

Reducing Confusion about Abstinence

Introduction

Abstinence can mean different things to different people. Some teens may understand abstinence to mean avoiding any type of sexual contact. Others may believe that oral and anal intercourse count as abstinence because these behaviours do not lead to pregnancy. To add to the confusion, many curricula do not clearly define abstinence. This lesson will help your students create a clear definition and reduce confusion about abstinence.

Grade Level

Grade 7-9

Learning Outcomes

Students will be able to

1. Define three different types (levels) of abstinence from sexual activity.
2. Understand that people can abstain for a while or choose to abstain even after they have tried sex or had sex regularly.
3. List the factors that can support or hinder a decision to abstain from different levels of sexual activity.

Prerequisites/Prior Learning

Students should be assigned the readings (provided below) as a homework assignment before this class.

Materials

- Assigned Readings (Provided Below)
- Abstinence Worksheet (Provided Below)

Time Required

One class period

Lesson Procedure (With Suggested Discussion Points/Content)

<p>1. Divide students into small groups to brainstorm on two questions: <i>Why people have sex?</i> <i>Why people abstain from sex?</i></p>	<p>Each group brainstorms at least 10 reasons people have sex and why they abstain. They don't need to agree that these are good reasons, just any reasons. They should consider people of any age, married or not, males' reasons and females' reasons, etc.</p>
<p>2. Have groups report back just one reason on their list, with each group getting a chance to report before you start around the room a second time.</p>	
<p>3. Define abstinence and explain the time frame of that type of decision as well as the levels of abstinence that are possible.</p> <p>(Seek to ensure that students understand that abstinence is not always permanent and that sexual abstinence can mean abstaining from different levels of activity.)</p>	<p>Abstinence is a fancy word for choosing not to do something. For instance, you would be choosing to abstain if you decided to try doing without chocolate for a month. When people decide to abstain from something, it may be a temporary or longer-term decision. They might decide they will abstain from cigarettes forever. Of course, they may still change their minds at some point, but for now, at least, they are very sure it is a permanent choice. Other times, people will decide to abstain temporarily. A person can choose to abstain at any point in their life, even if they haven't abstained in the past.</p> <p>Sexual Abstinence can mean choosing to abstain from different levels of sexual activity. Here are a</p>

<p>4. Discuss the assigned readings.</p> <p>5. As a homework assignment, have the students complete the Abstinence Worksheet for the next class.</p>	<p>couple of possible definitions of sexual abstinence between two consenting people:</p> <ul style="list-style-type: none"> • avoiding vaginal intercourse (penis to vagina sex), • avoiding vaginal, oral (mouth to penis or vagina sex) and anal intercourse (penis to anus sex), or • avoiding genital contact (any type of direct touching of the partner's penis or vagina). <p>In the discussions, ensure that the students note that:</p> <ul style="list-style-type: none"> • there is confusion, even among adults, about whether having sex includes only intercourse • Canadian young people are experimenting with different levels of sexual activity • oral sex is not free of STI and other risks • abstaining at lower levels of sexual activity (outercourse) can eliminate risk of pregnancy and STI
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Closure

Pass around blank sheets of paper and ask students to write down a question or comment for the question box. (If they do not have a question or comment, ask them to simply write down a brief sentence on what they learned so that everyone hands in a sheet of paper with some writing on it.)

Follow-up/Enrichment

Ask the students to do a research project on sex ed programs that teach students only about abstinence programs. Ask them to determine if they are effective, how long are they effective (or not) in delaying first time intercourse and if there are harmful effects (discouraging use of condoms or contraception) when people do eventually have sex.

Assessment/Evaluation Criteria/Tools

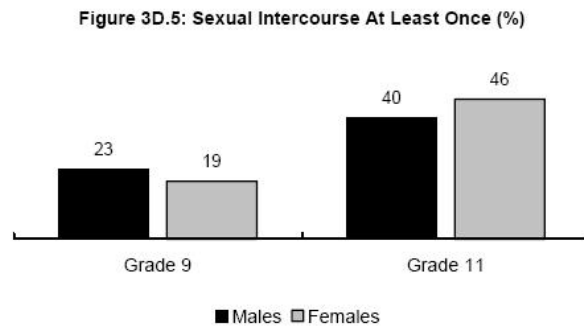
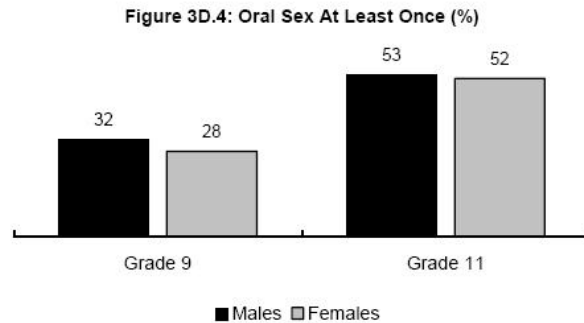
Ask the students to complete the [Individual/Group Participation Sheet](#) and keep it in their [Student Health Journal](#). As the teacher, you should take notes on the participation of students and record them in your [Student Evaluation Tracker](#).

Assigned Readings

The Canadian Youth, Sexual Health and HIV/AIDS study (CYSHHAS)

http://www.cmec.ca/publications/aids/Chapter3_EN.pdf

Students in Grades 9 and 11 were specifically asked whether or not they had experienced oral sex or vaginal sexual intercourse. About one third of Grade 9 students and more than one half of Grade 11 students report having had oral sex at least once (Figure 3D.4). However, fewer students report having had vaginal sexual intercourse (Figure 3D.5). Among Grade 9 students, 23% of boys and 19% of girls report having had sexual intercourse, while 40% of boys and 46% of girls in Grade 11 have had sexual intercourse. Grade 7 students had the option of specifying “Other” sexual experiences and writing these into their survey forms. Using these additional reports, we observe that at least 1% of Grade 7 students have had oral sex and at least 2% have had sexual intercourse.



Bill Clinton Scandal on Wikipedia

Is Oral Sex Really Sex?

http://en.wikipedia.org/wiki/Lewinsky_scandal

Background

In 1995, Monica Lewinsky, a graduate of [Lewis & Clark College](#), was hired to work as an intern at the White House during Clinton's first term. The two became engaged sexually.

As Lewinsky's relationship with the President became more distant and after she had left the White House to work at the [Pentagon](#), Lewinsky confided details of her feelings and the President's behavior to her friend and Defense Department co-worker [Linda Tripp](#) who was secretly recording their telephone conversations. When Tripp discovered in January 1998 that Lewinsky had signed an [affidavit](#) denying the relationship in the [Paula Jones](#) case, she delivered the tapes to [Kenneth Starr](#), the [independent counsel](#) who was investigating the president on various other matters including the [Whitewater scandal](#), [Filegate](#), and [Travelgate](#).

News of the scandal first broke on [January 17, 1998](#), on the [Drudge Report website](#), which reported that [Newsweek](#) editors were sitting on a story by investigative reporter [Michael Isikoff](#) exposing the affair. The story broke in the mainstream press on [January 21](#) when it hit the [Washington Post](#). The story swirled for several days and despite swift denials from Clinton, the clamor for answers from the [White House](#) grew louder. On [January 26](#), a visibly flustered [President Clinton](#) addressed the public in a [White House press conference](#) and issued a forceful denial:

"Now, I have to go back to work on my State of the Union speech. And I worked on it until pretty late last night. But I want to say one thing to the American people. I want you to listen to me. I'm going to say this again. I did not have sexual relations with that woman, Miss Lewinsky. I never told anybody to lie, not a single time; never. These allegations are false. And I need to go back to work for the American people."

Pundits debated whether or not Clinton would address the allegations in his [State of the Union Address](#). Ultimately, he chose not to, which may have helped his image with the American people through his strategy to appear more "presidential" and above the fray. [First Lady Hillary Clinton](#) publicly stood by her husband throughout the scandal. On [January 27](#), in an appearance on [NBC's The Today Show](#) she famously said, "The great story here for anybody willing to find it, write about it and explain it is this [vast right-wing conspiracy](#) that has been conspiring against my husband since the day he announced for president."

For the next several months and through the summer, pundits and the media endlessly debated whether an affair had occurred and Clinton had lied or obstructed justice, but nothing could be definitively established beyond the taped recordings because Lewinsky was unwilling to discuss the affair or testify about it. On [July 28, 1998](#), a substantial delay after the public break of the scandal, Lewinsky received transactional [immunity](#) in exchange for [grand jury](#) testimony concerning her relationship with Clinton. Under [oath](#) she admitted that her relationship with Clinton involved [oral sex](#), including [oral-anal contact](#), as documented in the Starr report, which eventually led to President Clinton's impeachment, on the basis of [perjury](#) and [obstruction of justice](#) regarding the affair. She also turned over a [semen](#)-stained blue dress (which Tripp had encouraged her to save without [dry cleaning](#)) to the Starr investigators thereby providing a [smoking gun](#) based on [DNA](#) evidence that could prove the relationship despite Clinton's official denials.

Clinton finally admitted in taped grand jury [testimony](#) on [August 17, 1998](#), that he had had an "improper physical relationship" with Lewinsky. That evening he gave a nationally televised statement admitting he "misled people" about his relationship with Lewinsky which was "not appropriate."^[1]

"Teens' Sex Practices and Lack of Knowledge Ring Alarm Bells"

Edmonton Journal (02.22.06) Charlie Fidelman

<http://www.hivdent.org/pediatrics/pedTSPL0206.htm>

Results of an online survey of Canadian youth reveal "an astonishing" lack of knowledge about STDs, said Jean-Yves Frappier, a pediatrician and the head of the adolescent division of Sainte Justine Hospital and the Canadian Association for Adolescent Health.

Ipsos-Reid last fall conducted online interviews of 1,200 teens ages 14-17 and 1,100 mothers. The results are considered accurate within 2.9 percentage points. Among the findings:

- About one-third of the surveyed teens reported being sexually active.
- About one-quarter of sexually active young people did not use a condom when they last had sex, even though 16 percent reported their partner was not monogamous.
- While 68 percent reported experience with oral sex, many did not know this can transmit syphilis and gonorrhea.
- One-half of participants did not know that human papillomavirus can lead to cervical cancer.
- About 5 percent of sexually active respondents had been infected with an STD.
- Sexually active teens reported an average of three partners since sexual debut; 38 percent reported casual sex.
- More than half of respondents said their parents were their most significant sources of sexual information.

"Kids have sex, that's not new," said Frappier. "But there's been an increase in the prevalence of [STDs] in the last five years."

Channing Rodman, who is in charge of developing new sex education programs for the community-based group Head & Hands, said many high school girls use birth control pills but not condoms and go from one "loving and trusting" partner to the next. "Because there is an atmosphere of trust, they won't get tested for STIs. You have unprotected sex with multiple partners, which is the highest risk sex you can have, Rodman said."

Sexual Health Indicators for Canadian Youth: Current Data and Trends

Oral Sex Practices

<http://www.sexualityandu.ca/teachers/data-4.aspx>

From a sexual health risk perspective, oral sex conveys no risk of unintended pregnancy and carries a lower risk of transmission of sexually transmitted infections compared to penis-vagina or penis-anal penetration. However, oral sex is not risk-free and the oral sex practices of Canadian youth are increasingly scrutinized by adults, health professionals, and media (For discussion see McKay, 2004).

Relatively little credible research is available that provides data about the oral sex practices of Canadian youth. Paradoxically, while there is growing interest in the oral sex practices of youth, particularly of younger teens and preteens, it has often been deemed inappropriate for Canadian researchers to inquire about such things with young people.

However, two relatively large Canadian data sets are available that allow some inference about the prevalence of oral sex practices of 14-16 year-old Canadian teens, and whether or not this behaviour has increased in recent years.

The *Canadian Youth, Sexual Health and HIV/AIDS Study* (Boyce et al., 2003) as well as an elicitation research survey conducted in 1992 in conjunction with the *Skills for Healthy Relationships* curriculum (Warren & King, 1994) asked Grade 9 and 11 students if they had ever participated in oral sex.

As indicated in the table below, between 1994 and 2002 there was a moderate increase in the percentages of students in each group reporting that they had ever engaged in oral sex.

In 2002, for each grade and gender category, students were somewhat more likely to report ever having oral sex than ever having sexual intercourse.

It should be noted that these data include students who may have had oral sex once as well as those who may have had oral sex on multiple occasions.

Percentage of Canadian Grade 9 and 11 Students Reporting Oral Sex At Least Once, 1994, 2002

	1994	2002
Grade 9		
Male	27%	32%
Female	21%	28%
Grade 11		
Male	48%	53%
Female	47%	52%

Sources: Boyce et al. (2003). *Canadian Youth, Sexual Health and HIV/AIDS Study*; Warren & King (1994). *Development and Evaluation of an AIDS/STD/Sexuality Program for Grade 9 Students*.

There are no large-scale published studies assessing the prevalence of oral sex among younger Canadian teens. One study from the United States indicated that 18% of 12-15 year-olds had participated in oral sex at least once (Boekeloo & Howard, 2002).

There is a common perception that with respect to teen oral sex, it is likely that there is a gender discrepancy in which females are more likely to be giving (fellatio) rather than receiving (cunnilingus) oral sex from their male partners.

Neither of the two Canadian studies cited above distinguished between who was giving and who was receiving oral sex.

Although there are several well conducted, large scale studies from the United States that have included more precise measures of teen oral sex behaviour, the results have varied. For example, consistent with prevailing assumptions about a gender discrepancy in teen oral sex practices, in a large sample study of 15-19 year-old males conducted in 1995, 49% reported that they had received oral sex whereas 39% said that they had given oral sex (Gates & Sonenstein, 2000).

In addition, in another large sample study conducted in 2002, among 15- to 19-year-old males, 38.8% reported giving oral sex to a female partner, and 51.5% reported receiving it (Mosher, Chandra, & Jones, 2005). In the same study, females aged 15-19 also indicated that they were more likely to have ever received oral sex from a male partner (49.6%) than to have given it (43.6%).

Abstinence Worksheet

List reasons a person might have for choosing abstinence:

List reasons why choosing abstinence could be challenging for a person:

List factors that are necessary to make abstinence work:

List factors that could make abstinence fail:

What are alternative ways that a person who is abstinent can be intimate with a partner?

If abstinence fails, what kind of information would be helpful for a person to know?
