

Choosing the Best Advocacy Toolkit

Independent research shows *Choosing the Best* works.

An independent evaluation conducted by Dr. Stan Weed showed that ***Choosing the Best* reduces teen sex by 47% versus a comparison group that did not receive the program.** The study, funded by the Department of Health and Human Services, included *Choosing the Best* WAY, PATH, and LIFE. Students were administered a detailed survey prior to the study and again 12 months later. Three hundred eighteen students were able to be tracked and matched at the pre-test and 12 month follow-up and had usable sexual activity status data. After one year, results among those students in the *Choosing the Best* program versus those being taught from the health textbook indicated a statistically significant 47 percent lower rate of sexual activity. There were also statistically significant improvements in attitudes toward delaying sexual intercourse among the *Choosing the Best* participants. These results are consistent with earlier research studies.

Choosing the Best is medically accurate.

Choosing the Best is committed to being medically accurate and to providing the latest medical information. All medical information presented in *Choosing the Best* is obtained from current and highly respected sources such as research from peer-reviewed, published journals and government agency (e.g. CDC) publications which are clearly noted. Additionally, *Choosing the Best* utilizes a Medical Advisory Board, a team of medical experts, to review and approve all curricula. Finally, because medical information continually evolves, *Choosing the Best* regularly updates its materials to reflect the latest medical facts available.

Choosing the Best teaches students that abstinence is their BEST choice.

Choosing the Best strongly emphasizes that abstinence from sex until marriage is clearly students' best choice for their health and futures. This is in stark contrast from "comprehensive" (i.e., contraceptive based) sex education programs, which teach teens that either being abstinent or having sex is equally acceptable, as long as contraception is used.

Comprehensive programs focus on teaching contraceptive use while downplaying the benefit of abstinence primarily because they believe: 1) teen sex is inevitable; 2) promoting abstinence is wrong because it teaches "values;" 3) teen sex, as long as contraception is used, is unproblematic. On the contrary, informed teens can and do choose not to have sex. The number of teens having sex has declined dramatically over the past decade and the majority of teens today—53 percent—have not had sex.¹ Further, promoting abstinence is first and foremost a health, not a "values", issue. The potential physical and emotional risks associated with teen sex are significant, regardless of whether or not contraception is used. *Choosing the Best* provides teens with the facts: At best, contraception can only reduce certain physical risks; the idea of "safe sex" is a myth; and abstinence is the only way to completely eliminate the physical and emotional risks associated with premarital sex. Only when armed with these facts can teens can make the best choice about their sexual behavior.

***Choosing the Best* does provide information about contraception.**

Choosing the Best does educate about contraceptives; however, *Choosing the Best* does not advocate or demonstrate contraceptive use. Contraceptive methods are presented, including data about efficacy rates with respect to pregnancy and sexually transmitted diseases. *Choosing the Best* shows, for example, that when used consistently and correctly, condoms are most effective at reducing the risk of HIV but are less effective in protecting against STDs such as chlamydia, herpes, and HPV, which can cause cervical cancer.² The facts presented are supported by the CDC, illustrating the CDC's conclusion that "condom use cannot guarantee absolute protection against any STD³" and teaching that only abstinence offers complete, 100% protection against both STDs and pregnancy.

***Choosing the Best* is medically based, not fear or shame based.**

By presenting the medical facts about STDs and teen pregnancy, *Choosing the Best* helps teens understand the serious nature of these consequences, neither exaggerating nor downplaying these situations. All facts presented are sourced from research published in peer-reviewed journals and are confirmed by the Centers for Disease Control (CDC). Additionally, sources for all facts are clearly noted.

Along with educating about the risks of premarital sex, Choosing the Best promotes the rewards of abstaining and a positive message about sex in the context of marriage.

Choosing the Best teaches students that abstaining from sex as a teenager offers incredible freedom—freedom to pursue goals, dreams, and to enjoy being a teenager—and that sex is wonderful and appropriate in the context of marriage. *Choosing the Best* also addresses the needs of students who have already been sexually active by teaching that students can still choose—and benefit from—choosing abstinence from this day forward (i.e., "renewed virginity").

***Choosing the Best* does not discuss religion or religious values.**

Choosing the Best empowers teens to make healthy choices to be free from the risks of STDs, unplanned pregnancy and negative emotional consequences and to be free to pursue dreams and goals, regardless of religious preference or conviction. *Choosing the Best* programs do not include any references to religion or religious values.

***Choosing the Best* covers nine critical learning areas in a scope and sequence program that spans the critical middle and high school years.**

Choosing the Best offers five age appropriate programs for middle and high school students and provides sex and relationship education content in nine areas: Risks (emotional, STDs, teen pregnancy), Rewards (decision making, goal setting and achievement, marriage planning), Relationship Education (friendships, understanding guys and girls, healthy vs. unhealthy relationships, preventing sexual abuse and date rape), Alcohol (dangers of mixing alcohol and sex), Refusal Skills (setting boundaries, developing verbal skills and assertiveness skills), Pledge (making a commitment to abstinence), Character Development (responsibility, self-respect, courage, perseverance, compassion, respect), Parent Involvement (parent training and homework interviews), and Building Self-esteem (identifying and appreciating unique qualities, interests or skills).

The response to *Choosing the Best* from parents, teachers, and students nationwide has been overwhelmingly positive.

Since 1994, over 2,000,000 students have completed *Choosing the Best* nationwide.

Parents and teachers continually express how well students respond to *Choosing the Best* and students themselves communicate what a difference the program has made in their lives. Of over 40,000 students surveyed through post course evaluations, 72% indicate that "as of the present time, I choose to wait to have sex until I am married." To learn more about the positive impact *Choosing the Best* has had on school districts and in communities around the country, please see "Success Stories" on our website at http://www.choosingthebest.org/success_stories/index.html

Abstinence Education Works!

Nationwide results:

- According to the CDC, there has been a 13% decrease nationwide in teens having sex between 1991 and 2005, which coincides with an increase in abstinence education⁴.
- Increased abstinence is responsible for the majority of the nationwide decline in teen pregnancies⁵.
- A number of peer-reviewed published studies show that abstinence education can decrease sexual initiation, increase abstinent behavior among sexually active teens and/or decrease the number of partners among sexually active teens⁶.

Case Study: Georgia

Prior to 1994, comprehensive (contraceptive based) education was the norm in the state of Georgia for at least a decade. As a result, in the early 1990s, Georgia had one of the highest teen pregnancy rates in the nation. Since 1994, after the state adopted a policy mandating abstinence education in schools, the teen pregnancy rate in Georgia has declined dramatically. The latest data shows that pregnancy rates among Georgia teens aged 15-17 have fallen from 68 (per 1000) in 1994 to 36 in 2005, **a decrease of 46% over the past 11 years**. In a joint press release, Georgia Senators Saxby Chambliss and Johnny Isakson praised Georgia's abstinence education programs. "It is important to offer programs that encourage Georgia's youth to make healthy and wise choices," Senator Isakson said. "Abstinence education has contributed greatly in helping Georgia teens make the right decisions."

Dr. Stuart Brown, director of the Georgia Division of Public Health, also credited abstinence education for the state's sharp decline in teen pregnancies and births.⁷ As the most widely used abstinence education program in Georgia, *Choosing the Best*, along with other programs, has undoubtedly played an important role in the state's success. Over half of all Georgia middle school students have received *Choosing the Best*.

Parents strongly support abstinence education.

In a recently conducted independent national Zogby poll⁸:

- Parents preferred their child receive abstinence education over comprehensive sex education by a 2 to 1 margin.
- 8 out of 10 parents think it's important for their teen to wait until they're married to have sex.
- 8 out of 10 parents want schools to emphasize promoting abstinence over contraceptive use.
 - *Choosing the Best* devotes 70% of course time promoting abstinence. In contrast, typical comprehensive programs spend less than 5% of course time promoting abstinence⁹.
- Parents overwhelmingly support the abstinence education approach toward discussing contraception:
 - 9 out of 10 parents want their teens to be taught how often condoms fail to prevent pregnancy based upon typical use and about the limitations of condoms in preventing specific STDs.
 - 8 out of 10 parents think teens will not use a condom every single time.
 - 2 out of 3 parents think the "wait to have sex" message ends up being lost when programs demonstrate and encourage the use of contraception.

ABSTINENCE vs. COMPREHENSIVE Sex Education

	ABSTINENCE <i>(Choosing the Best)</i>	COMPREHENSIVE <i>(Contraceptive Based)</i>
Emphasis on abstinence	<i>Choosing the Best</i> devotes nearly 70% of page content to promoting abstinence ; other abstinence programs on average devote 54%. ¹⁰	Devote less than 5% of their page content to abstinence. Allocate six times more content to the goal of promoting contraception than to the goal of promoting abstinence. ¹¹
Focus	Risk elimination. (abstinence)	Risk reduction. (contraceptive use, especially condoms)
Message	Focused. (Abstinence until marriage is clearly the BEST choice.)	Mixed. (EITHER abstinence OR having sex with a condom are equally good choices; or, abstinence is marginally better than having sex with contraception.)
Philosophy	a) Teen sex and/or casual sex is problematic, even if contraception is used, based on risk of STDs, pregnancy, and negative emotional consequences.	a) As long as contraception is used, teen sex and/or casual sex is unproblematic. There are no potential negative emotional consequences.
	b) Armed with full information about the risks of teen sex and the benefits of abstinence, teens CAN and DO choose to refrain from having sex. (The majority of teens today—53%—have not had sex. ¹²)	b) Teen sex is expected and inevitable.
Behavioral Goal	Delayed sexual initiation or “renewed virginity.”	Increased contraceptive use, especially the condom.

¹ Centers for Disease Control and Prevention, Department of Health and Human Services. Youth Risk Behavior Surveillance, 2003. In: *Surveillance Summaries*, May 21, 2004. MMWR 2004; 53(No.SS-2) www.cdc.gov/mmwr/PDF/SS/SS5302.pdf.

² National Institutes of Health, Workshop Summary: *Scientific Evidence of Condom Effectiveness for STD prevention*, 2001; Crosby, R.A. et al. Value of consistent condom use: a study of sexually transmitted disease prevention among African American adolescent females. *American Journal of Public Health*. June 2003, Vol 93, No. 6.; Centers for Disease Control and Prevention. Male Latex Condoms and Sexually Transmitted Diseases. August 2004. Retrieved November 2005 at <http://www.cdc.gov/nchstp/od/latex.htm>

³ CDC, Male Latex Condoms and Sexually Transmitted Diseases, <http://www.cdc.gov/nchstp/od/condoms.pdf>

⁴ CDC, YRBSS, *Trends in the Prevalence of Sexual Behavior*, 2005.

⁵ Santelli, *Journal of Adolescent Health*, 2004.

⁶ Reasons of the Heart, *American Journal of Health Behavior* (in press); Best Friends, *Adolescent and Family Health*, 2005; Not Me, Not Now, *Journal of Health Communications*, 2001; Sex Respect/Teen Aid, *Journal of Research and Development in Education*, 1992; Postponing Sexual Involvement (Abstinence Version), *Family Planning Perspectives*, 1990; For Keeps, *American Journal of Health Behavior*, 2005; Heritage Keepers, *Office of Population Affairs*, HHS, 2005.

⁷ Atlanta Journal Constitution, "Teen Pregnancies in Georgia Down Sharply Since '94", May 2, 2006.

⁸ Zogby International Poll, April 2007. Full survey and results available at www.abstinenceassociation.org.

⁹ The Heritage Foundation, Rector, et.al., "Comprehensive Sex Education vs. Authentic Abstinence" Washington, D.C., 2004.

¹⁰ Ibid.

¹¹ Ibid.

¹² Centers for Disease Control and Prevention, Department of Health and Human Services. Youth Risk Behavior Surveillance, 2003. In: *Surveillance Summaries*, May 21, 2004. MMWR 2004; 53(No.SS-2) <http://www.cdc.gov/mmwr/PDF/SS/SS5302.pdf>.