

Myths and Facts about Sex Education and Condoms

Although many myths abound about sex education, a large majority of parents and youth agree that young people need information about *both* condoms and other forms of contraception *and also* abstinence.^{1,2}

Myth 1: Abstinence-only-until-marriage programs work.

The Facts: Researchers have identified *no* abstinence-only-until-marriage program that works to reduce sexually transmitted infections (STIs) or the incidence of pregnancy.^{3,4} Evaluations from 13 states indicate that abstinence-only programs have no long term impact on teens' sexual behavior.^{5,6} One program (virginity pledging) delayed the initiation of sex among pledge-takers by up to 18 months, so long as not more than 30 percent of students took the pledge. However, once pledge-takers initiated sex and more than 88 percent of pledge-takers broke their pledge and had sex before marriage, pledge-takers had more partners in a shorter period of time and were less likely to use contraception or condoms than their non-pledging peers. Despite later initiation of sex, pledge-takers' rates of STIs varied little from rates among their non-pledging peers.^{7,8}

Myth 2: Sex education encourages youth to become sexually active sooner than they otherwise would have.

The Facts: Sex education does not encourage youth to become sexually active. Analyses by leading national and international organizations—including the American Medical Association, Institute of Medicine, Joint United Nations Programme on HIV/AIDS (UNAIDS), and World Health Organization, among others—found that comprehensive sex education programs *do not* encourage students to begin having sex. In fact, research shows that effective sex education programs help youth to delay the initiation of sex.^{3,9,10,11,12,13}

Myth 3: Teaching students about contraception and condoms encourages sexual activity and increases the chance that teens will experience pregnancy.

The Facts: Teaching students about contraception and condoms does *not* encourage sexual activity. Instead, it increases young people's use of contraception and condoms when they do begin having sex.^{3,10,11,13} Research shows that youth who use condoms at first sex are more than twice as likely to use condoms at most recent sex than are youth who did not use condoms at first sex.¹⁴ Several effective programs have *both* increased youth's use of contraception and condoms *and also* reduced youth's frequency of sex, number of sex partners, and/or incidence of unprotected sex.¹³

Myth 4: Contraceptives fail so frequently that we should only teach teens to abstain.

The Facts: Modern contraceptives are *highly effective* in preventing pregnancy. In a year of using *no method*, 85 in 100 women will experience pregnancy. By contrast, in one year of consistent and correct use of:

- Oral contraceptives (combined or mini-pills), only three in 1,000 women will experience pregnancy;¹⁵

- Injected contraception (such as Depo-Provera or Lunelle), only one in 1,000 women will experience pregnancy;¹⁵
- Implants (such as Implanon), only five in 10,000 women will experience pregnancy.¹⁵

The pregnancy rates for non-prescription contraceptive methods (like condoms and spermicides) are also *much* lower than the rates for using no contraceptive method: two in 100 women using male condoms or five in 100 women using female condoms consistently and correctly for a year will experience pregnancy compared to 85 in 100 using no method.¹⁵

Even inconsistent and/or occasionally incorrect use of contraceptive methods protects women far better than using no method. Eight of 100 women using oral contraceptives incorrectly or inconsistently will experience pregnancy in a year; three in 100 women using injected contraception inconsistently will experience pregnancy in a year; and 15 of 100 women using the male condom or 21 of 100 using the female condom inconsistently or incorrectly will experience pregnancy in a year compared to 85 in 100 using no method.¹⁵

Myth 5: Educators do not tell young people that hormonal contraceptives won't protect them against HIV and other STIs.

The Facts: Educators and health care providers carefully and consistently advise youth that hormonal contraceptives do not protect against STIs, including HIV. For protection against STIs, sexually active people must use condoms. In addition, sexual abstinence is 100 percent effective in preventing pregnancy and the sexual transmission of HIV and other STIs so long as this method is used consistently and correctly.

Myth 6: We shouldn't teach youth about condoms because they have high failure rates.

The Facts: Laboratory studies show that latex condoms provide an essentially impermeable barrier to particles the size of HIV and other STI pathogens.¹⁶ Studies have shown that polyurethane condoms, including the female condom, also provide effective barriers against sperm, bacteria, and viruses, such as HIV.¹⁶ In addition, studies clearly show that condom breakage rates in this country are less than two percent; experts say that most of the breakage and slippage is likely due to incorrect use rather than to condoms' quality.¹⁷ Finally, only two of every 100 couples who use condoms correctly and consistently will experience pregnancy within one year—two pregnancies arising from an estimated 8,300 acts of sexual intercourse among the 100 couples, for a 0.02 percent per-condom failure rate.¹⁵

Myth 7: We shouldn't teach youth about condoms because they are not effective in preventing HIV.

The Facts: According to the Centers for Disease Control and Prevention (CDC), a number of carefully conducted studies, employing rigorous methods and measures, have demonstrated that consistent condom use is *highly effective* in preventing HIV transmission.^{16,17} Moreover, condoms are the only technology currently available that can effectively protect people against the sexual transmission of HIV.¹⁸

Myth 8: We shouldn't encourage youth to use condoms because they do not protect against human papillomavirus (HPV).

The Facts: Condoms do provide some protection against HPV and HPV-associated diseases such as cervical dysplasia and cervical cancer. In fact, recent studies showed that 1) newly sexually active women who used condoms for all sex acts were significantly less likely to acquire HPV than their peers who did not use condoms consistently;¹⁹ and 2) women already diagnosed with a pre-cancerous cervical condition and who used condoms consistently were much more likely to have a healthy cervix at follow-up and/or to have cleared HPV from their system than were inconsistent condom users.²⁰ Among men, consistent condom users were less likely than inconsistent users to have penile HPV or HPV lesions.^{21,22}

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