

Risky Business

Teens are having more sex—and getting more diseases.
But is telling them to wait the answer?

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Kate, Lara, and Lynn place their orders at a Princeton, N.J., pizza parlor (plain slices, Diet Cokes all around), share a tiny pot of strawberry lip balm, and settle in for an afternoon chat.

“Now that we've had sex, my boyfriend says I'm being a tease if I'm too tired and just want to kiss,” says Kate, a pert blond in a hooded Abercrombie sweatshirt.

“Yessss!” they all chime in. “I was just having that exact conversation with my boyfriend. Once you have sex, every time you hook up, you have sex,” adds Lara, who also wonders whether “it's normal, the way he talks to me. He does have a temper and stuff.”

These are high school sophomores, 15 years old.

Oral sex? “When I was younger”—a fifth grader, Kate clarifies—“it was kind of a slutty thing to do. But now, it's like everyone's at least having oral sex,” she says. Having taken the morning-after pill twice, Kate is the expert among her girlfriends. “Freshmen might wait up to a year, sophomores wait, at most, a couple of months.”

“It's like an added base,” explains Lara. (All three girls asked that their names be changed.)

“Like shortstop or something,” says Lynn, who is a virgin. She seeks out her housekeeper to talk about sex because “I asked both of my parents, and they wouldn't answer my questions.”

And yet, these are questions that are becoming ever more urgent. Kids from all walks of life are having sex at younger and younger ages—nearly 1 in 10 reports losing his or her virginity before the age of 13, a 15 percent increase since 1997, according to the Centers for Disease Control and Prevention. Some 16 percent of high school sophomores have had four or more sexual partners. One in four sexually active teens will contract a sexually transmitted disease, or STD, according to the Alan Guttmacher Institute. And despite a solid 20 percent decrease in the teen birthrate between 1991 and 1999, 20 percent of sexually active girls 15 to 19 get pregnant each year, according to the Henry J. Kaiser Family Foundation.

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So what can be done to stem the tide? The Bush administration is putting its hopes in an initiative that provides for hefty increases in funds for community-based sex ed programs that teach only abstinence. The proposal would bolster past abstinence-only allocations by 33 percent while nearly doubling funds for the most restrictive of the programs. Among the requirements: that teens be told "sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects" and that contraceptives not be discussed at all, except to highlight their failure rates.

The debate is likely to be intense, not only because of the money involved (\$135 million next year alone) but also because the White House is driving home a controversial message: Don't teach kids how to have sex. Teach them how not to have sex until they're married. Health organizations such as the American Academy of Pediatrics and the American Medical Association, as well as some moderate Republicans and Democrats, counter that there's no proof that these abstinence-only programs work. Instead, they back sex education that teaches both abstinence and the use of contraceptives.

"With [the abstinence-only program], you have to agree not to teach a more comprehensive approach," says James Greenwood, a Pennsylvania Republican who, along with Reps. Lynn Woolsey and Barbara Lee, California Democrats, has introduced legislation calling for \$100 million for comprehensive, "medically accurate" sex education. "It's a case of substituting rigid, untested ideology for well-tested and scientifically defensible measurements of how young people behave," he adds. "It's insanity. It's nuts."

Rep. Ernest Istook, an Oklahoma Republican, who proposed the abstinence-only program that stands to get the largest funding increase under the proposal, disagrees. "Too often, the government has failed to stand up for values held by most Americans." Teaching contraception, he adds, amounts to "a self-defeating attitude. It's like giving up before you start."

What nearly everyone agrees on is that STDs and risky "anything but intercourse" behaviors are rampant among teens—and that what to do about it is a very complicated question. Across the country, clinicians report rising diagnoses of herpes and human papillomavirus, or HPV (which can cause genital warts), which are now thought to affect 15 percent of the teen population. Girls 15 to 19 have higher rates of gonorrhea than any other age group. One quarter of all new HIV cases occur in those under the age of 21. "It's a serious epidemic," says Lloyd Kolbe, director of the CDC's Adolescent and School Health program. "We're worried."

Bringing it home

At the Health Interested Teens Own Program on Sexuality (HiTOPS) clinic in Princeton, the only adolescent health clinic in the state of New Jersey, Monday is the busiest day of the week, as teens flock in after coed sleepovers and weekend trysts. Fortunately, says Claire Lindberg, a nurse at the clinic, her most common diagnosis is "nothing to worry about." That's what Kate was told when she recently went to the clinic, afraid she might have contracted an STD from her boyfriend, whom she suspected of cheating. But running a close second at HiTOPS are chlamydia and herpes. Lindberg has also seen "lots and lots" of abnormal Pap smears, most often caused by HPV and increasingly common among adolescents.

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"Kids come in thinking they have strep," says Marla Kushner, a physician who runs a school-based adolescent health clinic in Chicago. When they find out they actually have gonorrhea of the throat, she says, "They're grossed out—and they're devastated. They have no idea that these sorts of things even exist."

Those sorts of things, on the whole, are the result of an expansion of risky behaviors in which kids are increasingly dabbling—at increasingly young ages. According to several surveys, as many as half of teens ages 13 to 19 say they have had oral sex. "I don't think many people would quarrel with the suggestion that oral sex among young people is much higher than it was 10 years ago," says Kolbe. And most often, Kushner adds, the kids are convinced that their choices are risk free.

Then there are the teens—and preteens—too young to fathom the consequences, both emotional and physical, of their behavior. Lynn Ponton, a professor of psychiatry at the University of California-San Francisco and author of *The Sex Lives of Teenagers*, says that this early initiation into sexual behaviors is taking a toll on teens' mental health. The result, she says, can be "dependency on boyfriends and girlfriends, serious depression around breakups and cheating, lack of goals—all of these things at such young ages."

What is sex?

Elizabeth Walters, a nurse midwife and counselor at HiTOPS, recalls the recent visit of a mother and her 12-year-old son. "He was this sweaty soccer-jock type," she says. The mother had noticed that her son was withdrawn and irritable after sleep-away camp. "The mom kept asking questions," says Walters. Finally, as she was ferrying him from practice in the family minivan, he told her what was wrong: He had engaged in anal sex with a girl at camp. "It was all she could do to keep the car on the road," says Walters.

Increasingly, kids are turning to sexual behaviors that were once considered taboo in order to maintain their "technical virginity," says Kushner. They're getting the message that abstinence is the goal—indeed, they're placing a premium on it. More kids are reporting having less sexual intercourse. In 1999, the most recent year for which statistics are available, two thirds of graduating seniors, and 50 percent of all high schoolers, reported having engaged in intercourse, down overall from 54 percent of all high schoolers in 1991. But what's becoming clear is that their efforts often amount to a letter rather than spirit-of-the-law approach. Health workers say that kids don't seem to view many sexual behaviors as real sex. For example, some 24 percent of teens consider anal sex abstinent behavior, according to a recent North Carolina State University study. And half of all teens don't consider oral sex sex. "There has been a shift in this idea of what constitutes sex," says Claude Allen, who, as deputy secretary of health and human services, is in charge of the Bush administration's abstinence initiative. "When we ask young people, 'Have you engaged in sexual activity?' we often hear, 'Well, what do you mean by that?' "

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The pledge

At Promiseland church in Austin, youth pastor Ricky Poe is regularly consulted by his kids in the manner of, say, a revered referee: Is holding hands out of bounds? How about kissing? Nearly 120 of Promiseland's teens took a pledge of abstinence in February, but Poe thought it might be a good idea to have a recommitment ceremony last month. Some of the teens, he felt, were not quite getting the point of the earlier abstinence pledge. "They were beginning to ask if oral sex is sex, things like that." So, like leaders of many pledge groups across the country, Poe has shifted his focus from "abstinence" to "purity." "It's not just about not having intercourse," he told the teens who gathered at the front of the altar on recommitment day. "It's about saying that you're not going to play around."

Poe worries about whether his teens will hear the message and acknowledges that many won't. "We know it's the best proven way to keep the kids safe," Poe says. "But is it realistic? I tell them, 'Your youth pastor waited,' " he adds. " 'And I wasn't 18—I was 23!' That gets the gasps."

Today, as many as 1 in 6 teens nationwide is estimated to have taken a virginity pledge through rapidly growing programs like True Love Waits. One widely publicized joint study from Columbia and Yale universities had good and bad news for pledgers. The teens in the study who made pledges were found to delay the age of "sexual debut" by an average of 18 months—no small feat. When the kids did have sex, however, they were less likely to use contraception.

From Chicago physician Kushner's point of view, that's a common problem. "I'm seeing more and more of it: simply unsafe sex practices," she says. "The kids love the pledge stuff, they just love it. But if they do make a mistake, and it happens all the time, they're ashamed and don't want to admit it." As a result, she adds, "The kids I'm seeing just aren't using condoms." In addition, she says, "They aren't being taught how, or that it's a way to protect themselves."

That's fine with Joe McIlhaney, an obstetrician and director of the Medical Institute for Sexual Health in Austin, who believes that there has been far too much emphasis on condoms in the past. What's more, he worries that condom effectiveness has been oversold to teens. "No one is telling them how ineffective condoms are," he says. "We don't even know if they do protect—protect is the wrong word," he interrupts himself. "The primary message is that they don't eliminate the risk of any disease." Abstinence, he emphasizes, is the only surefire means of doing that. As an added incentive, McIlhaney does his part to illustrate the risks of sex. His slide shows, graphically depicting the advanced, late-stage ravages of various sexually transmitted diseases, are legendary in abstinence-only circles.

For his part, Allen at Health and Human Services considers discussion of contraceptives to be "inappropriate." It amounts to "mixing messages, of not giving a clear direction of what's expected behavior," he says. "It's like telling your child, 'Don't use the car,' but then leaving the keys in the Lamborghini and saying, 'But if you do, buckle up.' "

But Tamara Kreinin, president of the Sexuality Information and Education Council of the United States, regularly uses the same analogy—to make the opposite point. "I mean, wouldn't you want your kids to wear a seat belt?" she asks.

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And that is the disagreement at the heart of sex education today. It's a debate that began in earnest in 1996, with a companion bill tacked on to the Welfare Reform Act that budgeted \$440 million over five years to support abstinence-only sex education. The cash came with some requirements. Specifically, any programs using the funding could not be inconsistent with the federal eight-point definition of abstinence-only education. Among those points: "that sexual activity outside the context of marriage is likely to have harmful psychological and physical effects" and that "a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity." Today, every state except California accepts this funding, which was reauthorized by Congress last week. (A proposed amendment to the Welfare Reform legislation, calling for "medically and scientifically accurate" sex education programs, was rejected.)

But Representative Istook felt that there was still too much leeway and room for misinterpretation in the Welfare Reform funds. So in 2000 he launched his own proposal for sex ed funding. His legislation, which falls under the Special Projects of Regional and National Significance (SPRANS) program, a maternal and child health initiative, uses a more restrictive version of the welfare act's requirements. Programs receiving SPRANS funds must actively teach all eight points of the federal definition of abstinence education. "What they were doing before wasn't enough," says Istook. The result, says Cynthia Dailard, senior public-policy associate at the Alan Guttmacher Institute, is that "the only thing these programs can discuss about contraceptives is their failure rate."

There has been heavy demand for SPRANS money, which currently amounts to \$40 million. Allen estimates that 360 community-based organizations around the country, from evangelical churches to local YMCAs, have requested the grants. The demand is fueled by the fact that the SPRANS money requires no matching funds, while the Welfare Reform money requires that states match \$3 for every \$4 in grants. What upsets abstinence-only opponents most is that all \$33 million in additional sex education funds would go to the SPRANS program, a "massive" 83 percent increase "for the most restrictive program they could have chosen to fund," says Dailard.

The debate about what sort of restrictions are appropriate, including whether or not to teach contraceptive use, is creating controversy even within the Republican Party. In an MTV appearance earlier this year, Colin Powell called condoms "a way to prevent infection." The Rev. James Dobson's Family Research Council in turn dubbed Powell "reckless and irresponsible." The council pointed to a National Institutes of Health report on condom effectiveness released last year. The study—requested by Tom Coburn, then a Republican representative from Oklahoma—concluded that there was "insufficient evidence" to determine the effectiveness of condoms in preventing certain infections. It further cautioned that the report "should not be interpreted as proof of the adequacy or inadequacy of the condom to reduce the risk of STDs." Upon the report's release, Coburn called for the resignation of the CDC's director for perpetuating a safe-sex "myth."

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Parental matters

So, what about parents' interest in all of this? According to a March survey by the Kaiser Family Foundation, the majority of parents—81 percent—want schools to discuss the use of condoms and contraception with their children; where to go to be tested and treated for STDs; and how to sidestep unwanted sexual advances. What's more, teachers want to address these topics. But although 9 in 10 sex education instructors across the country believe that students should be taught about contraceptives in school, over one quarter report receiving explicit instructions from school boards and administrators. Today, 86 percent of school districts across the country require that sex ed curricula stress abstinence: Fifty-one percent allow contraceptives to be discussed as a means of preventing STDs, while 35 percent do not.

In counties around the country, from Santa Ana, Calif., to Lubbock, Texas, to Wake, N.C., some parents and teens are pushing for more comprehensive sex education. In Montgomery County, Md., for example, health teachers are petitioning to be allowed to remove condoms from hermetically sealed boxes, currently required, in order to demonstrate how they are used. Challenges to abstinence-only programs may soon be coming from the courts as well. Last week, the American Civil Liberties Union filed suit against the state of Louisiana, charging that the use of federal funds to teach abstinence amounts to using tax dollars to promote religion.

At the Sex, Etc. newsletter offices at Rutgers University in New Brunswick, N.J., the teen staffers trade stories about the kids who come looking for answers that they're not getting from parents or in school. Many of these questions revolve around contraceptives, which, they say, their friends seem to know increasingly little about. "Abstinence-only programs aren't going to stop teen sex by not giving teens information about how to use contraceptives," says Elizabeth Marchetta, 17, a Sex, Etc. board member. "They're trying to take away the one thing that could possibly keep kids safe," says Megan Esteves, 17. "They're numb to reality."

What works

Are the teens right? "The short answer is that the jury's still out," says Douglas Kirby, the author of *Emerging Answers*, a report for the National Campaign to Prevent Teen Pregnancy. He found that "the few rigorous studies of abstinence-only curricula . . . to date do not show any overall effect on sexual behavior or contraceptive use." Meanwhile, another major report released last year, from the office of the surgeon general, concluded that the abstinence-only curriculum has yet to be proved effective.

"Youth are exposed to a tremendous amount of sexuality all the time," says Kirby. "Programs just don't do enough to rise above frank discussions of sex." A federally funded evaluation of abstinence-only programs is now in progress. The evaluators' interim report, released last month, found scant evidence that abstinence-only programs work. "Most studies of abstinence education programs have methodological flaws," the report said, "that prevent them from generating reliable estimates of program impacts." A final report is due in early 2003.

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In the meantime, psychologists are trying hard to discover what makes kids more likely to have sex. A study in the journal *Pediatrics*, published last month, found that self-esteem and early sex were linked but had opposite effects on boys and girls. Girls with high self-esteem were more likely to abstain, while boys with high self-esteem were more likely to engage in sex. "I think it highlights the traditional double standard," says Gregory Zimet, a clinical psychologist at the University of Indiana and coauthor of the study. "Boys with high self-esteem are doing, at some level, what society expects: sowing their wild oats," he says. "Whereas with girls, it's really seen as a sign of bad character."

While the Princeton girls clearly crave some parental input, only Lynn brings up the topic with her folks. "They let me be alone with my boyfriend in my room all of the time," Kate says, in a tone that sounds more puzzled than pleased. "Most of the times we've had sex was when they were home. I'd be like, 'I can't believe they don't know,' " she says. Pausing, she considers. "I guess what I'm thinking is that I just never understood how they couldn't know."

The teens also want relationship advice, but many are forced to go it alone. When Kate had a pregnancy scare last year, she sought support from her boyfriend. "I was like, 'I missed my period,' " she recalls. "He totally freaked out, saying, 'My mom's going to kill me.' " They started to discuss options. "He totally tries to be religious and swears he is so against abortion. Then he told me, 'But if you get an abortion, then it's not really me sinning.' " Kate shakes her head. "So the whole responsibility of sex is on me, but the good part of sex is all him. I have to take all of it."

Toward the end of their meal at the pizza parlor, Lynn turns to Kate.

"Are you sorry you had sex?"

"So young, you mean?" Kate asks. She sighs heavily, looks up for a moment, and begins.

"Well, it wasn't the biggest mistake of my life or anything," she says. "I mean, yeah, I regret it, but maybe I would've regretted it if I waited until I was 18. Maybe you always think you should have waited longer."

The girls nod.

Lara sips her Diet Coke. "I wonder if we'll look back on this time, like when we were in middle school, and we'd go out with boys for, like, two days and not talk to them?" she says.

"I wonder if we'll look back to now in the same way and go, 'What were we thinking?'"

Across the country, preachers and parents, teachers and legislators are hoping that it's a question tomorrow's teens won't be forced to ask.

- One quarter of all new HIV cases occur in those under the age of 21.
- Nearly 1 in 10 kids will lose his or her virginity before turning 13.
- One quarter of sexually active teens will contract an STD.
- 16 percent of high school sophomores have had four or more sexual partners.
- Two thirds of teens are sexually active by the end of high school.
- More than one third say that they regret it.