



TEEN PREGNANCY AND THE CASE FOR ABSTINENCE

From [emaxhealth.com](http://www.emaxhealth.com) May 21 2008
<http://www.emaxhealth.com/89/22438.html>

Teen pregnancy rates are up and abstinence only programs are not working. It's time to teach young people to take responsibility and respect female teenagers.

When the Centers for Disease Control and Prevention reported in December that the teen birth rate in 2006 had increased by 3 percent over 2005, reversing a 15-year trend in which it had decreased, the finger-pointing began. And in many media outlets, the fingers were pointed squarely at abstinence education.

To pick one example, a New York Times reporter wrote that the finding "fueled the debate about whether the Bush administration's abstinence-only education efforts were working." The president of Planned Parenthood assured the Times that it isn't.

Given the fact that abstinence-only education has been around for years and that this big change was sudden, it seems legitimate to ask if the right suspect has been fingered. And if abstinence-only education isn't responsible, then what is? A case can be made that the culprit is something its supporters claim is the answer to unwanted pregnancies and abortions: Plan B, which also goes by the names emergency contraception and the morning-after pill.

To understand how this can possibly be, you have to look at the long-term effect on society of inexpensive and effective birth control, which is the element that makes comprehensive sex education different than abstinence-only. This is what Nobel Prizewinning economist George Akerlof, Janet L. Yellen and Michael L. Katz did in a 1996 paper titled "An Analysis of Out-of-Wedlock Childbearing in the United States." They were searching for the reasons why there was a huge increase in illegitimate births, single motherhood and abortions after the mid-1960s. Some people blamed welfare, others the lack of jobs in some sectors of society. Akerlof et al put the onus on the pill and other new forms of contraception.

The pill's big effect was on the relationship of men and women. Whereas men and women had always had premarital sex, before the advent of oral contraception there was an understanding that if the woman got pregnant the man would marry her. There was a study of birth and marriage records from the turn of the 20th century that showed that 30 percent to 50 percent of all first children were conceived before the wedding.

The pill, which became widely available in 1965, is called a "technology shock" that altered the relationship equation in several ways.

One is that if pregnancy is now the choice of the woman, then marriage and child support are now the choice of the man. Another is that the presence of women who will have premarital intercourse without an expectation of marriage - something the pill allows - put women who wanted to wait until marriage to have sex at a disadvantage in the competition for mates.

Francis Fukuyama wrote in his book, "The Great Disruption," that the primary result of the sexual revolution kicked off by the pill was that men were no longer responsible for the women they got pregnant.

Among the results documented by Akerlof and his co-authors was a jump by 1970 in sexual activity among girls under the age of 16, the end of the shotgun marriage, the almost total disappearance of virgins at the altar and the increase in illegitimate births, single motherhood and abortions.

Birth rates among teens climbed and then skyrocketed in the late 1980s, hitting a peak of more than 60 women per thousand, ages 15 to 19, in 1991. From there the numbers declined through 2005. In a July 2007 story trumpeting the drop in 2005, the Washington Post credited primarily a roughly 50 percent increase in the number of high school students using condoms on their last encounter (46 percent in 1991 versus 63 percent in 2005) and to a lesser extent a 13.3 percent

decline in the number of teens who reported having had sexual intercourse that year (54 percent in 1991 versus 47 percent in 2005).

Manipulating statistics can be done to support any point of view, but there are a few things we know that make the Post's conclusions seem dubious. We know that a sexually active girl who uses no birth control has a 90 percent chance of getting pregnant in one year. We know that contraceptive failure rates among first-year users - primarily the young - are far higher than among the general population.

An article published in *Family Planning Perspectives*, which is related to Planned Parenthood, reports that the failure rate for condoms for first-year users is 15 percent. It also reports that failure rates are highest among cohabiting and other unmarried women, the poor and African-Americans. Girls greatly reduce their odds of getting pregnant if they use a condom during intercourse, but their odds of getting burned are still only about the same as surviving Russian roulette.

Abstinence also has been blamed for the huge increase in sexually transmitted diseases among the young. However, if condoms are supposed to make sex safe and we have seen a large increase in condom usage among the young, then we would expect to see a drop in STDs. This clearly has not happened.

We also know that 54 percent of all women having abortions used contraception in the month they got pregnant; of the women using condoms, 14 percent were using them correctly. Imperfect usage is the primary cause of contraceptive failure. What we also know is that those teens who did not have sexual intercourse had a 100 percent chance of not getting pregnant. How many of these teens were affected by an abstinence-only program? We have no way of knowing. But to those who claim abstinence education doesn't work, the Heritage Foundation published a list of 10 programs that significantly reduced, among other things, teen pregnancy, the age of first intercourse and sexual activity.

One example is the Not Me, Not Now program in Monroe County that targeted 9-to 14- year-olds. It recorded a drop in the sexual activity rate from 46.6 percent to 31.6 percent and a drop in the pregnancy rate for girls ages 15 through 17 from 63.4 pregnancies per 1,000 girls to 49.5 pregnancies per 1,000.

There are reasons abstinence-only programs can't be 100 percent effective. They are dwarfed in numbers by comprehensive sexual education programs, so their effectiveness is mitigated because girls are still under pressure to have sex in the competition for boyfriends. The reason three out of four teen girls (and half of teen boys) give for having intercourse is their boyfriends wanted them to. But this isn't anything new.

What is new is the growing presence of Plan B. Newsweek reported in 2006 that "Planned Parenthood gave out about 1 million emergency contraceptives- most were Plan B- in 2004, up from 75,000 in 1999." It also said that some college students were using it as their primary birth control and that having it on hand made them "less reliant on traditional birth control."

This is a recipe for disaster. The Newsweek story said Plan B is 90 percent effective, which is way below the effectiveness levels of other oral contraceptives, but that rate is in question. A 2007 story in *Gynecology and Obstetrics* states, "the published efficacy figures - on average, approximately 80 percent - may overstate actual efficacy, possibly quite substantially. Clearly, if the method is weakly efficacious, it is unlikely to produce a major reduction in unintended pregnancy no matter how often women use it."

But if more young women are using it and it is far less effective at preventing pregnancy, we can expect to see an increase in unwanted pregnancies. Plan B is a sham in other ways. In that same article in *Gynecology and Obstetrics*, the man who claimed Plan B would reduce unwanted pregnancies by 50 percent, James Tressell, has "conceded that 23 published studies from 10 countries disprove his claim. According to every one of the 23 studies, published between 1998 and 2006, easier access to EC fails to achieve any statistically significant reduction in rates of unintended pregnancy and abortion."

Here are a few things we know about girls under the age of 14 having sex. The organization Preventing Teen Pregnancy reports it is almost universally unwanted by the girls. A study of girls

in California and the males who got them pregnant, by Mike Males at the University of California-Irvine, showed that the girls were vulnerable in that they "may want to become "adults' more quickly to escape an unhappy or deprived home environment" and that the fathers were older men (the younger the mother, the larger the age group between her and the father).

Of the mothers from 11 to 15 years old, 91 percent of the fathers were older - not peers - and 50 percent of the males were beyond high school age. Among all teen mothers, 68 percent of the fathers were over the age of 20.

In a study published in the American Journal of Obstetrics and Gynecology on the role of male sexual partners and relationships in determining whether women seek emergency contraception when needed, it was found that "factors measuring power dynamics, such as male dominant decision making and pressure for sex as well as a strong desire to avoid pregnancy on the part of the male partner have a significant association with the use of EC. However, relationship factors known to be associated with use of other contraceptive methods, such as communication, satisfaction and commitment, show no association with EC use."

Plan B leaves vulnerable young girls, whose only weapon against the unwanted sexual advances of men is the fear of pregnancy, defenseless. The man can say, "Call me tonight and take two pills in the morning." The problem is, those pills don't work as well as advertised. Our society's response to teen pregnancy has been to address the symptoms and not the cause. A middle school in Portland, Maine, responded to pregnancies among its students by making birth control pills available to girls as young as 11. Texas Gov. Rick Perry issued an executive order making it mandatory that all girls entering sixth grade in 2008 be vaccinated with Gardasil, which prevents some forms of cervical cancer that are caused by the STD human papilloma virus. This just keeps us on a path that is leading in the wrong direction, a path that is having a negative impact on the welfare of our country.

STDs have become epidemic and, according to a March 2006 article in Newsweek, are in part to blame for a 20 percent increase of infertility among the young since 2005. Suicide rates among sexually active teens are much higher than among those who abstain. And the incidence of single motherhood is increasing in all age groups.

The percentage of children born to unwed mothers has jumped from 5.8 percent in 1960 to 36 percent today. The percentage in the African- American community is nearly 80 percent. Single motherhood is the most common determining factor among those living in poverty, and with it comes a host of social problems and expenses.

Akerlof and his co-authors wrote that the pill, which carried such promise, led slowly to the feminization of poverty. But they also point out that turning back the clock on birth control would only exacerbate the problem, exposing women to men who, as cultural anthropologist Lionel Tiger put it, have come to expect uncommitted intercourse if only because that is their experience. Akerlof proposes mandatory child support as a way of forcing young men to take some responsibility for the children they father.

Recent headlines, in the wake of the pregnancy of 16-year-old Jamie Lynn Spears, have shouted that teen pregnancy has become cool. There is no longer any stigma attached to single motherhood. All of this is harmful to women.

We need to restore the sense of commitment between sexually active people that was the norm before the advent of the pill. To do that we need a commitment from all areas of society. It will take an effort on the scale of the no-smoking campaign and it will take time.

We have the 43 years since the start of the sexual revolution to undo. We have made smokers pariahs, banned them from public places and shown through graphic television commercials the physical effects of their behavior. We can do the same thing to attack teen pregnancy.

Call it abstinence, call it character-based, call it comprehensive, but it won't succeed unless we find a way to instill a feeling of responsibility into young men toward young women, who have borne the brunt of our safe sex policies. We should teach men to respect women, and not have intercourse with them until they are ready to care for the life they may be creating.