

## A Perspective On Abstinence

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The 1996 decision by the Surrey School Board to ban Planned Parenthood programs and materials from Surrey classrooms demonstrates the degree to which sexual health education remains controversial. Many educators and health care providers are distressed by this development, while a proponent of the Surrey School Board decision declared that *"if young people were taught abstinence they would not need to know about condoms and such"*.

The flaws in this reasoning are obvious, considering that sexual health issues were ranked third in importance as health issues (behind emotional health and drug use) by youth who participated in The McCreary Centre Society's Next Step seminars. The sexual health issues identified by the 600 participants included: unsafe sexual practices; the spread of STDs and AIDS; unintended pregnancy; lack of access to condoms and birth control; lack of confidential services; and a lack of appropriate or effective sexual health education. The youth outlined several recommendations aimed at improving the sexual health of youth. One of these is to provide more in-depth, explicit information within the context of health education in schools.

The perennial controversies and issues connected with the provision of sexual health education are similar to those associated with other domains of human sexuality (for example, sexual preference, birth control, and abortion). With regard to "abstinence", professionals and parents generally agree that the obvious advantage of abstinence is that it avoids problematic consequences, but many also recognize that developmental, social, cultural and personal factors strongly influence the timing of a person's sexual "debut" and capacity to abstain.

### Issues and Concerns Regarding Abstinence Only Education

- There is no universally accepted definition of abstinence. The Concise Oxford Dictionary refers to abstinence as "refraining... from pleasure, in the sense of continence or fasting..." With regard to sexual behaviour it is generally understood to mean "no intercourse", but opinions vary about whether any other sexual behaviours are allowed. For the purpose of this discussion, abstinence will refer to the avoidance of sexual intercourse (and because of the acknowledged risks, anal intercourse).
- In classroom and family discussions there is a strong need for a balanced approach that recognizes and validates the significant numbers of students who are abstinent, whether by choice or by circumstance, while providing crucial health-preserving information in a non-judgemental manner.
- A focus on promoting abstinence alone would not meet the short-term nor the long-term needs of youth. Most people ultimately begin to have sexual experiences, including intercourse, and for many, school programs offer a once-in-a-lifetime opportunity for access to this important aspect of health education.



## **Another Approach to Sexual Health Education**

A guided discussion of the sexual decision-making continuum is one approach to sexual health education that acknowledges the wide range of sexually-related values and behaviours in a typical classroom setting (See Sexual Decision Making Tree). It offers an opportunity for students to discuss choices and consequences in a theoretical and non-judgemental manner.

As a preamble to the guided discussion, an exploration of various factors that influence sexual decision-making will place the discussion in a reality-based context, will promote insight into human sexual behaviours, and will offer opportunities for correcting misinformation.

## **Summary**

The "forbidden territory" cachet attached to the concept of abstinence may, in fact, be counter-productive, and the developmental need to become autonomous and self-actualizing is unlikely to be met in an "abstinence only" approach to sexual health education. Programs that meet developmental needs respect the right of youth to own and manage their own sexuality; offer complete and explicit information regarding growth and development, reproduction, sexual health promotion, decision-making, and communication skills; encourage access to medical and social support systems that are respectful of the needs of youth; and encourage youth to participate in planning these programs and services.

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