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Policy Brief

Abstinence-Only-Until-Marriage Programs: Ineffective, Unethical, and Poor Public Health

The vast majority of Americans support abstinence from sexual activity for school-age children, especially younger adolescents. Yet, abstinence-only-until-marriage programs, currently being taught in many schools, are at odds with what most Americans want schools to teach. The public supports a broad sex education curriculum that stresses abstinence as the best way to avoid unintended pregnancy and sexually transmitted infections (STIs) but that also conveys complete and medically accurate information about contraception and condoms.[1]

Despite these strong public preferences, the federal government has invested more than $1.5 billion in state and federal dollars since 1997 into prescriptive abstinence-only and abstinence-only-until-marriage programs[2] that are, at best, ineffective and wasteful and, at worst, misleading and dangerous to America's youth.

Federally funded abstinence-only programs must adhere to a stringent eight-point definition of education. Funded programs must have the "exclusive purpose of teaching the social, psychological, and health gains to be realized by abstaining from sexual activity." They must teach, among other things, that "sexual activity outside of marriage may have harmful psychological and physical effects" and that "a mutually faithful monogamous relationship in the context of marriage is the expected standard for all school-age children."[3] This eight-point definition isn't based in evidence-based, public health and social science research. Rather, it reflects and promotes a socially conservative "values" agenda put forward by ultraconservative members of Congress. Program guidelines explicitly prohibit any discussion of contraceptives, except for failure rates. This limitation is particularly problematic for sexually experienced adolescents, a group with reproductive health needs distinctly different from the needs of sexually inexperienced youth. By emphasizing marriage as the expected standard, programs also exclude gay, lesbian, bisexual, transgender and questioning youth and ignore their needs.

A few of the reasons – practical, public health, and ethical – for questioning public investments in abstinence-only-until-marriage programs are outlined below.

- ***Many abstinence-only curricula contain "false, misleading or distorted information."*** A 2004 investigation by the minority staff of the House Government Reform Committee reviewed 13 commonly used abstinence-only curricula taught to millions of school-age youth. The study concluded that two of the curricula were accurate but that 11 others, used by 69 organizations in 25 states, blurred religion and science, and contained unproven claims and subjective conclusions or outright falsehoods regarding the effectiveness of contraceptives, gender traits, and when life begins. Among the misconceptions and outright falsehoods:
  - A 43-day-old fetus is a "thinking person."
  - HIV can be spread via sweat and tears.
  - Half of gay male teenagers in the United States have tested positive for HIV.
  - Pregnancy can result from touching another person's genitals.
  - Condoms fail to prevent HIV transmission as often as 31 percent of the time in heterosexual intercourse.
  - Women who have an abortion "are more prone to suicide."
  - As many as 10 percent of women who have an abortion become sterile.[4]

- ***Government has an obligation to provide accurate information and to eschew the provision of misinformation. Such obligations extend to state-supported health education and health care services.*** By providing misinformation and withholding accurate information that youth

need to make informed choices, abstinence-only-until-marriage programs violate youth's basic human right to sexual health information, are ethically unsupportable, and inherently coercive. Health care providers and health educators have ethical obligations to provide accurate health information. Patients and students have a right to receive the most accurate and complete information – information that will allow young people to achieve good health outcomes. Current federal abstinence laws and guidelines are ethically problematic because they limit the information – including accurate information about contraception and safer sex – available to young people.

- ***There is no evidence to date that abstinence-only-until-marriage programs bring about the desired long-term behavioral outcomes at which they aim – outcomes such as delays in sexual activity and reductions in unintended pregnancies and STIs.*** Although abstinence-only-until-marriage programs have the enthusiastic backing of some right-wing constituencies, the congressionally mandated, long-term evaluation of four highly touted abstinence-only programs (finally released in April 2007) does ***not*** support continued funding.[5] The study found that programs had no impact on desired behavioral outcomes. Programs did not achieve later sexual initiation or lower rates of pregnancy or STIs. By the end of the study, abstinence-only participants had their first sexual encounter at the same average age as the control group. In both the control group and study group, only 23 percent reported always using a condom when having sex.[5] Other recent research shows that abstinence-only strategies may deter contraceptive use among sexually active teens, increasing their risk of unintended pregnancy and STIs.[6,7,8]

- ***Considerable scientific evidence demonstrates that programs that include information about both abstinence and contraception can work to help teens delay sexual activity, have fewer sexual partners and increase contraceptive use when they begin having sex.*** Although there is no one silver bullet, effective programs include curriculum-based sex education that includes information about ***both*** abstinence and contraceptive use.[9] Other effective approaches include youth development programs whose primary focus is to engage young people constructively in their communities and schools.[9] Another approach, shown to be effective with girls, combines health care, academic assistance, comprehensive sex education, participation in performing arts and individuals sports, and employment assistance.[9] Researchers have also identified certain characteristics of effective curricula. These programs:
  - Have a narrow focus and a clear message that not having sex or that using contraception consistently and carefully is the right thing to do;
  - Last more than a few weeks;
  - Address peer pressure;
  - Teach communication skills;
  - Reflect the age, sexual experience, and culture of young people in the program.[1]

- ***The public prefers comprehensive sex education to abstinence-only-until-marriage programs by a wide margin.*** According to a poll, conducted in 2003 by the Kaiser Family Foundation, National Public Radio, and Harvard University, only 15 percent of Americans believe that schools should only teach abstinence from sexual intercourse and should not provide information on condoms and other contraception. A 2007 poll of voters conducted by the National Women's Law Center and Planned Parenthood Federation of America yielded remarkably similar results, with more than three out of four respondents preferring comprehensive sex education curricula, while only 14 percent favored an "abstinence-only" approach.[11]

  Americans expressed support for a broad sex education curriculum that teaches about abstinence as well as the "basics of how babies are made." In addition,
  - 99 percent of Americans wanted programs to cover other STIs as well as HIV.
  - 98 percent wanted youth to learn all about HIV and AIDS.
  - 94 percent wanted youth to learn how to get tested for HIV and other STIs.
  - 93 percent wanted youth to be taught about "waiting to have sexual intercourse until married."
  - 83 percent wanted youth to learn how to put on a condom.
  - 71 percent wanted youth to know that "that teens can obtain birth control pills from family planning clinics without permission from a parent."[1]

The Kaiser poll also found that that a substantial plurality (46 percent) believes that the most appropriate approach is "abstinence-plus." These Americans felt that schools should emphasize abstinence but should also teach about condoms and contraception. Thirty-six percent of those polled believed that abstinence is *not* the most important thing, and that sex education should focus on teaching teens how to make responsible decisions about sex.[1]

- ***Despite clear evidence of failure, the U.S. government continues to fund and promote abstinence-only-until-marriage programs. This illogical promotion and funding crowds out effective approaches to health education and related services.*** Increasingly, abstinence-only-until-marriage education is replacing more comprehensive sex education in the nation's schools. In 1999, 23 percent of sex education teachers in secondary schools taught abstinence as the only way to prevent pregnancy and STIs, compared with only two percent who had done so in 1988. Between 1995 and 2002, the proportion of adolescents who had received any formal instruction about methods of birth control declined significantly (from 81 percent to 66 percent of males and from 87 percent to 70 percent for females). By 2002, one-third of adolescents of each gender had not received any instruction about birth control methods.[12]

- ***Abstinence-only-until-marriage programs have an adverse impact, not only on sex education programs, but also on other public health programs both in the United States and in developing countries.*** The Bush administration has integrated abstinence promotion into Title X family planning as well as into domestic HIV prevention programs. Even worse, the President's Emergency Plan for AIDS Relief (PEPFAR) has exported these policies to countries hardest hit by the HIV/AIDS pandemic. At publication date at least 33 percent of U.S. funds for global HIV/AIDS prevention had been earmarked for abstinence-until-marriage programs.[13]

- ***Federal funding for abstinence-only-until–marriage programs blurs the line between church and state and promotes a version of morality that masquerades as public health***. The impetus for abstinence education came from evangelical (born-again) Christians who tend to have very different views from other Americans about sex and sexuality. More than twice as many evangelicals (49 percent vs. 21 percent) believe the government should fund abstinence-only programs instead of using the money for more comprehensive sex education programs.[1] Likewise, 81 percent of evangelical Christians believe it is morally wrong for unmarried adults to engage in sexual intercourse compared with only 33 percent of other Americans.[1] Not surprisingly, funds from the largest and most restrictive abstinence-only funding stream – Community-Based Abstinence Education (CBAE) – have gone mostly to faith-based organizations and "crisis pregnancy centers" (organizations with a mission to convince women to carry pregnancies to term). The ACLU successfully challenged federal funding for one of the most overtly religious abstinence-only programs funded under CBAE.[13] The Silver Ring Thing described its mission as "offering a personal relationship with Jesus Christ as the best way to live a sexually pure life." Participants were expected to testify about how accepting Jesus Christ improved their lives, quote Bible passages, and urge audience members to ask Jesus to come into their lives. Participants then signed a covenant "before God" to remain virgins. Those who completed the program earned a silver ring inscribed with a Bible passage reminding them that, "God wants you to be holy, so you should keep clear of all sexual sin." As a result of the lawsuit, HHS agreed not to fund the Silver Ring Thing as currently structured. HHS also agreed that any future funding would be contingent on compliance with federal law that prohibits the use of federal funds to support religious activities. This agreement remains in effect until September 30, 2008.[13]

- ***Abstinence-only until-marriage programs violate free speech***. Federally funded programs restrict young people's access to much-needed health information and limit their education to the "approved" messages in the government's definition of abstinence-only education. As a result, recipients of federal abstinence-only funds as well as the teachers who provide federally funded health education to their students operate under a gag order that censors the communication of vital sexual health information.

- ***Comprehensive sexuality education is supported by a broad range of health and education professionals.*** Over 135 national organizations support comprehensive sex education. These highly respected organizations include the American Academy of Pediatrics, American College of Obstetricians and Gynecologists, American Medical Association, American Public Health Association, National Campaign to Prevent Teen Pregnancy, National Education Association, National Medical Association, National School Boards Association, and the Society for Adolescent Medicine, among many others.[14]

- ***Abstinence-only-until-marriage as a method of birth control is spectacularly ineffective***. Like other methods, abstinence-only-until-marriage works if 'used' consistently and correctly. Common sense as well as available research, suggests that in the real world, it can and does fail routinely – as evidenced by the staggering proportion (95 percent) of Americans who have had premarital sex.[15] A recent study of teens who made a public pledge to abstain until marriage questioned the youth again six years after they made the pledge. Researchers found that over 60 percent had broken their vow to remain abstinent until marriage. The study also found that teens who took virginity pledges begin engaging in vaginal intercourse later than non-pledging teens, but that pledgers were more likely to engage in oral or anal sex than non-pledging virgin teens and less likely to use condoms once they become sexually active. The study found that pledgers were much less likely than non-pledgers to use contraception the first time they had sex and also were less likely than other teens to have undergone STI testing and to know their STI status. As a result, the STI rates between pledgers and non-pledgers were statistically similar.[7,8]

- ***Virtually all Americans have sex before marrying – a fact that has been true since the 1950s.*** The unrealistic, morality-based agenda that abstinence-only programs are attempting to promote runs counter to the life choices of almost all Americans. The present median age of sexual initiation is 17 and the average age of marriage is 25.8 for women and 27.4 for men, meaning that the length of time between sexual onset and marriage is eight to 10 years on average. The gap between sexual onset and marriage has increased across time and premarital sex is an almost universal practice. By age 20, 75 percent of Americans have had sex before marriage; the percentage rises to 95 percent of Americans by age 44.[15] Even among those who abstained from sex until age 20 or older, 81 percent have had premarital sex by age 44.[15]

- ***Given that half of teens have had sex, even when educators encourage them not to, sex education must be driven by public health principles rather than ideology***. Sex education may promote abstinence as the best option for teens. But given that so many students will not abstain from sex, programs have an obligation to help teens understand the risks and responsibilities that come with sex. Survey after survey indicates that adolescents have a tremendous unmet need for information related to sexuality, contraception, STIs, and making sexual decisions. Government-sponsored programs need to fill this information gap, not cause it to worsen.

  A nationwide survey conducted by the Kaiser Family Foundation and *Seventeen Magazine* revealed considerable gaps in teens' knowledge. The survey found that many teens hold misconceptions and harbor unnecessary and unfounded fears – such as the belief that contraception can cause infertility or birth defects. Nearly 20 percent of surveyed teens underestimated the effectiveness of the contraceptive patch or ring, and over 25 percent believed that emergency contraception causes abortion. Few teens understood the effectiveness of the male condom in preventing STIs, including HIV. In addition, over 25 percent of the teens did not know that oral contraception provides no protection against sexually transmitted diseases.[16] The government-sponsored abstinence evaluation conducted by Mathematica Policy Research also confirmed that teens have important gaps in knowledge of STIs. The study found that on average, youth got only about half the answers correct regarding the health consequences of STIs.[5]

- ***Public health statistics confirm the need for <u>more</u>, not less, information and services directed at adolescents.***
  - About three out of 10 young women become pregnant at least once before they reach the age of 20[17] – approximately 750,000 per year. [18] Eight in 10 of these pregnancies are unintended.[19]
  - Approximately a quarter of teen females and 18 percent of teen males did not use a method of contraception at first intercourse.[20]
  - The interval between the time an adolescent female starts sexual activity and seeks health care services is approximately 12 months.[20]
  - About 20 percent of adolescent pregnancies occur within one month of the onset of sexual activity, and 50 percent occur within six months.[21,22]
  - Adolescents are at higher risk for acquiring STIs for a combination of behavioral, biological, and cultural reasons. The higher prevalence reflects: 1) multiple barriers to accessing quality STI prevention services, including lack of insurance or other ability to pay; 2) lack of transportation; 3) discomfort with facilities and services designed for adults; and 4) concerns about confidentiality.[23,24,25]
  - An estimated half of all new HIV infections occur in people under age 25.[26]
  - Recent estimates suggest that while representing 25 percent of the ever sexually active population, 15- to 24-year olds acquire nearly one-half of all new STIs.[26]

- ***Recent strides in reducing adolescent pregnancy are almost exclusively a function of contraceptive use***. Improved contraceptive use is responsible for 86 percent of the decline in the U.S. adolescent pregnancy rate between 1995 and 2002.[27] Only 14 percent of the change among 15- to 19-year-old women was attributable to a decrease in the percentage who were sexually active.[27] Even though the birth rate for teenagers fell to 40.4 births per 1,000 women aged 15-19 in 2005, the lowest in 65 years,[28] the United States continues to have the highest teenage birth rate of any of the world's developed nations.[28]

- ***Abstinence–only-until-marriage programs are of little value to sexually active teens and, by definition, discriminate against lesbian, gay, bisexual, and transgender youth.*** Adolescents are often reluctant to acknowledge sexual activity, seek out contraception, and/or discuss sexuality, even in the most open settings. Abstinence-only programs do ***not*** provide a much-needed forum in which sexually active adolescents can address critical issues – such as safer sex, the benefits of contraception, legal rights to health care, and ways to access reproductive health services. Instead, abstinence-only programs allow discussions only within the narrow limits developed by conservatives in Congress.

  For gay, lesbian and bisexual teens and for those struggling with their sexual orientation or sexual identity, the abstinence-only-until-marriage approach is even more harmful. Programs typically teach students that homosexuality is deviant and immoral. They promote marriage as a much-desired heterosexual institution. Consequently, programs ignore the emotional or health needs of LGBTQ youth, denigrating them even while giving them a daunting choice – pretend to be straight or remain celibate forever.

- ***Programs that target adults in their 20s with abstinence-only messages both defy common sense and waste taxpayers' money.*** In a policy greeted with jeering disbelief from health experts, the public, and the press, the administration announced that Section 510(b) abstinence funding that provides grants to states changed in 2007 to target individuals up to age 29. In doing so, the policy clearly intends to dictate the sexual behavior of adults, even though well over 90 percent have already had sex, according to the government's own National Center for Health Statistics.[15,29]

- ***Promoting marriage as the only acceptable family structure denigrates the choice of many Americans to be single or live in nontraditional arrangements.*** Despite the message of abstinence-only-until-marriage programs that marriage is the expected standard of human behavior, individuals should have the right -- without governmental interference or proselytizing -- to determine if and/or when marriage may be an appropriate or desirable life choice. The number of Americans who are unmarried and single has been growing steadily in recent years, reaching 89.8 million in 2005**,** and including 41 percent of all U.S. residents age 18 and older. In 2005, 55 million households were headed by unmarried men or women -- 49 percent of households nationwide; and 12.9 million single parents lived with their children. Nearly 30 million people lived alone (26 percent of all households), up from 17 percent in 1970. Forty percent of opposite-sex, unmarried-partner households included children.[29]

THE FEDERAL DEFINITION OF ABSTINENCE-ONLY EDUCATION
According to federal law, an eligible abstinence education program:
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 human 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.
Source: U.S. Social Security Act, Sec. 510(b)(2).

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