-marriage programs that often point to Uganda as evidence that “abstinence works.” Such claims have concerned health officials for three reasons. First, abstinence-only-until-marriage programs have *not* proven effective in slowing the spread of HIV and other sexually transmitted diseases (STDs). Second, abstinence-only-until-marriage programs are not based on sound science about human sexual development. And third, such programs ignore the diversity of human experience. In short, many health officials contend that abstinence-only-until-marriage programs do *not* mirror Uganda’s ABC plan. In fact, they consciously avoid even *mentioning* condoms, despite their effectiveness in reducing the spread of HIV.

### Are Abstinence-Only-Until-Marriage Programs Effective?

In order to determine the effectiveness of abstinence-only-until-marriage programs, we need to examine *outcomes*: if they accomplish their goals. Research on one such program – the Minnesota Education Now and Babies Later initiative – concluded that in counties where the program was provided, abstinence rates were 4% higher than in counties without the program. But the marginally higher abstinence rate was not persistent, and in a follow-up study conducted one year after the program’s delivery, *fewer* students said they would say no to sex, avoid risky sex, or talk with their partners about safer sex. In fact, the percentage of students reporting sexual intercourse *increased* significantly, from 5.8% to 12.4%.

One abstinence-only-until-marriage approach involves encouraging youth to sign “virginity pledges,” in which they commit to abstain from sexual activity until marriage. But recent research suggests that such pledges do not prevent STDs. In a significant report presented at the CDC-sponsored *National STD Prevention Conference* in March of 2004, researchers Peter Bearman and Hannah Brucker compared youth who took virginity pledges to a control group who did not. “Pledgers” were found to be at equal subsequent risk for STDs, less likely to use condoms when they did have sex, and less likely to seek medical attention in relation to an STD despite risky behavior and lower condom usage.<sup>2</sup>

### Sound Science vs. Political Ideology: What Parents Think

Despite the lack of sound supporting science, abstinence-only-until-marriage programs have grown rapidly in Ohio. In fiscal year 2003, Ohio received over \$7,000,000 in federal grants for such programs. While program advocates assert that the majority of parents support their approach, the facts indicate otherwise. A 2001 random household survey found that over two-thirds of adults and teens believe legislators should place greater emphasis on abstinence *and* birth control.<sup>3</sup>

Many parents are also joined by health officials in pointing out that since same-sex marriage is not legal, abstinence-only-until-marriage programs ignore the needs and realities of lesbian, gay, bisexual, and transgender youth, who are at high risk of HIV infection. They suggest that rather than further isolating gay youth, programs designed to reduce HIV infection, STDs, and teen pregnancies should be based on sound science about human sexual development and diversity.

### Toward a More Balanced View

Considering the shift away from the ABC approach to abstinence-only-until-marriage programs, we have to ask: what happened to a comprehensive approach? Unfortunately, extreme ideological agendas have obscured the truth that abstinence-only-until-marriage programs have severe limitations. While public discussion about premarital sex is often

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<sup>1</sup> Population-Level HIV Declines and Behavioral Risk Avoidance in Uganda. Stoneburner RL *Science* 2004: 304.

<sup>2</sup> “The Relationship Between Virginity Pledges in Adolescence and STD Acquisition in Young Adulthood.” Information from the authors’ presentation. [www.stdconference.org](http://www.stdconference.org).

<sup>3</sup> International Communications Research (2001). *With One Voice: America’s Adults and Teens Sound Off About Teen Pregnancy*. Washington, DC: National Campaign to Prevent Teen Pregnancy.

uncomfortable, policymakers have a commitment to public safety. The very real possibility of HIV infection among youth far outweighs any uneasiness about discussing and adopting more balanced approaches.

Abstinence is the only *guaranteed* strategy for preventing HIV/STDs, and in youth programs carried out by the AIDS Taskforce of Greater Cleveland and other AIDS organizations, abstinence has *always* been a part of the curriculum. And, like the Ugandan effort, so has the importance of *monogamy* in reducing HIV infection, and the effectiveness of *condoms* in reducing transmission. In other words, we strive for a *comprehensive* approach: it has worked in Uganda, in communities across the US, and around the world.

### One Parent's Perspective

Laura Caldwell received her nursing degree from the University of California in Berkeley and did her clinical work at UC San Francisco. She and her husband Bill met in college, and together raised four children. Laura worked in adolescent health for over 25 years, serving at a college health service for 14 years and a clinic in Cleveland's urban west side for 10 years. She's seen it all, and done it all: teaching classes for teens who wanted to learn more about contraception; pregnancy counseling; providing treatment to those infected with a sexually transmitted disease.

She's also no stranger to HIV: her son died of AIDS. Laura speaks fondly of her gay son and his circle of friends with whom she remains in contact. She's committed to helping communities in need – gay or straight – by contributing her personal and professional knowledge about health, and is therefore deeply troubled by abstinence-only-until-marriage programming. “Abstinence isn't often received well by teenagers,” she said. In Laura's extensive experience with adolescents, most teens become sexually active even *after* receiving abstinence-only-until-marriage information. Providing youth with adequate protection – teaching the comprehensive ABC approach – is the only logical choice.

Like everyone, Laura agrees that abstinence is the only sure-fire way to prevent HIV/STDs. But if youth are sexually active, abstinence-only-until-marriage programs withhold information that could reduce HIV/STD risk. Laura is particularly concerned about young women, who are often “in a Catch-22 situation”: they are encouraged to be independent and assertive, but are not provided with the tools necessary to stay healthy.

When asked about the gay community and the messages implicit in abstinence-only-until-marriage programming, Laura believes safer sex is the only reasonable approach, adding that “many of the same people who are promoting abstinence-only-until-marriage programs are also against basic rights for gay, lesbian, bisexual and transgender people” – such as freedom from being fired from a job simply and solely because someone is gay.

Laura, like most public health officials, has a hard time accepting the tactics of abstinence-only-until-marriage proponents. She understands the need for honesty, and firmly believes – as a mother, and as a professional – that comprehensive sexuality education “. . . is highly effective, especially for the people who need it most.”

- A report on abstinence-only-until-marriage program in Minnesota found that *fewer* students said they would talk with their partners about safer sex, avoid risky behavior, or say no to sex after the program.
- Virginity pledgers were equally at risk for STIs and pregnancy, their condom use was significantly lower, and they were less likely to seek medical attention in relation to a suspected STD.
  - In 2003, Ohio spent over seven million in tax dollars for abstinence-only-until-marriage programs.
- A random household survey found that over two-thirds of adults and teens believe federal legislators should place greater emphasis on abstinence *and* birth control.
  - For gay and lesbian people, abstinence-only-until-marriage is not an option.
- As Uganda and America's families illustrate, a more balanced view of prevention education is needed.