



Abstinence-Only-Until-Marriage Programs Censor Vital Health Care Information

- Nearly two-thirds of all high school seniors in the U.S. have had sexual intercourse.¹
- Each year, approximately 9.1 million 15-24 year olds are infected with sexually transmitted diseases (STDs), accounting for almost one-half of the total new STDs occurring annually in the U.S.²
- The Centers for Disease Control & Prevention estimate that one-half of all new HIV infections occur among people under age 25, with the majority contracted through sexual intercourse.³
- An estimated 757,000 pregnancies occurred among 15-19 year olds in 2002.⁴

These statistics demonstrate a high level of sexual activity and risk taking among U.S. teens. Indeed, the U.S. has one of the highest teen pregnancy rates in the developed world. The good news is that in recent years this rate dropped. From 1995-2002, the pregnancy rate among 15-19 years olds declined by nearly 24 percent. Researchers attribute 86 percent of this decline to improved contraceptive use and only 14 percent to teens choosing not to have sexual intercourse.⁵ Despite this reality, Congress has allocated more than a billion dollars since 1996 for programs that focus exclusively on abstinence until marriage and censor vital health care information about contraceptives.

The ACLU supports programs that give teens the information they need to make healthy and responsible decisions about sex. Evidence shows that stressing the importance of waiting to have sex while providing accurate, age-appropriate, and complete information about how to use contraceptives can help teens delay sex and reduce sexual risk taking. In addition to censoring vital health care information, abstinence-only-until-marriage programs raise other serious civil liberties concerns: They create a hostile environment for gay and lesbian teens; reinforce gender stereotypes; and in some instances use taxpayer dollars to promote one religious perspective.

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Currently, there are three federal programs dedicated to funding abstinence-only-until-marriage programs.⁶ Each requires eligible programs to censor critical information that teens need to make healthy and responsible life decisions.

To receive funds under any of the federal programs, grantees must offer curricula that have as their “exclusive purpose” teaching the benefits of abstinence.⁷ In addition, recipients of abstinence-only-until-marriage dollars may not advocate contraceptive use or teach contraceptive methods except to emphasize their failure rates.⁸

Thus, recipients of federal abstinence-only-until-marriage funds operate under a gag order that censors vitally needed information. Grantees are forced either to omit any mention of topics such as contraception, abortion, homosexuality, and AIDS or to present these subjects in an incomplete and thus inaccurate fashion.⁹

Research Shows That Abstinence-Only-Until-Marriage Programs Don't Work

A rigorous, multi-year, scientific evaluation authorized by Congress and released in April 2007 presents clear evidence that abstinence-only-until-marriage programs don't work. The study by Mathematica Policy Research, Inc., which looked at four federally funded programs and studied more than 2000 students, found that abstinence-only program participants were just as likely to have sex before marriage as teens who did not participate. Furthermore, program participants had first intercourse at the same mean age and the same number of sexual partners as teens who did not participate in the federally funded programs.¹⁰

In addition, an academic study of virginity pledge programs—which encourage students to make a pledge to abstain from sex until marriage and are often a component of abstinence-only-until-marriage curricula — found that while in limited circumstances virginity-pledgers may delay first intercourse, they still have sex before marriage and are less likely than non-pledgers to use contraception at first intercourse and to get tested for STDs when they become sexually active.¹¹

On the other hand, there is ample evidence that programs that include information about both abstinence and how to use contraceptives effectively delay sex and reduce sexual risk taking among teens. Many of these programs have been shown to “delay the onset of sex, reduce the frequency of sex, reduce the number of sexual partners among teens, or increase the use of condoms and other forms of contraception” among sexually active teens.¹² Research also shows that sex education curricula that discuss contraception—by presenting accurate information about contraceptive options, effectiveness, and use—do not increase sexual activity.¹³

Abstinence-Only-Until-Marriage Programs Withhold Information Teens Need to Make Healthy and Responsible Life Decisions

Abstinence-only-until-marriage programs are increasingly replacing other forms of sex education in high schools. Between 1995 and 2002, “[t]he proportion of adolescents who had received any formal instruction about methods of birth control declined significantly,” and by 2002, one-third of adolescents had not received any instruction on

contraception.¹⁴ At the same time, in 1999, 23 percent of secondary school sexuality education teachers taught abstinence as the only way of avoiding STDs and pregnancy, up from 2 percent in 1988.¹⁵ When abstinence-only-until-marriage programs do present information about pregnancy prevention and testing and treatment of STDs, they do so incompletely and/or inaccurately. For example, a 2004 congressional report concluded that many federally funded abstinence-only-until-marriage curricula “misrepresent the effectiveness of condoms in preventing sexually transmitted diseases and pregnancy” by exaggerating their failure rates.¹⁶

We need to help teenagers make healthy and responsible life decisions by giving them full and accurate information about the transmission and treatment of STDs, and how to use contraception effectively. Abstinence-only-until-marriage programs jeopardize the health of sexually active teens and leave those who become sexually active unprepared.

Abstinence-Only-Until-Marriage Programs Create a Hostile Environment for Lesbian and Gay Teens

Many abstinence-only-until-marriage programs use curricula that discriminate against gay and lesbian students and stigmatize homosexuality. The federal guidelines governing these programs state that they must teach that a “mutually faithful monogamous relationship in [the] context of marriage is the expected standard of human sexual activity.”¹⁷ In a society that generally prohibits gays and lesbians from marrying, such a message rejects the idea of sexual intimacy for lesbians and gays and ignores their need for critical information about protecting themselves from STDs in same-sex relationships.

A review of the leading abstinence-only-until-marriage curricula found that most address same-sex sexual behavior only within the context of promiscuity and disease, and several are overtly hostile to lesbians and gay men.¹⁸ For example, materials from an abstinence-only-until-marriage program used recently in Alabama state, “[S]ame sex ‘unions’ cannot provide an adequate means of achieving a genuine physical relationship with another human being because this type of ‘union’ is contrary to the laws of nature.”¹⁹

By talking only about sex within marriage and teaching about STDs as a form of moral punishment for homosexuality, abstinence-only-until-marriage programs not only undermine efforts to educate teens about protecting their health, but create a hostile learning environment for lesbian and gay students and the children of lesbian and gay and/or single parents.

Many Abstinence-Only-Until-Marriage Programs Feature Harmful Gender Stereotypes

In addition to false and misleading information, many abstinence-only-until-marriage programs present stereotypes about men and women as scientific facts. In an attempt to demonstrate differences between men and women, one popular program, WAIT Training,

instructs teachers to “[b]ring to class frozen waffles and a bowl of spaghetti noodles without sauce. Using these as visual aids, explain how research has found that men’s brains are more like the waffle, in that their design enables them to more easily compartmentalize information. Women’s minds, on the other hand, are interrelated due to increased brain connectors.”²⁰ Similarly, the teacher’s manual for Why Know Abstinence Education Programs suggests that girls are responsible for boys’ inability to control their sexual urges: “One subtle form of pressure can be the way in which a girl acts toward her boyfriend. If the girlfriend is constantly touching him and pressing against him, or wearing clothing which is tight or revealing of her body, this will cause the guy to think more about her body than her person, and he may be incited toward more sexual thoughts.”²¹

Many abstinence-only-until-marriage programs are riddled with similarly troubling discussions of gender. Such stereotypes and false information undermine women’s equality and promote an outmoded and discredited view of women’s and men’s roles and abilities.

Some Abstinence-Only-Until-Marriage Programs Use Taxpayer Dollars to Promote One Religious Perspective

Although the U.S. Constitution guarantees that the government will neither promote nor interfere with religious belief, some abstinence-only-until-marriage grantees violate this core freedom by using public dollars to convey overt religious messages or to impose religious viewpoints. The ACLU has successfully challenged this misuse of taxpayer dollars:

- In May 2005, the ACLU filed a lawsuit challenging the federally funded promotion of religion by a nationwide abstinence-only-until-marriage program called the Silver Ring Thing. The program was rife with religion. In its own words, “The mission of Silver Ring is to saturate the United States with a generation of young people who have taken a vow of sexual abstinence until marriage This mission can only be achieved by offering a personal relationship with Jesus Christ as the best way to live a sexually pure life.”²² The lawsuit, *ACLU of Massachusetts v. Leavitt*, brought swift results: In August 2005, the U.S. Department of Health and Human Services (HHS) suspended the Silver Ring Thing’s funding, pending corrective or other action. And in February 2006, the parties reached a settlement in which HHS agreed that any future funding would be contingent on the Silver Ring Thing’s compliance with federal law prohibiting the use of federal funds to support religious activities. Soon after, HHS released new guidelines for all abstinence-only-until-marriage grantees to ensure that government funds will not be used to promote religion. These guidelines were modeled after the settlement agreement in *ACLU of Massachusetts v. Leavitt*.

- In 2002, the ACLU challenged the use of taxpayer dollars to support religious activities in the Louisiana Governor's Program on Abstinence (GPA), a program run on federal and state funds. Over the course of several years, the GPA had funded programs that, among other things, presented "Christ-centered" theater skits, held a religious youth revival, and produced radio shows that "share abstinence as part of the gospel message."²³ In violation of the Constitution, a federal district court found that GPA funds were being used to convey religious messages and advance religion. The court ordered Louisiana officials to stop this misuse of taxpayer dollars. The case was on appeal when the parties settled. The GPA agreed to closely monitor the activities of the programs it funds and to stop using GPA dollars to "convey religious messages or otherwise advance religion in any way."²⁴

Parents, Teachers, and Major Medical Groups Support Comprehensive Sexuality Education

The vast majority of U.S. parents, teachers, and leading medical groups believe that teens should receive complete and accurate information about abstinence and contraception.

- In a nationwide poll conducted in 2004 for the Kaiser Family Foundation, National Public Radio, and the Kennedy School of Government, researchers found that an overwhelming majority of parents want sex education curricula to cover topics such as abortion and sexual orientation, as well as how to use and where to get contraceptives, including condoms.²⁵
- A 1999 nationally representative survey of 7th-12th grade teachers in the five specialties most often responsible for sex education found that a strong majority believed that sexuality education courses should cover birth control methods (93.4%), factual information about abortion (89%), where to go for birth control (88.8%), the correct way to use a condom (82%), and sexual orientation (77.8%), among other topics.²⁶
- Similarly, major medical organizations have advocated for and/or endorsed comprehensive sexuality education, including the American Medical Association, the American Academy of Pediatrics, the American College of Obstetrics and Gynecology, and the Society for Adolescent Medicine.²⁷

----- August 2007

Endnotes

¹ HENRY J. KAISER FAMILY FOUNDATION ET AL., NATIONAL SURVEY OF ADOLESCENTS AND YOUNG ADULTS: SEXUAL HEALTH KNOWLEDGE, ATTITUDES AND EXPERIENCES (2003).

² Hillard Weinstock et al., *Sexually Transmitted Diseases Among American Youth: Incidence and Prevalence Estimates, 2000*, 36 Persp. Sex. & Reprod. Health 6 (2004).

³ CENTERS FOR DISEASE CONTROL & PREVENTION, HIV PREVENTION STRATEGIC PLAN THROUGH 2005 18 (2001); Weinstock, *supra* note 2.

⁴ Stephanie J. Ventura et al., *Recent Trends in Teenage Pregnancy in the United States, 1990-2002* (2006), available at <http://www.cdc.gov/nchs/products/pubs/pubd/hestats/teenpreg1990-2002/teenpreg1990-2002.htm>.

⁵ John S. Santelli et al., *Explaining Recent Declines in Adolescent Pregnancy in the United States: The Contribution of Abstinence and Improved Contraceptive Use*, 91 AM. J. PUB. HEALTH 150, 153-54 (2007).

⁶ Federal abstinence-only-until-marriage programs include Title V, Section 510 of the Social Security Act (42 U.S.C. § 710), which was created as part of the 1996 welfare reform law; the Adolescent Family Life Act (AFLA) (42 U.S.C. §§ 300z - 300z-10); and the Community-Based Abstinence Education Program (CBAE) (42 U.S.C. § 1310). All three programs expect recipients to adhere to a narrow eight-point definition of abstinence-only-until-marriage programs as defined in Section 510 of the Social Security Act. Regarding AFLA, *see* Availability of Funds for Adolescent Family Life Demonstration Projects, 69 Fed. Reg. 17888, 17888-89 (Apr. 5, 2004). Regarding CBAE, *see* Military Construction Appropriations Act of 2001, Pub. L. No. 106-246, 114 Stat. 511, 550 (2000). Grantees under AFLA are not required to teach all eight points; however, they may not provide information that is inconsistent with any of them. *See* 69 Fed. Reg. at 17888-89. Grantees under CBAE and Section 510 must teach all eight points. *See* FY 2007 Program Announcement, Section 510 Abstinence Education Program 6 (2006), available at <http://www.acf.hhs.gov/grants/pdf/ACYF-FYSB-AE-01-06updated.pdf> (“Each element of A through H should be meaningfully represented in all grantee’s Federally funded abstinence education programs and curricula. Programs and curricula may not be inconsistent with any aspect of the abstinence education definition.”); FY 2007 Funding Opportunity, Community-Based Abstinence Education Program 5-12 (2007), available at <http://www.acf.hhs.gov/grants/pdf/HHS-2007-ACF-ACYF-AE-0099.pdf> (“All aspects of the proposed program must be consistent with the definition of abstinence education pursuant to A-H Additionally, successful applicants must adequately address each of the elements . . . as indicated below.”).

⁷ 42 U.S.C. § 710(b)(1).

⁸ The most recent guidance for Section 510 grantees states, “Neither the State nor any of its sub-awardees may use Federal or matching funds under this award to promote the use of contraception.” Section 510 Abstinence Education Program FY 2007 Guidance, *supra* note 6, at 13; *see also* 69 Fed. Reg. at 17888-89 (AFLA grantees may not provide information inconsistent with any of the eight points). Similarly, the most recent CBAE guidance requires that “[i]nformation on contraceptives, if included, must be . . . presented only as it supports the abstinence message being presented. The curriculum must have as its exclusive purpose teaching the social, psychological, and health gains

realized by abstaining from sexual activity.” FY 2007 Funding Opportunity, Community-Based Abstinence Education Program, *supra* note 6, at 6. Consistent with this requirement, CBAE grantees are urged to teach “that contraception may fail to prevent teen pregnancy and that sexually active teens using contraception may become pregnant;” “the published failure rates associated with contraceptives relative to pregnancy prevention, including ‘real use’ versus trial or ‘laboratory use,’ human error, product defect, teen use and possible side effects of contraceptives;” and “the limitations of contraception to consistently prevent STDs.” *Id.* at 7-8.

⁹ Curriculum and materials used in AFLA must be medically accurate. See 69 Fed. Reg. at 17888-89. The legislative history for CBAE contains language regarding medical accuracy, *see* 65 Fed. Reg. 69562, 69563 (Nov. 17, 2000), but until recently, HHS did nothing to ensure that CBAE grantees’ materials were medically accurate, *see* GOVERNMENT ACCOUNTABILITY OFFICE, ABSTINENCE EDUCATION: EFFORTS TO ASSESS THE ACCURACY AND EFFECTIVENESS OF FEDERALLY FUNDED PROGRAMS 14 (2006). Beginning with new grants awarded in Fiscal Year 2007, HHS is requiring CBAE grantees to sign an assurance that their materials are medically accurate, however, CBAE grantees must continue to provide censored information consistent with the eight point definition of abstinence education. *See* FY 2007 Funding Opportunity, Community-Based Abstinence Education Program, *supra* note 6, at 3, 5-6, 34.

¹⁰ CHRISTOPHER TRENHOLM ET AL., IMPACTS OF FOUR TITLE V, SECTION 510 ABSTINENCE EDUCATION PROGRAMS (2007).

¹¹ PETER S. BEARMAN & HANNAH BRUCKNER, PROMISING THE FUTURE: VIRGINITY PLEDGES AS THEY AFFECT TRANSITION TO FIRST INTERCOURSE 35 (2000); *see also* Hannah Bruckner & Peter Bearman, *After the Promise: the STD Consequences of Adolescent Virginity Pledges*, 36 J. ADOLESCENT HEALTH 271 (2005).

¹² DOUGLAS KIRBY, EMERGING ANSWERS: RESEARCH FINDINGS ON PROGRAMS TO REDUCE TEEN PREGNANCY 16 (2001).

¹³ *Id.* at 18; *see also* DOUGLAS KIRBY ET AL., THE IMPACT OF SEX AND HIV EDUCATION PROGRAMS IN SCHOOLS AND COMMUNITIES ON SEXUAL BEHAVIORS AMONG YOUNG ADULTS 20 (2006).

¹⁴ Laura Duberstein et al., *Changes in Formal Sex Education: 1995-2002*, 38 PERSP. SEX. & REPROD. HEALTH 182, 184 (2006).

¹⁵ *Id.* at 182.

¹⁶ UNITED STATES HOUSE OF REPRESENTATIVES COMMITTEE ON GOVERNMENT REFORM – MINORITY STAFF SPECIAL INVESTIGATIONS DIVISION, THE CONTENT OF FEDERALLY FUNDED ABSTINENCE-ONLY EDUCATION PROGRAMS i (2004) (hereinafter House Committee Report).

¹⁷ 42 U.S.C. § 710 (b)(2)(D).

¹⁸ MARTHA E. KEMPNER, TOWARD A SEXUALLY HEALTHY AMERICA: ABSTINENCE-ONLY-UNTIL-MARRIAGE PROGRAMS THAT TRY TO KEEP OUR YOUTH “SCARED CHASTE” 46-47 (2001).

¹⁹ Heritage House ‘76, Inc., *The Top 10 Questions Teenagers ask about Sex* (2006).

²⁰ JONEEN KRAUTH, WAIT TRAINING 194-95 (2d ed. 2003).

²¹ KRIS FRANIE & DAVID D. RITTERBUSH, WHY KNOW ABSTINENCE EDUCATION PROGRAMS, TEACHER'S MANUAL, CURRICULUM FOR SIXTH GRADE THROUGH HIGH SCHOOL 285 (2d ed. 2006).

²² The John Guest Team, It's Time/Silver Ring Thing Newsletter (Summer 2004).

²³ Plaintiff's Memorandum of Law in Support of Motion for Preliminary Injunction at 2-13, *ACLU of Louisiana v. Foster*, No. 02-1440 (E.D. La. filed May 9, 2002), available at <http://www.aclu.org/court/foster.pdf>.

²⁴ Settlement Agreement at 2, *ACLU of Louisiana v. Foster*, No. 02-1440 (E.D. La. Nov. 13, 2002), available at http://www.aclu.org/FilesPDFs/foster_settlement.pdf.

²⁵ NATIONAL PUBLIC RADIO ET AL., SEX EDUCATION IN AMERICA, GENERAL PUBLIC/PARENTS SURVEY (2004), available at

<http://www.npr.org/programs/morning/features/2004/jan/kaiserpoll/publicfinal.pdf>.

²⁶ Jacqueline E. Darroch et al., *Changing Emphases in Sexuality Education in U.S. Public Secondary Schools, 1988-1999*, 32 FAM. PLAN. PERSP. 204, 206 (2000).

²⁷ See AMERICAN MEDICAL ASSOCIATION, POLICY H-170.968 SEXUALITY EDUCATION, ABSTINENCE, AND DISTRIBUTION OF CONDOMS IN SCHOOLS, available at http://www.ama-assn.org/apps/pf_new/pf_online?f_n=browse&doc=policyfiles/HnE/H-170.968.HTM; American Academy of Pediatrics, Committee on Adolescence, *Condom Use By Adolescents*, 107 PEDIATRICS 1463, 1467 (2001); American College of Obstetricians & Gynecologists, *Condom Availability for Adolescents*, in HEALTH CARE FOR ADOLESCENTS (2003); John S. Santelli et al., *Abstinence-Only Education Policies and Programs: A Position Paper of the Society of Adolescent Medicine*, 38 J. ADOLESCENT HEALTH 83, 84 (2006); see also ADVOCATES FOR YOUTH & SIECUS, TOWARD A SEXUALLY HEALTHY AMERICA: ROADBLOCKS IMPOSED BY THE FEDERAL GOVERNMENT'S ABSTINENCE-ONLY-UNTIL-MARRIAGE EDUCATION PROGRAM 22-24 (2001).