



# Let's Talk About Sex

Three Teens Take Action to Reduce the Rate of Sexually Transmitted Infections

by **MOLLY M. GINTY**

Half of them have had sex — and a record number have sexually transmitted infections (STIs). Why do 15- to 19-year-olds in the United States have the third-highest rates of sexually transmitted infections

(STIs) in the industrialized world? Experts say the culprit is the very sex education system that purports to protect these teens.

Since 2001, the Bush administration has funneled \$1.5 billion into

“abstinence-only” sexuality education initiatives. These federally funded curricula, now taught in a third of US public schools, teach students to avoid sex before marriage and don’t always include information about birth

control and disease prevention. In 2004, a congressional report found that 85 percent of these programs spread “false or misleading” information such as the claim that HIV can be transferred through saliva. In 2007, a Mathematica Policy Research study found these programs don’t delay sexual initiation, don’t increase condom use, and don’t improve disease prevention among teens.

Even so, these programs persist — as does the STI pandemic they’re fueling. While people who came of age in the abstinence-only era (those now 15 to 24 years old) represent only 25 percent of the sexually active population, they account for nearly half of STI diagnoses each year. The most prevalent of these are the human papillomavirus (HPV, 4.6 million infections), trichomoniasis (1.9 million), and chlamydia (1.5 million).

“It’s unethical to only teach abstinence — and ignore the threat of STIs — when you’re dealing with young people who start having sex at an average age of 17,” says Debra Hauser, executive vice president of Advocates for Youth, one of the growing number of health groups lobbying for the return of comprehensive sex ed programs, which offer complete information on STI prevention, including abstinence.

The good news? Health advocates are campaigning for a new administration that could eradicate abstinence-only programs. They’re pressuring Congress to pass progressive legislation such as the Responsible Education About Life (REAL) Act and the Prevention First Act, and they’re mobilizing citizens to reform their local schools. Just as important, they’re empowering young people such as these three activists, who are fighting abstinence-only sex ed on the front lines — and who offer hope of positive change ahead.



**Laura Alonge, 17**  
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As a peer educator for the National Council of Jewish Women,\* I’m surveying students in my school district about their experiences with sex ed in the hopes of improving sex ed in my community. Teenagers need STI education that doesn’t leave them in the dark but instead makes them think twice about what they and their friends might do on a Saturday night when they’re out late and have been drinking. Kids don’t think herpes or gonorrhea can happen to them because they feel invincible and carefree. At the same time, they’re vulnerable to rumors such as the urban myth that Saran Wrap and a rubber band works as well as a condom at preventing pregnancy and STIs.

Instead of waiting until kids are in the 10th grade to talk to them about STIs, which is how it works in my school, why not bring up the topic years earlier? Instead of having teachers be the only ones to convey this information, why not have more peer-to-peer teaching so kids won’t feel embarrassed? Rather than relying on old textbooks or videos that students watch in a daze, why not create websites where students can email anonymous questions and have them answered online?

I’ve read that one in four teenage girls in the US has an STI, and I’ve heard that the kids who are becoming freshmen in my high school next year are already having sex. With realities like this, how can abstinence-only sex ed programs pretend that STIs don’t exist among teens? Clearly they do, and clearly we need to deal with it.

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**Zen Keenan, 18**  
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When I was in the 10th grade, our health teacher invited two speakers to talk to us about STIs and reproductive health. The first was a woman who works at a “pro-life” counseling center for pregnant girls. She was so vague that it frustrated students when we tried to ask questions. The second was a counselor from Planned Parenthood. She taught us how to protect ourselves, gave us straight answers, and passed around male and female condoms. I’m glad we heard both sides, but I’m worried for kids who only get the abstinence-only side and don’t learn how to take care of themselves. That worry prompted me to become a youth leader for the National Campaign to Prevent Teen and Unplanned Pregnancy.

People who promote abstinence-only sex ed don’t seem to realize how confusing it is to reach sexual maturity in this country at this time. Girls are taught to be quiet and demure. Yet on the other hand, they’re taught to be raging sexual powerhouses. Sex is on billboards and in magazines and influences every aspect of the media. Young people are expected to just absorb all this. What we really need is to talk about it openly.

In sex education classes, we need to let students ask questions and answer them without judgment. We need to accept — and address — their curiosity. Teenagers who are vulnerable to STIs should have access to information about these diseases, and they should be taught how to use that information responsibly. They should be assured that their feelings and fears about STIs are normal and natural. They shouldn’t feel ashamed of themselves or about acquiring the knowledge they need.



**Arianna McClean, 19**  
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As a summer intern at Advocates for Youth, I’m helping with a study on teens’ views of sexual health. My own view is that abstinence-only programs are appalling in a day and age when kids aren’t practicing abstinence.

Take the comprehensive sex ed class I took at my public school. It had many pluses, like the fact that people living with HIV/AIDS came and talked to us. One speaker was a woman in her 30s whose ex-boyfriend called to tell her he was HIV-positive and encouraged her to get testing that showed she was positive, too. Even though this woman wasn’t promiscuous, she hadn’t been really careful about protecting herself, a fact that left students stunned, speechless — and realizing that safe sex is necessary.

HIV/AIDS can be deadly, and the area where I grew up has some of the highest infection rates in the country. I’m glad my sex ed class addressed HIV, but I’m disappointed that it all but ignored HPV, which can lead to genital warts and cervical cancer and is the most common STI in my age group. Talking about HPV would have been really helpful, especially since few teens realize how it works or how it’s spread (through skin-to-skin contact as well as sexual intercourse). My girlfriends and I should have learned about the new vaccine that can protect young women against this disease.

How can you expect us to make the right decisions if you don’t give us the education we need? >

## Too Many, Too Young

One out of four young women between the ages of 14 and 19 — 26 percent — has at least one of the four most common STIs, according to a report released this spring by the US Centers for Disease Control and Prevention. That’s 3.2 million teenage girls — and doesn’t include other sexually transmitted infections — or sexually transmitted diseases (STDs) — like gonorrhea or syphilis.

### THREE THINGS YOU CAN DO

1. Write to your congressional representatives or local newspaper to express your support for the Responsible Education About Life (REAL) Act and the Prevention First Act.

2. Visit [www.ncjw.org](http://www.ncjw.org) or write to [PlanA@ncjwdc.org](mailto:PlanA@ncjwdc.org) to learn more about the benefits of comprehensive sex ed and Plan A: NCJW’s Campaign for Contraceptive Access or for Plan A tools to help you organize in your community.

3. Talk to parents in your community about how comprehensive sexuality education programs prevent disease and unwanted teen pregnancies, while abstinence-only programs do not.



NCJW’s Campaign for Contraceptive Access