Toward a Sexually Healthy America

Roadblocks Imposed by the Federal Government's Abstinence-Only-Until-Marriage Education Program

Advocates for Youth

Sexuality Information and Education Council of the United States (SIECUS)

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FOREWORD

Most adults agree on what is *not* healthy for teenagers. Health professionals, educators, policymakers, and parents share a deep concern about unintended adolescent pregnancy, sexual abuse, and sexually transmitted diseases, including HIV/AIDS. The question for policymakers is what approach will be most successful in helping young people avoid these negative outcomes and grow to become sexually healthy adults.

In recent years, the federal government has allocated hundreds of millions of dollars for programs that have as their "exclusive purpose" teaching teens to remain abstinent until marriage. These programs pose a simplistic solution to a complex challenge and provide young people with one message: avoid all sexual activity.

Whether adults agree with young people's actions or not, they cannot ignore the fact that millions of teenagers in the United States are engaging in sexual behavior. That is why it is time to take a new view of sexuality education, one that helps adolescents postpone early sexual activity, protect themselves from disease and pregnancy when they do become sexually active, and ultimately become sexually healthy adults.

Comprehensive and age-appropriate, school-based sexuality education should be taught in every grade. Such programs respect the diversity of values and beliefs represented in the community and complement and augment the sexuality education children receive from their families, religious and community groups, and health care professionals.

Support for comprehensive sexuality education is at an all time high. A recent poll conducted by SIECUS and Advocates for Youth shows that 93 percent of adults support teaching sexuality education in high school and 84 percent support sexuality education for middle school. The Kaiser Family Foundation recently released a survey that found virtually all parents, teachers, principals, and students support some form of sexuality education that includes information on birth control and "safer sex."

A new view of sexuality education that ensures young people access to comprehensive skills and information is the first step toward a sexually healthy America.

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A Brief History of Abstinence-Only-Until-Marriage Education

Abstinence-only-until-mariage education has been taught for over two decades and yet there is still no peer-reviewed research that proves it is effective.

Government funding of abstinence-only-until-marriage programs is not new. In fact, the federal government has poured large sums of money into such programs for the past 20 years.

AFLA: the birthplace of abstinence-only programs. The U.S. Office of Population Affairs began administering the Adolescent Family Life Act (AFLA) in 1981. This program was designed to prevent teen pregnancy by promoting chastity and self-discipline.[1] During its first year, AFLA received $11 million in federal funds. In fiscal year 2000, AFLA received $19 million.

AFLA's early programs taught abstinence as the only option for teens and often promoted specific religious values. As a result, the American Civil Liberties Union filed suit in 1983 charging that AFLA violated the separation of church and state as defined in the U.S. Constitution. In 1985, a U.S. district judge found AFLA unconstitutional. On appeal in 1988, the U.S. Supreme Court reversed that decision and remanded the case to a lower court.[2]

Finally, an out-of-court settlement in 1993 stipulated that AFLA-funded sexuality education programs must: (1) not include religious references, (2) be medically accurate, (3) respect the "principle of self-determination" regarding contraceptive referral for teenagers, and (4) not allow grantees to use church sanctuaries for their programs or to give presentations in parochial schools during school hours.[3] Within these limitations, AFLA continues to fund abstinence-only programs today.

Abstinence-only-until-marriage education as defined in AFLA has been taught for over two decades and yet there is still no peer-reviewed research that proves it is effective in changing adolescents' behavior. To the contrary, a meta-evaluation of AFLA program evaluations found them "barely adequate" to "completely inadequate."[4]

Congress institutes similar programs through Doolittle amendment. The first Congressional attempt to censor sexuality education using an abstinence-only provision came in 1994 during the

reauthorization of the Elementary and Secondary Education Act. Representative John Doolittle (R-CA) introduced an amendment to limit the content of HIV-prevention and sexuality education in school-based programs.

Fortunately, four federal statutes required alterations to the Doolittle amendment. The Department of Education Organization Act (Section 103a), the Elementary and Secondary Education Act (Section 14512), Goals 2000 (Section 319 (b), and the General Education Provisions Act (Section 438) all prohibited the federal government from prescribing state and local school curriculum standards.

Proponents of abstinence-only programs learned from this that even though they could not legally restrict state and local education programs that they could restrict and define the scope of state and local health policy and funding. They applied their new-found lesson in 1996.

"This entitlement program, Section 510(b) of Title V of the Social Security Act, funneled $50 million per year for five years into the states."

Federal entitlement program promotes abstinence-only-until-marriage. That year, the federal government attached a provision to the popular welfare-reform law establishing a federal entitlement program for abstinence-only-until-marriage education.

This entitlement program, Section 510(b) of Title V of the Social Security Act, funneled $50 million per year for five years into the states. Those states that choose to accept Section 510(b) funds are required to match every four federal dollars with three state-raised dollars and then disperse the funds for educational activities.[5]

Programs that use the funds are required to adhere to a strict eight-point definition, which, among other things, requires them to teach that "sexual activity outside of marriage is likely to have harmful psychological and physical effects."[6] (The complete definition is on page 11.) The section 510(b) abstinence-only-until-marriage funds are up for reauthorization in 2001.

Other federal abstinence legislation. Funding for unproven abstinence-only-until-marriage education has increased nearly 3,000 percent since the federal entitlement program was created in 1996.[7] In November 1999, opponents of comprehensive sexuality education, family planning, and reproductive rights began a process that successfully secured an additional 50 million federal dollars for abstinence-only-until-marriage programs over the next two years. Although these funds are not part of Section 510(b), they are only available for programs that conform to the strict eight-point definition in 510(b).[8]

These new funds will be awarded directly to state and local organizations by the Maternal and Child Health Bureau through a competitive grant process instead of through state block grants as is the case for 510(b) funds. Many viewed this decision as an attempt by conservative lawmakers to control the funding and prevent money from supporting media campaigns, youth development, and after-school programs that they saw as diluting the abstinence message.[9]

Sexuality Education: Definitions and Comparisons

Comprehensive programs provide opportunities for students to develop communication, decision making, and other personal skills.

This section compares two contrasting approaches to teaching young people about their sexuality: *comprehensive sexuality education* and *abstinence-only-until-marriage education*. The differences point to the real public health threat imposed by current federal policy.

Comprehensive sexuality education. These programs emphasize the benefits of abstinence while also teaching about contraception and disease-prevention methods. Ideally, they start in kindergarten and continue through twelfth grade. They provide developmentally appropriate information on a broad variety of topics related to sexuality such as sexual development, reproductive health, interpersonal relationships, affection, intimacy, body image, and gender roles. Comprehensive programs provide opportunities for students to develop communication, decision-making, and other personal skills.

Abstinence-only-until-marriage. These programs, many of which are federally-funded, teach abstinence from all sexual activity as the only morally correct option for unmarried young people. They teach that "a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity" and that "sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects."[10] These programs, also referred to as abstinence-only programs, censor information on contraception for the prevention of sexually transmitted diseases and unintended pregnancies.

Abstinence-only-until-marriage programs and curricula are, by their nature, very limited in scope. They typically limit discussion to sexually transmitted diseases, unplanned pregnancies, contraceptive failure rates, and the need to refrain from sexual activity outside of marriage. They often fail to mention basic sexual health information relating to puberty and reproduction and contain no information about pregnancy and disease-prevention

methods other than abstinence. Consequently, these abstinence-only-until-marriage programs deny young people the information necessary to make informed, responsible sexual decisions. Some, however, go beyond withholding information by using fear as an educational tool. These programs, often referred to as fear-based, are designed to control young people's sexual behavior by instilling fear, shame, and guilt. They often contain biased information about gender, family structure, sexual orientation, and abortion.

Comprehensive Sexuality Education	Abstinence-Only-Until-Marriage Education
teaches that sexuality is a natural, normal, healthy part of life	teaches that sexual activity outside of marriage will have harmful social, psychological, and physical consequences
teaches that abstinence from sexual intercourse is the most effective method of preventing unintended pregnancy and STDs, including HIV	teaches that abstinence from sexual intercourse before marriage is the only acceptable behavior
offers students the opportunity to explore and define their individual values as well as the values of their families and communities	teaches one set of values as morally correct for all students
includes a wide variety of sexuality related topics, such as human development, relationships, interpersonal skills, sexual health, and society and culture	often limits topics to abstinence before marriage and to the negative consequences of premarital sexual activity
includes accurate, factual information on abortion, masturbation, and sexual orientation	either omits or contains biased information about topics such as abortion, masturbation, and sexual orientation
provides positive messages about sexuality and sexual behavior, including the benefits of abstinence	often relies on fear and shame to control young people's sexual behavior
teaches that the proper use of latex condoms, along with water-based lubricants, can significantly reduce, but not eliminate, the risk of unintended pregnancy and of infection with STDs, including HIV	discusses condoms only in terms of failure rates; often exaggerates condom failure rates
teaches that consistent use of contraception can greatly reduce a couple's risk for unintended pregnancy	discusses contraception only in terms of failure rates; often exaggerates contraceptive failure rates
includes accurate medical information about STDs, including HIV; teaches that individuals can avoid STDs	often includes inaccurate medical information and exaggerated statistics regarding STDs, including HIV; suggests that STDs are an inevitable result of premarital sexual behavior
teaches that religious values can play an important role in an individual's decisions about sexual behavior; offers students the opportunity to explore their own and their family's religious values	often promotes specific religious values
teaches that a woman faced with an unintended pregnancy has options: carrying the pregnancy to term and raising the baby, carrying the pregnancy to term and placing the baby for adoption, or ending the pregnancy with an abortion	teaches that adoption is the only morally correct and mature decision for a teenager faced with an unintended pregnancy

States Implement Section 510(b) Abstinence-Only-Until-Marriage Education Programs

Educators particularly expressed concern that abstinence-only-until-marriage programs are, in effect, censoring more comprehensive programs.

During the first year* of the Section 510(b) federal abstinence-only-until-marriage program, all 50 states, the District of Columbia, Guam, the Virgin Islands, and Puerto Rico applied for grants. Only two states—California and New Hampshire—eventually declined them.

States spent this federal money on nearly 700 abstinence-only-until-marriage grants to education agencies, community-based organizations (including some faith-based organizations), and statewide programs. SIECUS published a report titled *Between the Lines* that detailed states' use of the federal funds during that first year. Findings included:

- twenty-two states introduced new abstinence-only-until-marriage programs while 21 continued existing abstinence-only-until-marriage programs
- twenty-five states made grants to education agencies; 22 states made grants to school districts
- thirty-eight states made grants to community-based organizations while 18 made grants to faith-based institutions and 11 funded crisis pregnancy centers
- twenty-seven states and the District of Columbia included a media campaign in their programs; this was a new effort in 20 states and the District of Columbia
- twenty-three states funded school classroom programs
- 36 states and the District of Columbia focused on 10- to 14-year-old youth, 25 states focused on 15- to 17-year-old youth, 16 states focused on 18- to 19-year-old youth, three states focused on 20- to 24-year-old adults, and 13 states and the District of Columbia included youth 10 years old and younger as part of their intended audience.[11]

In the second year* of Section 510(b) federal funding for abstinence-only-until-marriage programs, 49 states, Puerto Rico, and the Virgin Islands applied for and received funds. California initially applied for funds but again opted not to participate. In the third year*, California was the only

state that did not apply for federal funds.

The status of all programs under the second and third years of funding is not yet known. Anecdotes from educators during the first year of implementation do, however, provide some insight. Educators particularly expressed concern that abstinence-only-until-marriage programs are, in effect, censoring more comprehensive programs.

What is clear is that since 1996 abstinence-only-until-marriage programs have expanded in states and communities because policymakers appear to perceive the federal funds as a "stamp of approval" for this type of education.[12]

A study recently published by the Alan Guttmacher Institute in *Family Planning Perspectives* titled "Changing Emphases in Sexuality Education in U.S. Public Secondary Schools, 1988–1999" shows that 23 percent of secondary school sexuality education teachers in 1999 taught abstinence as the only way of preventing pregnancy and STDs as compared to two percent in 1988—an increase of 21 percent.[13] This clearly indicates that sexuality education is increasingly focused on abstinence-only and is, therefore, less likely to provide students with vital information on contraception as both birth control and disease prevention.

** First year was 1998 federal fiscal year, second year was 1999 federal fiscal year, et cetera.*

Get Informed; Ask Questions

The terms used to describe sexuality education often do not provide insight into the scope, goals, and messages of particular programs. It is important that parents, educators, and other interested individuals go beyond these labels to develop a true understanding of local programs. The following questions, based on evaluations of effective programs, can help individuals truly assess sexuality education in their community:

- Does the program provide basic, accurate information about the risks of sexual intercourse and methods of avoiding unprotected intercourse, including abstinence and contraception?
- Does the program allow students to develop decision-making, communication, and negotiation skills?
- Does the program incorporate behavioral goals, teaching methods, and materials that are appropriate to the age, sexual experience, and culture of the students?
- Does the program last a sufficient length of time to actually educate young people or is it a one-shot, hour-long presentation?
- Does the program include activities that address social pressures associated with sexual behavior?
- Does the program use well-trained teachers?

Section 510(b) of Title V of the Social Security Act, P.L. 104–193

For the purposes of this section, the term "abstinence education" means an educational or motivational program which:

A has as its exclusive purpose teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;

B teaches abstinence from sexual activity outside marriage as the expected standard for all school-age children;

C teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;

D teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of sexual activity;

E teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;

F teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society;

G teaches young people how to reject sexual advances and how alcohol and drug use increase vulnerability to sexual advances, and

H teaches the importance of attaining self-sufficiency before engaging in sexual activity.

What Is Wrong with Abstinence-Only-Until-Marriage Education Requirements?

The federal definition of abstinence-only-until-marriage education clearly prohibits programs from discussing pregnancy and disease-prevention methods other than abstinence.

SIECUS, Advocates for Youth, and other organizations who support comprehensive sexuality education also support teaching young people about abstinence. They do not, however, support teaching young people *only* about abstinence or using fear and negative messages to motivate behavior.

One of the four primary goals of sexuality education—as set forth by the National Guidelines Task Force, a group of leading health, education, and sexuality professionals—is to "help young people exercise responsibility regarding sexual relationships, including abstinence [and] how to resist pressures to become prematurely involved in sexual intercourse." SIECUS' *Guidelines for Comprehensive Sexuality Education; K–12,* which was created by the Task Force, includes 36 sexual health topics. Abstinence is one of these topics.[14]

SIECUS and Advocates for Youth believe that abstinence is a healthy choice for adolescents and that premature involvement in sexual behavior poses risks. However, data has consistently shown that 50 percent of high school students have engaged in sexual intercourse.[15]

Whether adults agree with young people's actions or not, they cannot ignore the fact that millions of teenagers in the United States are engaging in a range of sexual behavior.[16] That is why all young people need the information, skills, and access to services necessary to make and carry out informed, responsible decisions about their sexuality.

Federally-funded abstinence-only-until-marriage education programs deny young people this very information. In fact, they must adhere to a strict eight-point definition, many aspects of which are in direct opposition to the goals and tenets of comprehensive sexuality education. While the law does not require programs to focus equally on each aspect of the definition, it does state that a federally-funded project "may not be inconsistent with any aspect of the abstinence definition."[17] While some aspects of the law's definition are not objectionable, others

run counter to common sense, research, and genuine public health realities and responsibilities. The following section highlights some of the more problematic points of the eight-point definition. (For a complete listing of all eight points, see page 11.)

Federal Requirement B "…teaches that abstinence from sexual activity outside marriage is the expected standard for all school age children."

Although adults may want this as a standard, it is far from accurate in describing the world of today's teenagers. The reality is that sexual behavior is almost universal among American adolescents. A majority of them date, over 85 percent have had a boyfriend or a girlfriend and have kissed someone romantically, and nearly 80 percent have engaged in deep kissing.[18]

The majority of young people move from kissing to more intimate sexual behaviors during their teen years. Seventy-two percent of teens report "touching above the waist," 54 percent report "touching below the waist," 26 percent report engaging in oral sex, and 4 percent report engaging in anal sex.[19]

According to data from the most recent *Youth Risk Behavior Surveillance System* of the Centers for Disease Control and Prevention (CDC), 50 percent of high school students have had sexual intercourse, a rate virtually unchanged since the study began in 1990.[20] A similar survey of college students found that 80 percent of students 18 to 24 years of age had engaged in sexual intercourse.[21]

In addition, a recent study found that even those young people who remain virgins during their teen years engage in some forms of sexual behavior. Nearly one third of teens who identified themselves as virgins in that study had engaged in heterosexual masturbation of or by a partner, 10 percent had participated in oral sex, and one percent had engaged in anal intercourse.[22]

Teens are engaging in a variety of sexual behaviors every day that place them at risk for unintended pregnancy and STDs, including HIV. There is no research to support the notion that they will stop sexual behavior simply because adults ask them. Yet, the federal definition of abstinence-only-until-marriage education clearly prohibits programs from discussing pregnancy and disease-prevention methods other than abstinence. Such education denies teens the information they need to make informed responsible sexual decisions.

"Teens are engaging in a variety of sexual behaviors every day that place them at risk for unintended pregnancy and STDs, including HIV."

Federal Requirement C "…teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems."

On the surface, it is hard to argue with this statement. The *Guidelines* state that "abstinence from sexual intercourse is the most effective method of preventing pregnancies and STDs/HIV."[23] However, this point clearly prevents funded programs from discussing the effectiveness of condoms and contraception in preventing unintended pregnancy and disease transmission. In fact, many

abstinence-only-until-marriage programs discuss methods of contraception only in terms of their failure rate. After learning that abstinence is the "only certain way" to avoid pregnancy and disease and that condoms and contraceptive methods are not reliable, young people who do become sexually active are less likely to practice prevention techniques.

"Programs that teach students that condoms or contraception do not work will not necessarily prevent students from having sexual intercourse but will likely prevent them from using protection."

Some strict abstinence-only-until-marriage programs actually discourage the use of contraception, especially condoms. These programs give teens exaggerated and outdated information about effectiveness and tell them that correct condom use is difficult. In reality, research has shown that using a condom for protection from HIV is 10,000 times safer than not using a condom. But people need to learn how to use condoms correctly if they are going to protect themselves.[24] The CDC states that "studies of hundreds of couples show that consistent condom use is possible when people have the skills and motivations to do so." The CDC pointed out, however, that "people who are skeptical about condoms aren't as likely to use them—but that doesn't mean they won't have sex."[25]

Programs that teach students that condoms or contraception do not work will not necessarily prevent students from having sexual intercourse but will likely prevent them from using protection. These students will, therefore, put themselves at risk for STDs and unintended pregnancy.

In 1979, fewer than 50 percent of adolescents used contraception at first intercourse. In 1988, more than 65 percent used them. In 1990, more than 70 percent used them.[26] Unfortunately, abstinence-only-until-marriage education is likely to reverse these significant strides that youth in the United States have made toward safer sexual behavior in the past two decades.

Federal Requirement D "… teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity."

Again, while members of Congress or society might wish this as a standard, it is clearly not true in American culture. The concept of chastity until marriage is unrealistic in an age when young people are reaching puberty earlier than ever before, when half of high school students have engaged in sexual intercourse[27], when 80 percent of college students 18 to 24 years of age have engaged in sexual intercourse[28], and when the median age of first marriage is 25.9 for men and 24 for women.[29]

A brief look at Americans' behavior indicates that this "expected standard" is highly unlikely in American society. The vast majority of Americans begin having sexual relationships in their teens, fewer than seven percent of men and 20 percent of women 18 to 50 years old were virgins when they were married, and only 10 percent of adult men and 22 percent of adult women report their first sexual intercourse was with their spouse.[30] It is likely this "standard" was never true in America. A third of all Pilgrim brides were preg-

nant when they were married.[31]

Federally-funded abstinence-only-until-marriage programs are required to teach young people that all unmarried individuals (both adults and youth) *must* remain celibate. While this is a value held by many people in America, it is clearly not universally accepted as truth. Today, there are almost 80 million American adults who are classified as single because they have either delayed marriage, have decided to remain single, have divorced, are widowed, or have entered into gay or lesbian partnerships.[32] It is unreasonable to expect these adults to adhere to this "standard" and it is inaccurate and misleading to tell students that adults are adhering to it.

This part of the definition also seems to assume that all people have an equal chance or desire to enter into a "mutually faithful monogamous relationship in the context of marriage." Many people choose not to marry. Others — like gays and lesbians — are legally barred from marrying. Students enrolled in abstinence-only-until-marriage programs are now essentially learning that the sexual relationships of these people — whether same-sex or opposite-sex — are in conflict with society's standards.

Finally, this part of the definition may prove particularly harmful to young people who are or have been sexually abused. It requires telling these students that the behaviors in which they have involuntarily participated go against society's "expected standard." Such statements are likely to produce additional feelings of guilt and shame in these abused individuals.

Federal Requirement E "…teaches that sexual activity outside of marriage is likely to have harmful psychological and physical effects."

There is no sound public health data to support this statement. It is true that unprotected sexual activity can lead to unplanned pregnancies, STDs, and HIV. It is also true that intimate relationships can be harmful for some people. However, the reality is that the majority of people have had sexual relationships prior to marriage with no negative repercussions.

Federal Requirement F "…teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society."

In order to comply with this part of the definition, abstinence-only-until-marriage programs must present one family structure as morally correct and beneficial to society. In reality, any American classroom is likely to have children of never-married or divorced parents as well as children of gay, lesbian, and bisexual parents who can never legally marry. Telling these students that their families are the cause of societal problems will likely alienate them and could cause negative feelings about themselves and their families.

"Abstinence-only-until-marriage programs must present one family structure as morally correct and beneficial to society."

In sum, much of this eight-point definition written by Congressional staff under the influence of special interest groups has no basis in public health research.

Research Supports Comprehensive Sexuality Education

Numerous studies and evaluations published in peer-reviewed literature suggest that comprehensive sexuality education is an effective strategy to help young people delay their involvement in sexual intercourse.

Abstinence-only-until-marriage education relies on the notion that young people will "just say no" if they are told to do so. Proponents of this type of education conclude that this is the only way to encourage young people to delay sexual activity until marriage, and consequently, to avoid becoming involved in a pregnancy, infected with an STD, or even emotionally hurt by a failed romance.

There is no proof that these claims are true. There are no published studies in the professional literature that show that abstinence-only programs will result in young people delaying the initiation of sexual intercourse.

To date, there are six published studies of abstinence-only programs. None have found consistent and significant program effects on delaying the onset of intercourse. In fact, at least one has provided strong evidence that the program did not delay the onset of intercourse.[33]

Proponents of abstinence-only-until-marriage programs often conduct their own in-house evaluations and cite them as proof that their programs are effective. However, outside experts have found them inadequate, methodologically unsound, or inconclusive based on methodological limitations.[34]

The CDC's *Research to Classroom Project* identifies curricula that have *shown evidence* of reducing sexual risk behaviors.[35] A recent paper written by the White House Office of National AIDS Policy points out that "none of the curricula on the current list of programs uses an 'abstinence-only' approach." The paper goes on to say that "...it is a matter of grave concern that there is such a large incentive to adopt unproven abstinence-only approaches."[36]

Comprehensive sexuality education is effective. On the other hand, numerous studies and evaluations published in peer-reviewed literature suggest that comprehensive sexuality education is

an effective strategy to help young people delay their involvement in sexual intercourse.

A review commissioned by the Joint United Nations Programme on HIV/AIDS (UNAIDS) looked at 22 HIV-prevention and comprehensive sexuality education programs and found that they delayed the onset of sexual activity, reduced the number of sexual partners among sexually active youth, and reduced the rates of unintended pregnancy and STDs.[37]

A report titled *No Easy Answers,* written by Dr. Douglas Kirby, one of the leading researchers in the field of sexuality education, also considered evaluations of HIV-prevention and sexuality education programs—both abstinence-only-until-marriage and comprehensive. It concluded that HIV-prevention and sexuality education programs that cover both abstinence *and* contraception can delay the onset of sexual intercourse, reduce the frequency of sexual intercourse, and reduce the number of sexual partners. It also found that many of these programs significantly increased the use of condoms and other forms of contraception.[38]

Critics of comprehensive sexuality education often suggest that giving youth information about sexuality and contraception will encourage them to engage in sexual activity earlier and more often. However, research has consistently found that "sexuality and HIV education programs that include the discussion of condoms and contraception do not increase sexual intercourse, either by hastening the onset of intercourse, increasing the frequency of intercourse, or increasing the number of sexual partners."[39]

The conclusion reached by these studies is echoed in a review by the World Health Organization of evaluations of 35 sexuality education programs. The review concluded that the programs that are most effective in reducing sexual risk-taking behaviors among young people are programs that provide information on abstinence, contraception, and STD prevention.[40]

According to Dr. Kirby, effective programs:

- focus narrowly on reducing one or more sexual behaviors that lead to unintended pregnancy or STDs/HIV infection
- are based on theoretical approaches that have been successful in influencing other health-related risky behaviors
- give a clear message by continually reinforcing a clear stance on particular behaviors
- provide basic, accurate information about the risks of unprotected intercourse and methods of avoiding unprotected intercourse
- include activities that address social pressures associated with sexual behavior
- provide modeling and the practice of communication, negotiation, and refusal skills

"Programs that cover both abstinence and contraception delay the onset of sexual intercourse, reduce the frequency of sexual intercourse, and reduce the number of sexual partners."

- incorporate behavioral goals, teaching methods, and material that are appropriate to the age, sexual experience, and culture of the students
- last a sufficient length of time to complete important activities adequately
- select teachers or peers who believe in the program they are implementing and then provide training for those individuals[41]

There is no credible evidence that a "just say no" attitude toward teen sexual activity will work. On the other hand, study after study clearly support an approach to sexuality education that includes teaching young people about abstinence, contraception, and disease-prevention methods.

Evaluations Support Comprehensive Sexuality Education

Reviews of published evaluations of sexuality education, HIV-prevention, and adolescent pregnancy prevention programs have consistently found that such programs:

- do not encourage teens to start having sexual intercourse
- do not increase the frequency with which teens have intercourse
- do not increase the number of a person's sexual partners

Instead many of these programs:

- delay the onset of intercourse
- reduce the frequency of intercourse
- reduce the number of sexual partners
- increase condom or contraceptive use

Americans Support Comprehensive Sexuality Education

Data from recent national surveys indicate that there is overwhelming support for comprehensive sexuality education from parents, teachers, principals, and students.

SIECUS/Advocates for Youth survey. In 1999, SIECUS and Advocates for Youth retained Hickman-Brown Research, a nationally known public opinion research organization, to poll a national sample of 1,050 adults nationwide on their attitudes about sexuality education in the United States.

Two major findings stood out. The vast majority of Americans (93 percent) supported comprehensive sexuality education and believed young people "should be given information to protect themselves from unplanned pregnancies and STDs," and Americans believed abstinence should be a topic in sexuality education even though they rejected abstinence-only-until-marriage education that denied young people information about contraception and condoms.[42]

The survey also found that Americans overwhelmingly rejected current myths about sexuality education. Specifically, it found that only 12 percent believed that "giving young people information about sex and sexuality only encouraged them to have sexual relations" and that 67 percent rejected the idea that giving young people information about contraception in schools sent a mixed message that encouraged them to have intercourse.[43]

In addition, the study found that a large majority of Americans also understood that sexuality education was about more than preventing unwanted pregnancies and STDs. It found that 86 percent believed that "young people need information about sexuality so they will have healthy and happy intimate relationships as adults," that 79 percent believed that "whether or not young people are sexually active, they should be given information about sex and sexuality so they will have an adequate understanding of it," and that

63 percent, including 44 percent of those who identified themselves as conservative, believed that sexual exploration among young people was a natural part of growing up and that the best approach was to provide information and services to help young people act responsibly.[44]

The Kaiser Family Foundation survey. Titled *Sex Education in America: A View from Inside the Nation's Classrooms,* the Kaiser Family Foundation released a survey in September 2000 that looked at current school-based sexuality education in the United States from the viewpoint of 1,501 pairs of students and their parents, 1,001 sexuality education teachers, and 313 principals.[45]

The study found that 61 percent of teachers and 58 percent of principals reported their school takes a comprehensive approach to sexuality education described as teaching young people that they should wait to engage in sexual behavior but that they should practice "safer sex" and use birth control if they do not. In contrast, 33 percent of teachers and 34 percent of principals described their school's main message as abstinence-only-until-marriage.[46]

When asked what they wanted their children to learn, parents named these topics and skills: resisting pressure to have sexual intercourse (94 percent); knowing how to discuss birth control with a partner (88 percent); knowing how to use condoms (85 percent); knowing how to use other forms of birth control (84 percent); having information about abortion (79 percent); and learning about sexual orientation (76 percent).[47]

Nearly three-quarters of parents (74 percent) also said that they wanted schools to present issues in a "balanced" way that represented different views in society. A third of parents (33 percent) said they wanted their children to learn abstinence as

People Want Sexuality Education to Cover Many Topics

The SIECUS/Advocates for Youth study found that adults wanted middle school and high school students to learn about a broad range of topics in sexuality education programs.

	7–8 Grades	9–10 Grades	11–12 Grades
Puberty	82%	94%	96%
Abstinence	79%	91%	95%
HIV/AIDS	76%	92%	95%
STDs	74%	91%	96%
Love/Dating	63%	86%	92%
Contraception/Birth Control	59%	84%	91%
Condoms	58%	82%	90%
Sexual Orientation	56%	76%	85%
Abortion	40%	68%	79%

the only option until marriage. However, many of the same parents also wanted their children to learn preventative skills such as how to use condoms and other birth control methods.[48]

When asked what they wanted to learn in sexuality education classes, students named the following: knowing what to do in case of rape or sexual assault (55 percent); knowing how to deal with the emotional consequences of being sexually active (46 percent); knowing how to talk to or with a partner about birth control and STDs (46 percent); and knowing how to use or where to obtain birth control (40 percent).[49]

Both surveys dramatically confirm that Americans want sexuality education for young people that includes information on both abstinence and contraception to prevent STDs and unintended pregnancy.

Professional Organizations Support Comprehensive Sexuality Education

Reputable professional health organizations and government-supported health and educational institutions endorse comprehensive sexuality education.

The American Medical Association's Council on Scientific Affairs "urges schools to implement comprehensive, developmentally appropriate sexuality education programs that:

- **a.** are based on rigorous, peer reviewed science;
- **b.** show promise for delaying the onset of sexual activity and a reduction in sexual behavior that puts adolecents at risk for contracting human immunodeficiency virus (HIV) and other sexually transmitted diseases and for becoming pregnant;
- **c.** include an integrated strategy for making condoms available to students and for providing both factual information and skill-building related to reproductive biology, sexual abstinence, sexual responsibility, contraceptives including condoms, alternatives in birth control, and other issues aimed at prevention of pregnancy and sexual transmission of diseases;
- **d.** utilize classroom teachers and other professionals who have shown an aptitude for working with young people and who have received special training that includes addressing the needs of gay, lesbian, and bisexual youth;
- **e.** include ample involvement of parents, health professionals, and other concerned members of the community in the development of the program; and
- **f.** are part of an overall health education program."[51]

The American Academy of Pediatrics recommends that "…Condom availability programs should be developed through a collaborative community process and accompanied by comprehensive, sequential sexuality education, which is ideally part of a K–12 health education program…"[52]

The American College of Obstetrics and Gynecology's Committee on Adolescent Health Care—Committee Opinion 1995 states that "although abstinence should be stressed as the certain way to prevent STDs and pregnancy, sexually active teens, male and female, must nonetheless be taught to use condoms properly, effectively, and consistently."[53]

The Society for Adolescent Medicine recommends "that all states should mandate the teaching of health and sex education from kindergarten through twelfth grade as part of the overall curriculum in schools. Content of education should include discussion of sexuality, reproduction, fertility, decision making, delaying first intercourse, abstinence, methods of contraception, abortion, parenting, and sexually transmitted disease with emphasis on HIV and AIDS, teaching risk assessment and risk reduction with the use of explicit language and illustrations applicable to the student population."[54]

The National Institutes of Health says that "legislative barriers that discourage effective programs aimed at youth must be eliminated. Although sexual abstinence is a desirable objective, programs must include instruction in safer sex behavior, including condom use. The effectiveness of these programs is supported by strong scientific evidence. However, they are discouraged by welfare reform provisions, which support only programs using abstinence as the goal."[55]

The National Governors' Association and Its Center for Best Practices states that "programs that combine factual information about sex and reproduction with assertiveness training and activities that help teens improve decision making and communication skills appear to be more effective than traditional sex education programs. The most effective programs of this type include the following components: stressing the importance of delaying sexual activity, providing contraceptive information, addressing social and media influences, and building communication and negotiation skills."[59]

White House, Office of National AIDS Policy states that "schools and other prevention service providers should adhere to the best practices as identified by prevention science, and those receiving new funding should be held strictly accountable for such adherence. A relatively large amount of federal funding is currently dedicated to untested, abstinence-only programs. Priority for future funding increases should be given to programs with demonstrated effectiveness in decreasing behavioral risk of infection with HIV and other STDs, and of unintended pregnancy."[60]

"Legislative barriers that discourage effective programs aimed at youth must be eliminated."

The Institute of Medicine

Committee on HIV Prevention Strategies in the United States says: "Therefore the Committee recommends that: Congress, as well as other federal, state, and local policymakers, eliminate the requirements that public funds be used for abstinence-only education, and that states and local school districts implement and continue to support age-appropriate comprehensive sex education and condom availability…"[56]

Committee on Prevention and Control of Sexually Transmitted Diseases states that "sexuality education programs that provide information on both abstinence and contraceptive use neither encourage the onset of sexual intercourse nor increase the frequency of intercourse among adolescents. In fact, programs that provide both messages appear to be effective in delaying the onset of sexual intercourse and encouraging contraceptive use once sexual activity has begun, especially among younger adolescents."[57]

Committee on Unintended Pregnancy says that "several studies have shown that sexual activity in young adolescents can be postponed and that use of contraception can be increased once sexual activity has begun by comprehensive education that includes several messages simultaneously: the value of abstinence, in young ages especially; the importance of good communication between the sexes and with parents regarding a range of interpersonal topics including sexual behavior and contraception; skills for resisting peer pressure to be sexually active; and the proper use of contraception once sexual activity has begun."[58]

More Support for Comprehensive Sexuality Education

A recent Institute of Medicine study titled *No Time to Lose: Getting More from HIV Prevention* investigated abstinence-only programs' ability to provide youth with the knowledge they need to protect themselves from HIV and other STDs.

Researchers noted that comprehensive sexuality education had been proven effective in reducing high-risk behavior while abstinence-only programs had not. They recommended that all federal, state, and local policymakers "eliminate requirements that public funds be used for abstinence-only education" and that local school districts "implement and continue to support age-appropriate comprehensive sex education and condom availability programs in schools."[61]

Prominent National Organizations Support Comprehensive Sexuality Education

In 1990, six organizations joined together to establish the National Coalition to Support Sexuality Education (NCSSE). It has grown significantly during the past decade to include 123 national organizations representing social workers, religious officials, educators, advocates, physicians, health care professionals, child development specialists, researchers, libraries, and academicians.[62] Coalition members include:

Advocates for Youth

AIDS Action Council

The Alan Guttmacher Institute

American Academy of Child and Adolescent Psychiatry

American Academy of Pediatrics

American Association for Health Education

American Association for Marriage and Family Therapy

American Association of Family & Consumer Sciences

American Association of Mental Retardation

American Association of School Administrators

American Association of Sex Educators, Counselors, and Therapists

American Civil Liberties Union, Reproductive Freedom Project

American College of Nurses and Midwives

American College of Obstetricians & Gynecologists

American Counseling Association

American Jewish Congress

American Library Association

American Medical Association

American Medical Students Association

American Medical Women's Association

American Nurses Association

American Orthopsychiatric Association

American Psychiatric Association

American Psychological Association

American Public Health Association

American School Health Association

American Social Health Association

Association of Reproductive Health Professionals

Association of Sexuality Education and Training

Association of State & Territorial Directors of Public Health Education

Association of State & Territorial Health Officials

ASTRAEA National Lesbian Action Foundation

AVSC International

Balm in Gilead

Blacks Educating Blacks about Sexual Health Issues

Boston Women's Health Book Collective

Catholics for a Free Choice

Center for Law and Social Policy

Center for Policy Alternatives

Center for Reproductive Health Policy Research

Center for Reproductive Law and Policy

Center for Sexuality and Religion

Center for Women Policy Studies

Child Welfare League of America

Children's Defense Fund

Choice USA

Coalition on Sexuality and Disability, Inc.

ETR Associates

Education Development Center, Inc.

Equal Partners in Faith

Federation of Behavioral Psychological and Cognitive Sciences

Feminist Majority Foundation

Gay and Lesbian Medical Association

Girls Incorporated

Hetrick-Martin Institute

Human Rights Campaign

The Institute for Advanced Study of Human Sexuality Alumni Association

Jewish Women International

The Kinsey Institute for Research in Sex, Gender, and Reproduction

The Latina Roundtable on Health & Reproductive Rights

Midwest School Social Work Council

Mothers' Voices

National Abortion Federation

National Abortion & Reproductive Rights Action League

National Alliance of State and Territorial AIDS Directors

National Asian Women's Health Organization

National Association for Equal Opportunity in Higher Education

National Association of Counties

National Association of County and City Health Officials

National Association of People with AIDS

National Association of School Psychologists

National Black Women's Health Project

National Center for Health Education

National Coalition of Advocates for Students

National Coalition of Abortion Providers.

National Coalition of STD Directors

National Committee for Public Education and Religious Liberty

National Council of La Raza

National Council of Negro Women

National Council of State Consultants for School Social Work Services

National Council on Family Relations

National Education Association Health Information Network

National Family Planning and Reproductive Health Association

National Federation of Abortion Providers

National Gay and Lesbian Task Force

National Information Center for Children & Youth with Disabilities

National Latina Health Organization

National Latina/o Lesbian, Gay, Bisexual & Transgender Organization (LLEGO)

National League for Nursing

National Lesbian and Gay Health Association

National Medical Association

National Mental Health Association

National Minority AIDS Council

National Native American AIDS Prevention Center

National Network for Youth

National Organization on Adolescent Pregnancy, Parenting and Prevention

National Resource Center for Youth Services

National School Boards Association

National Urban League

National Women's Health Network

National Women's Law Center

Network for Family Life Education

Office of Family Ministries & Human Sexuality, National Council of Churches

Parents, Families and Friends of Lesbians and Gays

People for the American Way

Planned Parenthood Federation of America

Population Communications International

Presbyterians Affirming Reproductive Options

Religious Coalition for Reproductive Choice

Sexuality Information and Education Council of the United States

Society for Adolescent Medicine

Society for Developmental and Behavioral Pediatrics

Society for Public Health Education

Society for the Scientific Study of Sexuality

Unitarian Universalist Association

United Church Board for Homeland Ministries

United States Conference of Mayors

United States Student Association

University of Pennsylvania, Graduate School of Education

YAI/National Institute for People with Disabilities

The Young Women's Project

YWCA of the U.S.A.

Zero Population Growth, Inc.

What Advocates Can Do to Support Comprehensive Sexuality Education

Advocates for comprehensive sexuality education can make a difference by speaking up. Where there is silence, elected officials tend to hear agreement or acquiescence. The following actions will help support comprehensive sexuality education and counter abstinence-only-until-marriage education.

Get Informed

- ***Find out what sexuality education looks like in your schools.*** Ask your children, teachers, principals, superintendents, and school board members about the sexuality education programs that are taught in your schools.
- ***Contact the maternal and child health program*** within your state's health department to determine local organizations that have received federal and state funding for abstinence-only-until-marriage programs. (Check the "blue pages" or government pages of your phone book for contact information.)
- ***Conduct a local poll or organize a focus group discussion*** to determine local opinion about comprehensive sexuality education.

Get Support

- ***Contact local family planning and advocacy organizations*** to determine what groups or coalitions are already working on this issue and how you might participate.
- ***Create a community group*** that supports comprehensive sexuality education in schools. Have parents, community members, and students sign a statement of support or a petition.
- ***Encourage your local Parent-Teacher Association/Organization (PTA/O) to participate*** in this issue. Ask them to endorse your efforts. Consider making a presentation on the lack of evidence stating that abstinence-only-until-marriage education programs are effective at their next meeting and bringing young people to provide testimonials.

- ***Include senior citizens in your efforts*** by contacting senior centers and clubs. Individuals may be willing to speak about the lack of comprehensive sexuality education available during their school years and to advocate for today's children and youth.
- ***Involve faith-based organizations.*** Many denominations have affirmed the need for sexuality education, both within their own faith community and in the public schools. Ask religious leaders who support comprehensive sexuality education to discuss the issue with their congregation.

Get Involved

- ***Locate the group or task force in charge of overseeing or monitoring the abstinence-only-until-marriage program*** in your state or territory by calling the maternal and child health program in your state's health department. Ask how you can participate as a citizen member of this oversight body. [You may find there is no such task force. If so, write your governor and ask him or her to create such an entity to monitor possible conflicts of interest (such as the separation of church and state) by abstinence-only-until-marriage education providers.]
- ***Locate the health curricula review committee*** in your school district, county, city, or state. These committees, usually made up of parents, teachers, professionals, and students, are responsible for evaluating sexuality education curricula before they are adopted by schools. As such, they often have the most powerful influence over sexuality education in their community. Ask how you and your friends can join the committee.

Get Your Message Out

- ***Use the tried-and-true strategy of writing your elected representatives.*** Draft a letter about the importance of sexuality education to use as a template. Change it slightly as you write to various individuals such as your governor, state health commissioner, state education commissioner, state representatives and senators, federal representatives and senators, city council members, mayor, municipal officials, school board members, and school superintendents. (You can usually find contact information for these individuals in the "blue pages" or government section of your phone directory.)
- ***Get the local media involved*** in this issue. Find out which reporter writes about school-related issues. Call him or her and ask to speak about your concerns. Inform the reporter about the results of your local poll or petition to support sexuality education. Invite the reporter to a sexuality education class, a roundtable discussion about the topic with youth, educators, and parents, a student rally, or community group meeting.

"Use the tried-and-true strategy of writing your elected representatives."

- ***Write an article for your local paper's opinion/editorial section.*** Determine which local organizations have newsletters or other periodicals that might also publish this article.
- ***Use the Internet to get your message across.*** Create a Web site or bulletin board dedicated to comprehensive sexuality education in your area or contribute opinions to existing Web sites or bulletin boards.

As you work to promote comprehensive sexuality education programs, remember that the old adage "all politics is local" is particularly relevant on topics related to education. It is true that federal and state programs and entitlements affect local school districts. Still, districts have a great deal of autonomy over what they can teach. Grassroots efforts, like those discussed here, can help turn the tide against abstinence-only-until-marriage education and the dangers it presents to the health and well being of America's children and communities.

FOR MORE INFORMATION

These organizations can provide more information to advocates of comprehensive sexuality education. When visiting these organization's Web sites, advocates should follow the links to other organization's Web sites for more information.

Advocates for Youth

Dedicated to promoting policies which help young people make informed and responsible decisions about their sexual health.

2000 M Street, N.W., Suite 750
Washington, DC 20036
Phone: 202/419-3420
E-mail: info@advocatesforyouth.org
Web site: www.advocatesforyouth.org

The Alan Guttmacher Institute (AGI)

Providing research data and policy analysis on reproductive health issues, both domestic and international.

120 Wall Street
21st Floor
New York, NY 10005
Phone: 212/248-1111
Fax: 212/248-1951
E-mail: info@agi.usa.org
Web site: www.agi-usa.org

American School Health Association (ASHA)

Advocating high-quality school health instruction, health services, and a healthful school environment.

7263 State Road 43, P.O. Box 708
Kent, OH 44240
Phone: 330/678-1601
Fax: 330/678-4526
E-mail: asha@ashaweb.org
Web site: www.ashaweb.org

Center for Law and Social Policy (CLASP)

Seeking to improve the economic security of low-income families with children and securing access for low-income persons to the nation's civil justice system.

1616 P Street, N.W., Suite 150
Washington, DC 20036
Phone: 202/328-5140
Fax: 202/328-5195
E-mail: clasp@clasp.org
Web site: www.clasp.org

Centers for Disease Control and Prevention (CDC)

Promoting health and quality of life by preventing and controlling disease, injury, and disability.

1600 Clifton Road
Atlanta, GA 30333
Phone: 800/311-3435
Fax: 770/488-3110
Web site: www.cdc.gov

ETR Associates

Dedicated to enhancing the well-being of individuals, families, and communities by providing leadership, educational resources, training, and research in health promotion with an emphasis on sexuality and health education.

P.O. Box 1830
Santa Cruz, CA 95061-1830
Phone: 800/321-4407
Fax: 800/435-8433
E-mail: etr@etrassociates.org
Web site: www.etr.org

Institute of Medicine

Advancing and disseminating scientific knowledge to prove human health.

2101 Constitution Avenue, N.W.
Washington, DC 20418
Phone: 202/334-3300
Fax: 202/334-3851
E-mail: iom_hpdp@nas.edu
Web site: www.iom.edu

Kaiser Family Foundation

An independent philanthropic organization focusing on the major health issues facing the nation.

2400 Sand Hill Road
Menlo Park, CA 94025
Phone: 650/854-9400
Fax: 650/854-4800
E-mail: kff@kff.org
Web site: www.kff.org

Maternal and Child Health Bureau (MCHB)

Dedicated to promoting and improving the health of the nation's mothers and children.

5600 Fishers Lane
Room 18-05
Rockville, MD 20857
Phone: 888/434-4MCH
Fax: 703/821-2098
Web site: www.nmchc.org

National Abortion and Reproductive Action League (NARAL) Foundation

Working to protect access to safe, legal abortion and to expand the full range of reproductive rights.

1156 15th Street, N.W.
Suite 700
Washington, DC 20005
Phone: 202/973-3000
Fax: 202/973-3070
E-mail: naral@naral.org
Web site: www.naral.org

National Campaign to Prevent Teen Pregnancy

Working to improve the life prospects of this generation and the next by influencing cultural values and building a more effective grassroots movement.

1776 Massachusetts Avenue, N.W.
Suite 200
Washington, DC 20036
Phone: 202/478-8500
Fax: 202/478-8588
E-mail: teenpregnancy@teenpregnancy.org
Web site: www.teenpregnancy.org

National Family Planning Reproductive Health Association (NFPRHA)

Dedicated to assuring access to voluntary, comprehensive, and culturally sensitive family planning and reproductive health care services and to support reproductive freedom for all.

1627 K Street, N.W.
12th Floor
Washington, DC 20006
Phone: 202/293-3114
Fax: 202/293-1990
E-mail: info@nfprha.org
Web site: www.nfprha.org

National Organization on Adolescent Pregnancy, Parenting, and Prevention (NOAPPP)

Dedicated to providing general leadership, education, training, information, advocacy, resources and support to individuals and organizations in the field of adolescent pregnancy, parenting, and prevention.

2401 Pennsylvania Avenue, N.W.
Suite 350
Washington, DC 20037
Phone: 202/293-8370
Fax: 202/293-8805
E-mail: noappp@noappp.org
Web site: www.noappp.org

Planned Parenthood Federation of America (PPFA)

Dedicated to the principles that every individual has a fundamental right to decide when or whether to have a child and that every child should be wanted and loved.

810 Seventh Avenue
New York, NY 10019
Phone: 212/541-7800; 800/230-PLAN
Fax: 212/245-1845
E-mail: communications@ppfa.org
Web site: www.plannedparenthood.org

Sexuality Information and Education Council of the United States (SIECUS)

Promoting comprehensive education about sexuality and advocating the right of individuals to make responsible sexual choices.

130 West 42nd Street
Suite 350
New York, NY 10036-7802
Phone: 212/819-9770
Fax: 212/819-9776
E-mail: siecus@siecus.org
Web site: www.siecus.org

U.S. Department of Health and Human Services

Dedicated to promoting the health of all Americans, this federal agency consists of 12 operating divisions responsible for public health, biomedical research, Medicare and Medicaid, welfare, social services, and more.

200 Independence Avenue, S.W.
Washington, DC 20201
Phone: 202/619-0257;
877/696-6775 (toll free)
Fax: 202/205-3558
E-mail: wmaster@os.dhhs.gov
Web site: www.hhs.gov

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