

Abstinence-Only Programs

Introduction

Abstinence-only programs are one of the religious right's greatest challenges to the nation's sexual health. But it is only one tactic in a broader, longer-term strategy. Since the early 1980s, the "family values" movement has won the collaboration of governments and public institutions, from Congress to local school boards, in abridging students' constitutional rights.

Schools now block student access to sexual health information in class, at the school library, and through the public library's Internet portals. They violate students' free speech rights by censoring student publications of articles referring to sexuality. Abstinence-only programs often promote alarmist misinformation about sexual health and force-feed students religious ideology that condemns homosexuality, masturbation, abortion, and contraception. In doing so, they endanger students' sexual health.

Background

In 1981, Congress passed the Adolescent Family Life Act (AFLA), also known as the "chastity law," which funded educational programs to "promote self-discipline and other prudent approaches" to adolescent sex, or "chastity education." Grant applications to create such programs poured in, and the dollars poured out — to churches and religious conservatives nationwide.

The American Civil Liberties Union (ACLU) challenged AFLA in court, calling it a Trojan horse smuggling the values of the Christian Right — particularly its opposition to abortion — to public-school children at public expense: a classic affront to the principle of separation of church and state (Heins, 2001; Levin-Epstein, 1998; Pardini, 1998; Schemo, 2000).

A dozen years later, the U.S. Supreme Court held that funded programs must delete direct references to religion (for instance, the suggestion that students take Christ on a date as chaperone), and the granting process was reined in. But it was too late. Some of the biggest federal grant recipients, including Sex Respect and Teen-Aid, had already turned their curricula into robust for-profit businesses. Christian fundamentalist groups, which built much of that infrastructure, remain among the most vehement opponents of comprehensive, medically accurate sexuality education today.

In 1996, Congress struck again, attaching a provision to welfare legislation that established a federal program to exclusively fund programs teaching abstinence only. Since the inception of the abstinence-only movement, more than \$1.5 billion has been spent on programs whose only purpose is to teach the social, psychological, and health benefits that might be gained by abstaining from sexual activity (SIECUS, 2006a; SIECUS, 2006b; "Take Back Our Rights," 2004).

President Bush has recently requested \$242 million for abstinence-only funding in his proposed FY2008 budget. If Congress approves this budget, the total amount of tax dollars spent on abstinence-only programs during the Bush administration will exceed \$1.45 billion (SIECUS, 2006b).

Here are a few examples of the problems created by the abstinence-only approach to sexuality "education":

- **Public funds go to religious institutions for anti-sexuality programs.** In Montana, the Catholic diocese of Helena received \$14,000 from the state's Department of Health & Human Services for classes in the "Assets for Abstinence." In Louisiana, a network of pastors is bringing the abstinence-only message to religious congregations with public funds, and the Governor's Program on Abstinence is appointing regional coordinators and other staff members from such religious organizations as the Baptist Collegiate Ministries, Rapides Station Community Ministries, Diocese of Lafayette, Revolution Ministries, Caring to Love Ministries, All Saints Crusade Foundation, Concerned Christian Women of Livingston, Catholic Charities, Christian Counseling Center, and Community Christian Concern ("Abstinence Program's...", 2000; "Diocese Will...", 2000).
- **Public schools host "chastity" events.** In California, Pennsylvania, Alabama, and many other states, schools regularly host chastity pledges and rallies on school premises during school hours. During these rituals, students often pledge "to God" that they will remain abstinent until they marry (Gish, 2000; Neill, 2000; Todd, 1999; "Valentine's Day...", 2000).
- **Textbooks are censored.** In Texas, the State Board of Education approved the purchase of new health textbooks that exclusively promote abstinence. As Texas is the second largest buyer of textbooks in the United States, it is likely that these same books will appear in classrooms throughout the nation. The school board in Franklin County, North Carolina, ordered three chapters literally sliced out of a ninth grade health textbook because the material did not adhere to state law mandating abstinence-only programs. The chapters covered AIDS and other sexually transmitted infections, marriage and partnering, and contraception. In Lynchburg, Virginia, school board members refused to approve a high school science textbook unless an illustration of a vagina was covered or cut out (Associated Press, 2000; Elliott, 2004; Gold, 2004; Quillen, 1997).
- **Crucial health programs are canceled.** In response to a petition from 28 parents, a highly regarded, comprehensive, AIDS-prevention presentation for high school students in the Syracuse, New York, area, given by the local AIDS Task Force, was canceled for future students. In Illinois, critics blasted a U.S. Centers for Disease Control and Prevention (CDC) program, called "Reducing the Risk," because they claim it is inconsistent with an abstinence-only message (Craig, 1997; "Group Calls...", 2000).
- **Sexuality education teachers are disciplined for doing their jobs.** In Belton, Missouri, a seventh grade health teacher was suspended when a parent complained that she had discussed "inappropriate" sexual matters in class. The teacher had answered a student's query about oral sex. In Orlando, Florida, a teacher was suspended when he showed a student-made videotape called *Condom Man and his K-Y Commandos*, about preventing AIDS transmission ("Belton Teacher...", 1998; Berry, 1999; Pulley & Carroll, 1998).
- **Teachers are threatened with lawsuits; student journalists intimidated.** In Granite Bay, California, an article in the student paper prompted charges that a sexuality education teacher engaged in "sexual misconduct" and threats of a lawsuit against the teacher and the paper's faculty adviser. The article took the position that newly mandated abstinence-only programs were doing nothing to stop either sexual activity or widespread sexual ignorance among students. In Santa Clarita, California, a high school principal censored from the student paper an article entitled "Sex: Raw and Uncensored." The article was actually about the benefits of abstinence and methods of safer sex ("Feature Up...", 1999-2000; Holding, 2000).

- **Students suffer from ignorance.** Comprehensive, medically accurate sexuality education is becoming the exception rather than the rule; as a result, more students lack basic information. In Granite Bay, one student asked where his cervix was, and another inquired if she could become pregnant from oral sex. Students in New York City protested that the increased focus on abstinence only has curtailed access to education about HIV/AIDS. The Colorado Council of Black Nurses decided to return \$16,000 in abstinence-only funding, because the program "was just too restrictive. It did not teach responsible sexual behavior" (Grossman, 1998; Holding, 2000; "Nurses Drop..." 1999).
- **WAIT Training incorrectly states that HIV can be transmitted through tears and sweat.** According to the CDC, HIV is only transmissible through blood, semen, and vaginal secretions.

The Waxman Report also found that many abstinence-only curricula even go so far as to blur the line between religion and science, and treat gender stereotypes as scientific fact (Committee on Government Reform, 2004).

As a result of both the report's findings and Rep. Waxman's request, the Government

Accountability Office (GAO) has begun a more thorough investigation of abstinence-only program curricula. In October 2006, the GAO released a report supporting Rep. Waxman. This report found that most of the abstinence-only programs funded by the Department of Health and Human Services (HHS) are never reviewed for scientific accuracy before funding *and* implementation (GAO, 2006a). The GAO also sent a letter to the Secretary of Health and Human Services recommending that "HHS reexamine its position and adopt measures to ensure that, where applicable, abstinence education materials comply [with section 317P(c)(2) of the Public Health Service Act]." Section 317P(c)(2) requires that education materials designed to address STIs contain medically accurate information about the effectiveness or lack of effectiveness of condoms in STI prevention. HHS has previously argued that this "condom labeling" law does not apply to abstinence-only programs since STI education is not their "primary purpose (GAO, 2006b)."

Waxman Report Identifies Misinformation in Abstinence-Only Curriculum

In 2004, Rep. Henry Waxman (D– CA), released a report about the state of abstinence-only programs. The report found that the curricula used by more than two-thirds of government-funded abstinence-only programs contain misleading or inaccurate information about abortion, contraception, genetics, and sexually transmitted infections:

- **The abstinence-only program *Me, My World, My Future* states, "Tubal and cervical pregnancies are increased following abortions."** According to obstetric textbooks, previous abortions are not correlated with ectopic pregnancies (Cunningham et al., 2001).
- ***Choosing the Best, The Big Talk Book* states, "[R]esearch confirms that 14 percent of the women who use condoms scrupulously for birth control become pregnant within a year."** In fact, when used correctly and consistently, only two percent of couples who rely on the latex condom as their primary form of contraception will experience an unintended pregnancy (Hatcher et al., 2004).
- ***Why kNOw* states, "Twenty-four chromosomes from the mother and 24 from the father join to create [a fetus]."** Human cells are actually comprised of 46 chromosomes; 23 from each parent (Cunningham et al., 2001).

Abstinence-Only Programs: The Costs — Social and Financial

Since 1996, more than \$1.5 billion in federal and state matching funds have been committed to abstinence-only programs (SIECUS, 2006b). Because of the requirement that states match federal funds for abstinence-only programs, state dollars that previously supported comprehensive, medically accurate sexuality education — which includes but is not limited to abstinence education — have been diverted to abstinence-*only* programs (Schemo, 2000).

The vast majority of Americans and parents support comprehensive, medically accurate sexuality education. Approximately 82 percent of

Americans and 75 percent of parents want their children to receive a variety of information on subjects including contraception and condom use, sexually transmitted infection, sexual orientation, safer sex practices, abortion, communications and coping skills, and the emotional aspects of sexual relationships. Only 36 percent of Americans support abstinence-only educational programs, and 56 percent of Americans do not believe that abstinence-only programs prevent sexually transmitted infections or unintended pregnancies. Given the choice, only one to five percent of parents remove their children from responsible sexuality education courses (Albert, 2004; Bleakley et al., 2006; Guttmacher Institute, 2002; KFF, 2000; Kirby, 1999; Research!America and APHA, 2004).

Recent studies have shown that parental opinions regarding sexuality education are similar within states that teach comprehensive sexuality education and states that mandate abstinence education. A 2007 survey of California parents found that regardless of educational attainment, political or religious affiliation, or place of residence, nearly 90 percent believe their children should have comprehensive sex education in the classroom (Mangaliman, 2007). A 2006 survey of parents in North Carolina — a state that mandates abstinence education — found that 91 percent of parents support sexuality education in the schools, with 89 percent supporting comprehensive sexuality education (Ito et al., 2006).

It is estimated that *only* five percent of America's school children are taught comprehensive sexuality education that encompasses the holistic approach to sexuality — education that addresses the biological, psychological, socio-cultural, and spiritual dimensions of sexuality — and *only* 10 percent of all American school districts have a sexuality education policy that is comprehensive — including contraception and safer sex in addition to abstinence (Guttmacher Institute, 1999; SIECUS, 1997; SIECUS, 2004).

Fewer than half of public schools in the U.S. now offer information on how to obtain birth control, and only a third include discussion of abortion and sexual orientation in their curricula.

A large, nationally representative survey of middle school and high school teachers published in *Family Planning Perspectives* reported that 23 percent of teachers in 1999 taught abstinence as the *only* means of reducing the risk of sexually transmitted infections and

pregnancy, compared with two percent in 1988.

The study's authors attributed the change to the heavy promotion of abstinence — not sound educational principles (Darroch et al., 2000; Wilgoren, 1999). Currently, 35 percent of public school districts require abstinence to be taught as the only option for unmarried people and either prohibit the discussion of contraception or limit discussion to its "ineffectiveness" (Guttmacher Institute, 2002).

Abstinence-only sexuality programs don't work.

There is little evidence that teens who participate in abstinence-only programs abstain from intercourse longer than others. It is known, however that when they do become sexually active, teens who received abstinence-only education often fail to use condoms or other contraceptives. In fact, 88 percent of students who pledged virginity in middle school and high school still engage in premarital sex. The students who break this pledge are less likely to use contraception at first intercourse, *and* they have similar rates of sexually transmitted infections as non-pledgers (Bearman and Brueckner, 2001; Walters, 2005).

Comprehensive sexuality education does work.

Students in comprehensive sexuality education classes do not engage in sexual activity more often or earlier, but *do* use contraception and practice safer sex more consistently when they become sexually active (Guttmacher Institute, 2002; Jemmott et al., 1998; Kirby, 1999; Kirby, 2000; NARAL, 1998; Shafii et al., 2007). A recent congressionally commissioned study of students enrolled in four abstinence programs around the country found that the students reported similar numbers of sexual partners and similar timing on first sexual experiences — 14.9 years — as students who were not enrolled in abstinence programs ("Study: Abstinence..." 2007; Trenholm et al., 2007).

The U.S. has the highest rate of teen pregnancy in the developed world, and American adolescents are contracting HIV faster than almost any other demographic group.

While the U.S. teen pregnancy rate is at an historic low — 76.4 pregnancies per 1,000 women aged 15–19 years — the rate is still higher than in Australia, Canada, England, France, Germany, Italy, Japan, Netherlands, Norway, Spain, and Sweden (AGI, 2002; "Birth, Abortion..." 2006; Ventura et al., 2006). Experts cite restrictions on teens' access to comprehensive sexuality education, contraception, and condoms in the U.S., along with the widespread American attitude that a healthy adolescence should

exclude sex. A 2006 study found that only 14 percent of the decline in teen pregnancy rate can be attributed to delaying vaginal intercourse (Santelli et al., 2007). Another study points out that adolescents are increasingly turning to other kinds of sex play when they abstain from vaginal intercourse (Weiss & Bullough, 2004). By contrast, the "European approach to teenage sexual activity, expressed in the form of widespread provision of confidential and accessible contraceptive services to adolescents, is . . . a central factor in explaining the more rapid declines in teenage childbearing in northern and western European countries (Singh & Darroch, 2000)." California, Connecticut, Maine, Massachusetts, Minnesota, Montana, New Jersey, New York, Ohio, Rhode Island, Wisconsin, and Wyoming are currently the only 12 states that have not accepted federal abstinence-only money (ASTHO, 2007; Dumcius, 2007; Marcotty, 2007; Medina, 2007; Vu, 2007). By teaching medically accurate, comprehensive sexuality education California has seen declines in teen pregnancy similar to those seen in European countries. Over the last decade, the teen pregnancy rate in California has dropped more than 40 percent ("California Reduces...", 2004).

Every reputable sexuality education organization in the U.S., as well as prominent health organizations including the American Medical Association, has denounced abstinence-only sexuality programs. And a 1997 consensus statement from the National Institutes of Health concluded that legislation discouraging condom use on the grounds that condoms are ineffective "places policy in direct conflict with science because it ignores overwhelming evidence... . Abstinence-only programs cannot be justified in the face of effective programs and given the fact that we face an international emergency in the AIDS epidemic" (NIH, 1997).

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Resources

In 2004, SIECUS published, *SIECUS State Profiles: A Portrait of Sexuality Education and Abstinence-Only-Until-Marriage Programs in the States*. *SIECUS State Profiles* is the result of more than two years of research into federally funded abstinence-only programs. This resource details the amount, type, and use of federal abstinence-only-to-marriage funds in all 50 states and the District of Columbia. The publication also chronicles controversies related to sexuality education in each state, lists relevant state statutes, and provides contact information for state-based organizations involved in sexuality education and sexual health issues.

It is available online at <http://www.siecus.org/policy/states/index.html>

Planned Parenthood Federation of America has developed the Reality-based Education And Learning for Life (R.E.A.L. Life) kit, a collection of 17 documents that can be used by professionals, parents, and other community members to advocate for responsible sexuality education. The R.E.A.L. Life kit can be purchased for \$10.

It is available online at <http://store.yahoo.com/ppfastore/reallifkitre.html>

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