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Sex, Lies & Stereotypes

How Abstinence-Only Programs Harm Women and Girls

By Julie F. Kay
with Ashley Jackson

Legal Momentum

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Harvard School of Public Health
PROGRAM ON INTERNATIONAL HEALTH AND HUMAN RIGHTS

This report is based upon recommendations arising from *Teaching Only Abstinence: Consequences for Girls and Society*, an expert roundtable sponsored by Legal Momentum in partnership with the Harvard Law School Human Rights Program and the Program on International Health and Human Rights at the Harvard School of Public Health in September 2006.

Founded in 1970, **Legal Momentum** is the nation's oldest legal advocacy organization dedicated to advancing the rights of women and girls. With headquarters in New York City and offices in Washington, D.C., it is a national leader in establishing legal, legislative, and educational strategies to secure equality and justice for women. Legal Momentum uses public policy, litigation, and public education and outreach to address specific issues in the areas that are of greatest concern to women in the United States: freedom from violence against women, equal work and equal pay; the health of women and girls; and strong families and strong communities. Legal Momentum's **Sexuality and Family Rights** program works to promote women's autonomy, protect women's sexual and reproductive rights, and expose the government's funding and promotion of policies that limit these rights.

The **Human Rights Program at Harvard Law School** seeks to give impetus and direction to international human rights work at Harvard Law School. The Human Rights Program fosters coursework and participation of students in human rights activities through its summer fellowships, clinical work, speaker series, applied research, and scholarship.

The **Harvard School of Public Health's Program on International Health and Human Rights** promotes practical and effective responses to global public health challenges through the innovative application of human rights. This is done through a combination of research, capacity building, policy development, and health programming in a variety of areas focusing on HIV/AIDS, reproductive and sexual health, and child and adolescent health.

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Preface

U.S. Representative Henry A. Waxman, Chair,
Committee on Oversight and Government Reform

This report raises essential questions about the negative effects of abstinence-only programs. Abstinence-only programs have received over $1.5 billion in federal funding, yet these programs are often based on ideology, not science, and contain inaccurate and biased information.

In 2004, I asked my staff to evaluate the content of curricula used in federally funded abstinence-only programs. The Bush administration had dramatically increased federal funding for abstinence-only programs, and I was concerned that taxpayer money was being spent on programs that had not been shown to be effective.

The false and misleading statements identified in the majority of these curricula should concern anyone who cares about gender and health.

A number of the curricula we reviewed treated stereotypes about girls and boys as scientific fact. One curriculum taught that women need "financial support," while men need "admiration." Another instructed participants that: "women gauge their happiness and judge their success on their relationships. Men's happiness and success hinge on their accomplishments."

What's more, many of the curricula contained inaccurate statements about crucial health issues such as HIV, cervical cancer, and contraception. Young women are impacted by this misinformation in multiple ways—and ill-served by the corresponding lack of comprehensive information. These curricula, and similarly flawed programs, continue to be taught in our schools nationwide.

These findings make clear why this report from Legal Momentum, the Harvard Law School's Human Rights Program, and the Harvard School of Public Health's Program on International Health and Human Rights is so important. An in-depth exploration of the relationship between abstinence-only education and girls' health and well-being, the report raises important questions about the effect of these programs both domestically and internationally. I recommend it to all who are involved in discussions of sex education policy, from school boards to federal policymakers.

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Executive Summary

In September 2006, Legal Momentum, in partnership with the Human Rights Program at Harvard Law School and the Program on International Health and Human Rights at the Harvard School of Public Health, convened a roundtable of experts from a range of disciplines to discuss abstinence-only programs and their particular impact on women and girls. The daylong meeting was prompted by the dramatic increase in federal funding for these programs and the growing evidence that they are ineffective at best, and harmful at worst.

This report is the outgrowth of that meeting. It draws on the work of the experts who took part in the roundtable, broader academic research, and Legal Momentum's original research into the history, funding, and implementation of abstinence-only programs. This volume provides the most comprehensive report to date on the abstinence-only movement, and is the first extended inquiry into the gender harms of this approach to sexuality education.

The report begins by presenting the three major abstinence-only funding streams and reveals the political motivations behind their creation and the conservative ideology underlying their guidelines. The law that governs federally funded abstinence-only programs requires them to teach that sex outside marriage, at any age and under any circumstances, is inherently dangerous and wrong. Abstaining from sexual activity until heterosexual marriage is presented as the only effective and acceptable way to prevent unwanted pregnancy and STIs (sexually transmitted infections).

The report describes how, despite consistent evidence demonstrating the ineffectiveness of abstinence-only programs, as well as mounting evidence of their harmful effects, these programs continue to receive unprecedented and increasing levels of government funding each year. Over $1.5 billion in federal and state funding has been allocated for abstinence-only programs since they began in 1982, and funding has skyrocketed under the Bush administration.

Chapter 2 documents how government resources are increasingly being allocated to inexperienced, ideologically motivated, conservative, and anti-abortion groups while, in contrast, comprehensive sex education programs have been effectively

precluded from federal funding. The serious negative public health consequences, particularly for women and girls, are examined in depth. For example, there is substantial reliable evidence that abstinence-only programs fail to persuade young people to abstain from sex until marriage. When youth schooled by abstinence-only programs do become sexually active, the programs' anti-condom messages may actually discourage them from practicing safe sex, making the negative information the programs offer about contraception and disease prevention particularly dangerous. Such messages deny young people the opportunity to receive vital education to protect their health and well-being and, in particular, impede girls' ability to avoid unwanted pregnancy and STIs to which they are more biologically susceptible.

Chapter 3 examines the particular harms abstinence-only programs cause to women and girls. By using biased and misleading information, employing scare tactics aimed at young women, and promoting a view of human sexuality and relationships that presents gender stereotypes as truth and homophobic sentiments as fact, abstinence-only programs particularly target women and girls. The report exposes how abstinence-only curricula frequently employ outdated gender stereotypes, portraying girls as naturally chaste and casting them as the gatekeepers of rampant male sexuality. By making sex education into abstinence education, abstinence-only programs fail to genuinely address critical issues such as sexual behavior, sexual orientation, and sexual violence or coercion. Moreover, abstinence-only programs violate women's and girls' human rights by denying them critical reproductive health information.

Turning to the worldwide picture, Chapter 4 considers how the U.S. exports its abstinence-only agenda to the detriment of women and girls internationally. Although the President's Emergency Plan for AIDS Relief (PEPFAR), launched by President Bush in 2003, has the laudable goal of funding HIV/AIDS prevention and treatment, its rigid emphasis on abstinence-only programs has dangerous consequences. For example, by promoting abstinence and marriage as guaranteed protection from the virus in cultures where the very structure of marriage is based on gender inequality, PEPFAR programs deprive women and girls of prevention strategies that are, literally, lifesaving.

Abstinence-only programs in the U.S. and worldwide are facing increasing scrutiny by state and national governments, public health experts, women's rights advocates, the human rights community, and concerned parents and teens. The report concludes by looking ahead and surveying efforts nationwide to stop federal and state governments from funding such ineffective and dangerous programs and instead focus on ensuring that young people receive accurate and complete sexual and reproductive health information and services.

Introduction

Legal Momentum, in partnership with the Human Rights Project at Harvard Law School and the Program on International Health and Human Rights at the Harvard School of Public Health, convened a roundtable on abstinence-only programs on September 29, 2006, at the Harvard Law School. The roundtable brought together experts from a wide range of disciplines to consider the impact of abstinence-only programs on women and girls.

While many organizations and individuals have denounced abstinence-only programs as harmful, few have focused on the specific impact these programs have on young women. This roundtable brought together participants of diverse backgrounds for the purpose of examining abstinence-only education with gender specifically in mind. The ensuing discussion made clear that although abstinence-only programs appear to be gender-neutral—on the surface they apply equally to girls and boys—in practice they have harmful, differential effects on women and girls, both in the U.S. and internationally.

The roundtable discussion raised a number of issues, including:

- how abstinence-only programs censor truthful and practical information about sexuality, contraception, and abortion, and thereby particularly subject women and girls to the risk of unintended pregnancy and put them at greater risk of contracting sexually transmitted infections (STIs);

- how abstinence-only programs teach gender stereotypes that negatively affect adolescents' sexual development and their adult relationships later in life;

- how programs that feature incomplete or misleading information on preventing HIV/AIDS, STIs, and pregnancy impact public health, particularly for at-risk individuals;

- how abstinence-only programs and policies conflict with human rights norms and endanger the rights and well-being of individuals and groups, particularly LGBT (lesbian, gay, bisexual, transgender) individuals;

- how effective alternatives to abstinence-only programs and policies could be designed and implemented.

As the above list illustrates, the need for accurate, effective, and high-quality sexuality education, free from the bias and political ideology that drives abstinence-only programs, is clear. Teenagers need honest and comprehensive information about the risks of sexual activity—and how to responsibly handle those risks when they do decide to become sexually active. Young women and girls in particular need to be empowered with positive messages and accurate information that give them the confidence and ability to make healthy and informed sexual and relationship choices throughout their lives.

A goal of this report is to begin making more of these positive messages possible by exposing the harmful messages of abstinence-only education. Exposing these harms takes us in a new and essential direction in educating our youth about their reproductive and sexual health.

CHAPTER 1

Abstinence-Only Funding and History

OVERVIEW

Despite mounting evidence of the harmful effects of abstinence-only programs and consistent evidence demonstrating their ineffectiveness, government funding for these programs continues at unprecedented levels. Over $1.5 billion has been allocated for federal abstinence-only programs since 1982, the year they first became eligible for federal funding. Federal funding has skyrocketed under the Bush administration through the creation of new funding streams that specifically invite applications from religious organizations. In addition, the federal government has placed greater restrictions on what can be taught in sex education programs, effectively precluding comprehensive sex education programs from funding because they provide information on using contraception. Comprehensive sex education programs are also ineligible for funding because they will generally not implement aspects of the federal funding definition that stigmatize all sexual activity outside of heterosexual marriage. As a result, more and more federal grant money is going to pay for abstinence-only education instead and these government resources are increasingly being allocated to inexperienced, politically motivated, conservative, and anti-abortion groups.

There are three primary federal funding streams that have expanded since 2000 and that continue to fund these programs: The Adolescent Family Life Act, Title V, and the Community-Based Abstinence Education Program.

Adolescent Family Life Act (AFLA)

The first abstinence-only funding program, the Adolescent Family Life Act (AFLA), resulted from opposition to the Title X family planning program, the federal program that funds contraception and other reproductive health care—though not abortion—with priority given to low-income persons. Opponents of Title X claimed that there should be equal funding for programs that promoted chastity and adoption, claiming that Title X undermined "family values," promoted abortion**,** and encouraged adolescent sexual activity by educating youth about contraceptive use.[1] With Senators Orrin Hatch (R-UT) and Jeremiah Denton (R-AL) as prominent proponents of AFLA, the Act was quietly signed into law by President Ronald Reagan in 1981 without floor votes or hearings in either house, but as part of the Omnibus Budget Reconciliation Act. In fiscal year 2007, AFLA provided $13 million in abstinence-only funding.

Although AFLA is today the smallest of the three major federal abstinence-only funding streams, it established a legislative and ideological precedent for abstinence-only funding and created the initial infrastructure for the abstinence-only funding explosion that would begin in the late 1990s. AFLA incorporates conservative notions of morality—for example, requiring that funds be granted only to programs and projects that do not perform abortions, provide abortion referrals, or advocate, promote, or encourage abortion in any way.[2] Consequently, AFLA funding for teen pregnancy prevention projects has been awarded primarily to anti-abortion conservative and religious groups, many of which also oppose contraception.

Title V

Despite its pronounced ideological bent, AFLA was perceived by many on the far right to have loopholes and, as a result, in 1996 a new, stricter abstinence-only funding stream was created. The Temporary Assistance to Needy Families Act (TANF), commonly known as welfare reform, contained Title V of the Social Security Act, establishing a new funding stream to provide grants to states for abstinence-only programs aimed at young people.[3]

As with AFLA, Title V's conservative supporters, including Senators Rick Santorum (R-PA) and Lauch Faircloth (R-NC), intended this program to counter comprehensive sex education efforts. Every year since 1998, $50 million in Title V federal funds has been allocated directly to state governments. States that accept these funds must match every four federal dollars with three state dollars, bringing funding for these programs to a consistent annual total of $87.5 million.[4] State governments are responsible (through the state department of health or other appropriate state mechanisms) for using the funds either for media campaigns and other activities or for distributing funds to sub-grantees, who are generally community-based organizations or schools.[5]

The most controversial and far-reaching component of Title V is its eight-point definition of "abstinence education." All programs that receive Title V funds must adhere to this definition to be eligible for funding. The definition contains moral directives that severely restrict program content. For example, programs must teach that "a mutually faithful monogamous relationship in the context of marriage

is the expected standard of human sexual activity."[6] The eight-point definition also requires recipients to teach that "sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects."[7]

Title V initially did not require funded programs to emphasize all eight points, though programs were prohibited from directly contradicting any of them. Thus, in practice, many states chose to emphasize the less controversial provisions to the exclusion of others—and to the chagrin of abstinence-only advocates.[8] In response, in 2000 the Department of Health and Human Services changed the guidelines to require recipients to promote all aspects of the eight-point definition equally.[9]

Though the types of groups and activities funded by Title V vary greatly by state, over 900 programs nationwide have received Title V funds. Every state, with the exception of California, has accepted Title V funds at some point.[10] As of early 2008, 15 states had rejected Title V funding: California, Colorado, Connecticut, Maine, Massachusetts, Michigan, Minnesota, Montana, New Jersey, New Mexico, New York, Ohio, Rhode Island, Virginia, and Wisconsin. Previously, New Mexico had restricted its Title V programs to students in grade six and below.[11] Several additional states are poised to reject Title V funding in the near future.

In 2006, new Title V guidelines dramatically expanded the age range programs could target. Abstinence-only programs, previously aimed at adolescents aged 15–19, may now target 12–29-year-olds. This expansion in the age range has led to an expansion in the program's goals. Warning that "contrary to popular opinion, the highest rates of out-of-wedlock births occur among women in their twenties, not among teens," the new Title V guidelines contain a markedly stronger element of heterosexual marriage promotion.[12] Title V's goal is thus no longer simply to promote abstinence for teenagers, but to attempt to reverse decades-long trends in adult sexual behavior.[13]

The Federal Definition of Abstinence-Only-Until-Marriage Programs

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 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 increases vulnerability to sexual advances, and

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

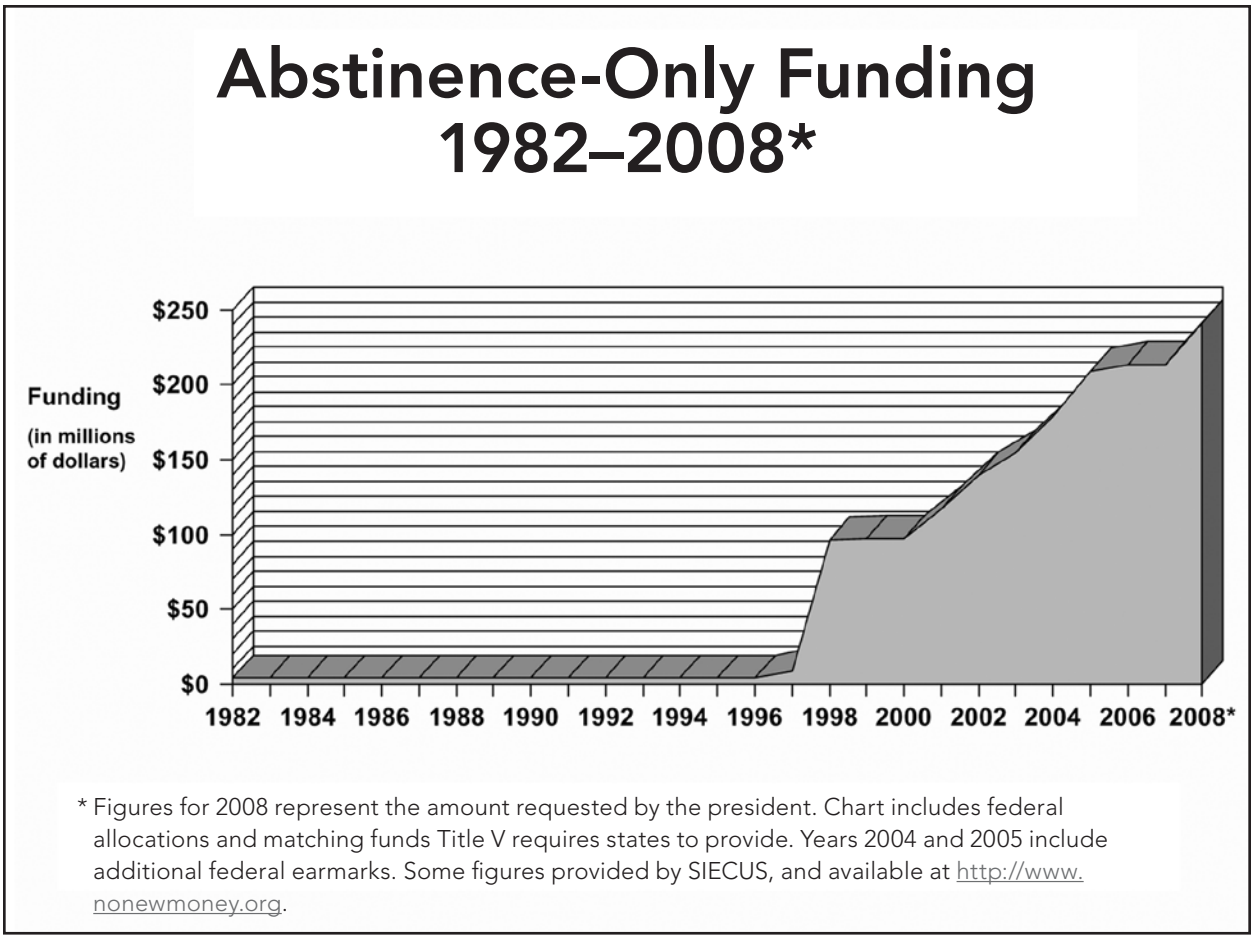
42 U.S.C. § 710 (2000 & Supp. III 2003)

Community-Based Abstinence Education (CBAE)

In 2000, the largest and most controversial abstinence-only funding stream was created: the Community-Based Abstinence Education (CBAE) program, originally called Special Projects of Regional and National Significance (SPRANS). CBAE entirely bypasses the state's role in selecting funding recipients and instead awards federal grants directly to organizations that provide abstinence-only programs targeting young people ages 12–18.

To receive funding, programs are required to emphasize *all* of the eight components of the Title V abstinence education definition. In fiscal year 2007, CBAE provided abstinence-only programs with $109 million in funding, with much of that money awarded to religious organizations or small non-profit groups whose budgets are funded by abstinence-only grants almost entirely of federal abstinence-only funding.[14]

CBAE-funded programs are technically permitted to provide some extremely limited information about



* Figures for 2008 represent the amount requested by the president. Chart includes federal allocations and matching funds Title V requires states to provide. Years 2004 and 2005 include additional federal earmarks. Some figures provided by SIECUS, and available at http://www.nonewmoney.org.

contraceptives, but their primary message must remain one of abstinence-only. In practice, these programs generally present little or no positive information about contraception, focusing instead only on contraceptive failure rates while grossly exaggerating those rates. Any distribution or demonstration of contraceptives, or instruction in their use, is explicitly prohibited by CBAE guidelines. These guidelines also encourage programs to teach students that "males and females may view sex, intimacy, and commitment differently," and thus serve to promulgate harmful gender stereotypes.[15]

Like Title V, CBAE also contains a strong element of marriage promotion. Funded programs are expected to extol the psychological, physical, and economic benefits of marriage, with marriage defined explicitly in the statute as "only a legal union between one man and one woman as a husband and wife."[16]

CHAPTER 2

Domestic Abstinence-Only Programs in Practice

OVERVIEW

The proliferation of abstinence-only programs has occurred at the same time that fewer young people are receiving comprehensive sex education and has had serious negative public health consequences. Many of the groups receiving funding to implement abstinence-only programs are inexperienced and ideologically motivated organizations that frequently have ties to conservative religious groups. Anti-abortion organizations—so called crisis pregnancy centers, in particular—have benefited from abstinence-only funding.

The strong ideological bent of the groups designing abstinence-only programs often leads them to disseminate scientifically inaccurate and misleading information about contraceptives, STIs, and abortion in order to promote dangerous gender stereotypes, and frequently to rely on scare tactics and homophobic sentiments to convey their message. As a result, the content of many programs is not only offensive, but also harmful to the young people who participate in them. Further, there is reliable evidence that abstinence-only programs fail to persuade young people to abstain from sex until marriage. When abstinence-only-educated youth do become sexually active, the programs' anti-condom messages may actually discourage them from practicing safe sex, making the negative information the programs offer about contraception particularly worrisome, and particularly dangerous to these miseducated youth.

> **Because we didn't have accurate information about what was healthy and what wasn't, I endured some awful situations because I didn't know the difference. We didn't talk about respect, boundaries, and sexual communication. So the myth of 'boys push and girls resist' informed everything. We never talked about consent because with abstinence curriculum you shouldn't consent.**
>
> ***Erin • Abstinence-only program participant from Oregon***

Abstinence-Only Programs Have Been Proven Ineffective

Conclusive evidence shows that, despite the $1.5 billion of federal and state funds that have been poured into abstinence-only education, these programs are ineffective at persuading adolescents to remain abstinent until marriage. In April 2007, Mathematica Research published a congressionally mandated in-depth study of four federally funded abstinence-only programs for teenagers. The study found that abstinence education not only is ineffective, but may actually be harmful to young people. The study found that students who participated in an abstinence-only program were just as likely to have sex by age 16 and have as many sexual partners as students who did not take an abstinence-only class.[17] The Mathematica study was only the most recent one to find that abstinence-only programs simply do not work.

In October 2002, the National Campaign to Prevent Teen and Unplanned Pregnancy released a study by respected researcher Douglas Kirby, Ph.D., titled "Do Abstinence-Only Programs Delay the Initiation of Sex Among Young People and Reduce Teen Pregnancy?" The study was a response to a report issued by the Heritage Foundation that purportedly found that abstinence-only programs were proven effective in reducing sexual activity among teenagers. The Kirby study extensively analyzed the 10 programs evaluated by the Heritage report and concluded that there was not sufficient credible evidence to conclude that the abstinence programs successfully delayed sexual activity among teenagers.[18] This study, recently updated and expanded by the nonpartisan National Campaign to Prevent Teen and Unplanned Pregnancy, likewise found that abstinence-only programs had little positive impact, particularly when contrasted with more comprehensive sex education programs.[19]

A 2004 evaluation of Minnesota's $5 million Title V–funded Education Now and Babies Later (ENABL) abstinence-only program found that rates of sexual activity among students enrolled in abstinence-only education actually *increased*. Among junior high school students, the rate of sexual activity jumped from 5.8% to 12.4%.[20]

Additional reliable research has shown that even if some abstinence-only programs do temporarily delay sexual activity, they result in greater long-term harm. A 2005 study of young people who had taken

virginity pledges, a feature of many abstinence-only programs, found that although those who took the pledge delayed their sexual debut slightly, they did not wait until marriage to have sex. Further, pledgers were *less* likely to use condoms and get tested for STIs than non-pledgers once they did begin to engage in sexual activity.[21]

These results are especially distressing because young people's need for accurate and comprehensive sexuality information is clear. Research shows that the vast majority of people do not wait until marriage to have sex: by age 44, 95% of people have had sex before marriage.[22] Thus, even if some abstinence-only programs succeed in convincing young adults to delay having sex for a year or two, such programs still overwhelmingly fail in their goal of abstinence until marriage. Meanwhile, young women and men remain ignorant about critical sexual health issues, and pay the price with their own health and lives.

Public Health Concerns

Abstinence-only programs rest on the pretext that young men and women will never have sex during the average 12–15 years between puberty and heterosexual marriage. Thus, they actively deprive young people of information they need to avoid the adverse consequences of sexuality during these critical years of young adulthood. Even those few individuals who remain abstinent until marriage are left with no tools with which to communicate with their partners about sexual issues or to go about intelligently planning their families once they do marry.

By keeping young people ignorant about their sexual and reproductive health, abstinence-only programming endangers them, putting them at unnecessary risk of STIs by refusing to educate them about safe sex; it particularly endangers young women, leaving them unable to take control of their own reproductive freedom by failing to provide information about contraception. But these needless risks are not faced by these young adults alone: Sexuality education is a major public health concern. In the U.S., people under the age of 25 are the fastest-growing category of new HIV infections; young minority women are particularly at risk of contracting the disease. Additionally, 9.1 million cases of sexually transmitted infections occur each year among persons ages 15 through 24.[23] More than 800,000 pregnancies occur each year among persons ages 15 through 19, a substantial number of which are unplanned.[24] In 2001, for example, 49% of pregnancies in the U.S. were unintended.[25] Many of these unplanned pregnancies happen to teenage girls, and a number of them end in abortion.[26] As these statistics suggest, abstinence-only programs fail to address the reality of young people's lives, and therefore jeopardize their health. In so doing, they threaten to create a public health crisis.

> **"Abstinence-only-until-marriage programming denies the existence of lesbians and gay men and perpetuates negative stereotypes about LGBT people that fuel harassment and bullying."**
>
> ***Hayley Gorenberg • Deputy Legal Director of Lambda Legal***

Politicizing Public Health

The explosion of abstinence-only programs has also further politicized public health. In 2002, the Centers for Disease Control and Prevention ("CDC") was apparently pressured to remove information from its website that did not support an abstinence-only message. This information, which stated the effectiveness of condom use in preventing the transmission of HIV, and noted that abortion does not increase the risk of breast cancer, was removed after Rep. Chris Smith (R-NJ) wrote a letter of protest to Secretary of Health and Human Services Tommy Thompson.[27] In May 2006, the CDC was again pressured to support an abstinence-only message. Two highly regarded experts were removed from a CDC panel at the 2006 National STD Prevention Conference. They were replaced with staunch pro abstinence-only activists Eric Walsh and Patricia Sulak in response to protests from Rep. Mark Souder (R-IN), who felt the original panel had been biased against an abstinence-only approach.[28] Tellingly, the panel's original title, "Are Abstinence-Only-Until-Marriage Programs a Threat to Public Health?" was changed to "Public Health Strategies of Abstinence Programs for Youth."

Stigmatizing LGBT Youth and Families

Abstinence-only programs also deliberately stigmatize LGBT (lesbian, gay, bisexual, transgender) youth and families. These programs are required by the federal funding guidelines to instruct students that heterosexual marriage is the "expected standard" for sexuality, and that having sexual relationships or children outside of marriage is harmful. Perpetuating such prejudice is damaging to teens who identify as LGBT or are struggling with their sexuality, and to children in LGBT-headed families. In addition, many abstinence-only programs conflate being gay with being HIV-positive, diseased, or disease-prone. Negative portrayals of homosexuality in abstinence-only programs can contribute to school harassment and violence as well as to discrimination against LGBT youth. More broadly, they send the message to young adults that discrimination against LGBT individuals is acceptable, thus implicitly (and often explicitly) undermining state and local anti-discrimination laws.

The stigmatization of homosexuality in abstinence-only education is no accident. Because the federal abstinence-only funding definition requires funded programs to emphasize that a "mutually faithful relationship in the context of marriage is the expected standard of human sexual activity" and to emphasize the "harmful psychological and physical effects" of sexual activity outside of marriage, funded programs must either avoid the issue of homosexuality entirely or treat it negatively. Consequently, heterosexuality is often presented as the only legitimate sexual orientation. *I'm in Charge of the FACTS*, a federally funded abstinence-only curriculum, tells students:

> Sexual identity is not fully established until the late teens or early twenties. Sexual abstinence for both heterosexual and homosexual teens is the recommendation. Young persons may sense affection and even infatuation for a member of the same-sex. This is not the same as "being" a homosexual. Any same sex "sexual experimentation" can be confusing to a young person and should be strongly discouraged.[29]

Such views invalidate an important part of an individual's identity by implying that LGBT individuals are just "confused" heterosexuals. For youth who are questioning their sexuality or who openly identify as LGBT, these programs are particularly damaging.

Abstinence-only programs and materials that do address sexuality often explicitly stigmatize LGBT youth. The Abstinence Clearinghouse, a federally funded resource provider for abstinence-only educators, instructs teachers:

> Research shows that homosexuality is not a healthy alternative for males or females. The male and female body are not anatomically suited to accommodate sexual relations with members of the same sex.[30]

This rhetoric is especially dangerous because it contributes to homophobic attitudes and a school environment likely already hostile to LGBT youth.

Finally, federal guidelines approve of sex only within marriage, at a time when same-sex marriage is legally recognized in only one state. The emphasis on marriage as the only acceptable context for adult sexual expression ignores the needs of those women and men who identify as LGBT and therefore cannot legally marry their partners.

Disparaging Single Parents and Children Born Outside of Marriage

The emphasis on marriage in abstinence-only curricula also has a detrimental impact on the millions of children born and raised outside of marital relationships. Under federal law, funded programs must teach that bearing children out of wedlock is harmful to children, parents, and families, and that a monogamous relationship in the context of marriage is the only acceptable expression of human sexuality.

This rhetoric is of no minor concern. In 2004, 35% of all births were to unmarried parents. The federal abstinence-only funding definition sends a clear message about these children, stating: "Bearing children out of wedlock is likely to have harmful consequences for the child, the child's parents, and society."[31] This immediately stigmatizes the millions of children born to unwed parents, teaching them that their very existence is bad for society, and that their parents were wrong to have them.

Moreover, in the past decade, the percentage of children living with both parents has dropped, while the percentage living in single-parent households has increased. By 2006, nearly one-quarter (23%) of children lived with only their mothers, 5% lived with only their fathers, and 5% lived with neither of their parents. Many children in the 12.2 million single-parent families in the U.S. live with or have overnight visits from a parent's boyfriend or girlfriend. Sixteen percent of children living with single fathers and 10% of children living with single mothers also lived with their parent's cohabiting partner. Out of all children ages 0–17, 4.2 million (6%) lived with a parent or parents who were cohabiting. The funding definition stigmatizes all of these families and relationships by declaring that monogamy is the "expected standard" and that any sex outside of marriage is likely to be harmful.

Older children in particular are likely to be aware that their single parent has a sexual relationship with another adult. Thus in any classroom where

abstinence-only programs are being taught there are almost certainly students with unmarried parents. Yet, under the mandate of federal law, these single-parent families must be portrayed in abstinence-only education as aberrant and harmful. The extent of the harm to children's respect for themselves and their parents from this condemnation and shame is unknown.

Program Content Is Harmful and Misleading

A close examination of the content of federally funded abstinence-only programs demonstrates some of the real harm these programs cause. The funding restrictions and the religious or political agendas of the majority of funding recipients result in curricula that discourage condom use, censor and distort reproductive health information, impede efforts to prevent teen pregnancy, and politicize public health policies. A 2004 review prepared by the U.S. House of Representatives Committee on Government Reform (Minority Staff) for Rep. Henry A. Waxman (D-CA) of 13 widely used curricula in federally funded abstinence-only programs found that 11 of these curricula treat gender stereotypes as "scientific fact" and contain major errors or misleading information about the effectiveness of contraceptives, abortion, and the risks of sexual activity.[32]

Discouraging Condom Use

Federally funded abstinence-only programs are prohibited from encouraging contraceptive use or providing balanced information about contraception. As a result, these programs frequently rely on distorted contraceptive failure rates in a misguided attempt to discourage young people from engaging in sexual activity. By discouraging condom use and disparaging the idea of safer sex, abstinence-only programs jeopardize sexual and reproductive health.

For example, *Choosing the Best*, a federally funded abstinence-only curriculum, tells students:

> Research shows that condoms fail an average of 14 percent of the time in preventing pregnancy. This means if a teen uses condoms for birth control during four years of high school, they will experience a cumulative failure rate of more than 50 percent.[33]

In actuality, if a condom is used correctly during every instance of sexual activity, the pregnancy prevention failure rate is only 3% over a one-year period (the perfect-use failure rate), though if a condom is not used correctly or is not used during every instance of sexual activity the failure rate ranges between 10% and 14% (the typical-use failure rate).[34] *Choosing the Best* does not explain the difference between perfect-use and user failure rates. Its 50% "cumulative failure rate" represents a fundamental misunderstanding of statistics and grossly exaggerates both perfect-use and user failure rates over a four-year period.

Misleading statistics not only misinform students but also have the alarming effect of discouraging already sexually active youth from practicing safe sex. One curriculum tells students "there is no such thing as 'safe' or 'safer' premarital sex,"[35] while another rhetorically asks, "could condoms be just another stupid idea?"[36] Unsurprisingly, according to the April 2007 Mathematica Research study, students who participated in an abstinence-only program were more likely than students in comprehensive sex education to incorrectly believe that condoms are ineffective in preventing the transmission of an STI, including HIV.[37] Fortunately, students were still using condoms but this negative attitude may affect their behavior over time.

Censoring and Distorting Reproductive Health Information

Such abstinence-only programs frequently lack basic biological and reproductive health information. Abstinence-only programs often consider basic biology as oversexualized and prefer to withhold

> **Multiple critiques can be leveled at abstinence-only education. While evidence of efficacy is lacking, evidence of harm in multiple sectors is available in abundance. The promotion of abstinence as a sole option for adolescents is causing harm to sex education in schools, to other vital public health and foreign aid programs, and to human rights of youth.**
>
> ***John Santelli • Chair of the Heilbrunn Department of Population and Family Health at Columbia University's Mailman School of Public Health***

information about students' own bodies and development. For example, Abstinence Clearinghouse recommends against including detailed anatomical diagrams or pictures in curricula and states that "diagrams of internal organs are acceptable, but images or pictures of external genitalia in any form, whether diseased or healthy, can be detrimental to the health of young men and women's minds."[38] There is no evidence to support this claim.

When programs do contain anatomical information, it often focuses on the female body, turning it into a treacherous and terrifying place through a fear-based portrayal of sexual activity and STIs. Females, rather than males, are disproportionately portrayed as the victims of STIs and infertility is a commonly cited consequence of sex outside of marriage.[39] The potential consequences of STIs for women are often deliberately exaggerated and treatment information withheld.

What these curricula often fail to discuss is how most STIs can easily be prevented and cured or treated. The importance of condom use and early detection to preserve women's health is rarely, if ever, mentioned. This approach reinforces the stigma associated with STIs and can discourage students from getting tested or seeking medical attention.

Impeding Efforts to Prevent Teen Pregnancy

Despite a steady decrease in teen births since the 1990s, the U.S. still has the highest teen pregnancy rate in the industrialized world. Moreover, preliminary data for 2006 indicate a 3% rise in the teenage birthrate, the first such increase since 1991.[40] Approximately 750,000 teenage girls become pregnant each year,[41] and nearly one-third of all American women will become pregnant by age 20.[42] Teen mothers are more likely to be economically disadvantaged than their peers who do not bear children[43] and are less likely to complete their schooling and take advantage of better work opportunities.[44] Teen pregnancy and teen births also place a tremendous financial burden on the rest of society. The National Campaign to Prevent Teen Pregnancy estimates that teen pregnancy costs U.S. taxpayers at least $9.1 billion every year.[45]

The steadily declining teen birthrate is most likely attributable to increased contraceptive use by sexually active teens.[46] To continue this progress, it is

critical that young people learn about the proper use of contraceptives *before* they begin to engage in sexual activity. Young women ages 15–19 who do not use a contraceptive method at first sex are twice as likely to become teen mothers as are teenagers who do use contraceptives at first sex.[47] Contraceptive use at first sex is a fairly reliable indicator of later contraceptive use; therefore, if young people are educated about and encouraged to engage in safe sexual practices early on, they are likely to continue these practices throughout their lives.[48] Yet abstinence-only programs deliberately withhold contraception information, wrongly believing such information will confuse teenagers and encourage sexual activity.

Funding Is Funneled to Inexperienced, Faith-Based, and Biased Organizations

Religious Organizations

The groups being funded to produce and teach abstinence-only programs are often religious and overwhelmingly Christian. Indeed, President Bush acknowledged that he envisioned a large role for religious organizations in providing abstinence-only education.[49] President Bush's vision seems to have been realized. Catholic Charities of Buffalo, Metro Atlanta Youth for Christ, Jericho Ministries, A Woman's Place Ministries, and Wedgwood Christian Services are just a few of the religious organizations receiving abstinence-only funding. More than 20% of the organizations funded by the CBAE program are faith-based, and of those, the majority are Christian.[50] Many of these groups receive multi-year, automatically renewed grants of several hundred thousand dollars with very little federal oversight. Although federal law prohibits these programs from promoting overtly religious messages or religious viewpoints, in practice the lack of federal oversight has resulted in several programs that do promote religious messages in their abstinence-only curricula.[51]

Crisis Pregnancy Centers (Fake Abortion Clinics)

There are close ties between the abstinence-only movement and the anti-abortion movement. Crisis pregnancy centers (CPCs) are fake abortion clinics that employ misinformation and scare tactics to dissuade women from terminating their pregnancies. Heritage Community Services, Why kNOw, and numerous other federally funded abstinence-only programs and curricula began inside crisis pregnancy centers. In addition, the leaders of the abstinence-only movement are often also a key part of the anti-abortion movement. One such example is Leslee Unruh, the founder of the federally funded Abstinence Clearinghouse, an organization that, serves as a networking community for abstinence leaders and supporters. Ms. Unruh was also a key organizer of the failed campaign to ban abortion in South Dakota in 2006, and she runs a crisis pregnancy center named Alpha Center in that state.

In late 2006, President Bush made his dedication to increasing funding for abstinence-only education abundantly clear when he appointed Dr. Eric Keroack to head the U.S. Office of Population Affairs, the office responsible for distributing Title X family planning funds.[52] Dr. Keroack previously had been the medical director of the anti-abortion crisis pregnancy center A Woman's Concern, which had received over $1.5 million in federal abstinence-only funding. Dr. Keroack was also an outspoken opponent of contraception, abortion, and premarital sex.[53]

The close ties between the abstinence-only and anti-abortion movements have resulted in programs that contain inaccurate information aimed at denying women the opportunity and ability to make informed decisions about their own reproductive health.[54] CPCs deliberately portray themselves as providing full reproductive health care when in practice they provide little if any medical treatment; the vast majority are not qualified to provide any reproductive health care at all, including contraception, Pap smears, or even prenatal care.

Instead, a CPC's sole purpose usually is to discourage women from seeking abortions. An estimated $130 million in federal abstinence-only funding has been granted to crisis pregnancy centers since 1982.[55]

The proliferation of CPCs is particularly harmful to low-income women and women of color, who often depend on freestanding clinics for contraceptives, pre- and post-natal care, Pap smears, and other medical services.[56] The CPCs are now attempting to exploit this unfortunate situation: A growing trend among crisis pregnancy centers, which previously focused on appealing to white, suburban women and teens, is now to specifically target urban communities of color.[57] To gain credibility in African-American communities, which often view these centers with skepticism, crisis pregnancy centers have started approaching African-American community ministers and using a rhetoric of "black genocide" to gain support.[58] The proliferation of these centers, and their use of scare tactics to discourage abortion, especially threatens the reproductive freedom of Latina and African-American women, who experience higher rates of unintended pregnancy as well as higher abortion rates than their white counterparts.[59]

Overreliance on Federal Funding

Many groups that receive federal funding to teach abstinence-only programs have little or no track record of providing social services and are heavily reliant on government grants. Heritage of Maine, an organization founded in 2003, derived its *entire* 2004 budget from federal abstinence-only grants, and in subsequent years Heritage affiliates similarly have received more than 90% of their annual budgets from such grants. Even more established organizations still disproportionately depend on government funding for their annual budgets. Free Teens USA was established in the early 1980s, yet

99% of its 2004 budget was provided through abstinence-only funding. Without copious federal funding, many of these groups would likely cease to exist.

Eroding Comprehensive Sex Education

Harmful abstinence-only programs have come at a great cost to teenagers and young adults. As a result of the federal government's near-exclusive emphasis on abstinence-only education, comprehensive sex education has eroded nationwide. Abstinence-only grantees and their programs are replacing experienced state-employed health educators and proven-successful comprehensive programs that previously provided complete and accurate sexual health information in public schools. Funding for developing new comprehensive sex education programs is rare.

While only 2% of U.S. high school teachers were teaching abstinence-only in 1988, 23% were doing so by 1999.[60] Research from 1999 shows that 35% of those schools with a requirement to teach sexuality education had a formal policy to teach abstinence-only.[61] CDC data for 2000 showed that only 21% of junior high school teachers and 55% of high school teachers actually gave instruction on the correct use of condoms.[62] Though no more recent systematic research exists, the number of schools currently teaching abstinence-only is likely to have sharply increased given that federal funding for these programs has more than doubled since 2000.

The proliferation of abstinence-only programs has had a chilling effect on educators. A Human Rights Watch report on abstinence-only programs in Texas revealed that teachers lamented the strict limits imposed by the abstinence-only requirements, contrasting them with past comprehensive sex education policies, which allowed instructors to talk more freely about condoms and other contraceptive methods. Educators interviewed by Human Rights Watch felt so limited by the constraints of abstinence-only education that several of them confessed that they felt that their jobs would be threatened if they chose to talk about condoms and contraceptives in an accurate or positive way.[63]

> **"I have found that many teachers feel severely limited by requirements to teach abstinence-only education and are concerned that this narrow approach ultimately puts their students' health at risk. Teachers reported that many students are surprisingly uninformed about sexual health topics, but hungry for honest and accurate information."**
>
> ***Susan Wilson • Sexuality Education Educator and Expert***

CHAPTER 3

Specific Harms to Women and Girls

OVERVIEW

Abstinence-only programs are taught to both male and female students. However, by depriving students of basic information about sexuality and contraceptives these programs have a particularly harsh impact on girls. Females disproportionately suffer the consequences of unprotected sexual activity, including STIs and unplanned pregnancies. These programs also often contain harmful and outdated gender stereotypes that cast women as the gatekeepers of aggressive male sexuality. The gender bias perpetuated by abstinence-only programs not only has tangible, negative effects on the physical health and psychological well-being of young women, but also undermines social ideals of gender equality. For women of color, the absence of accurate sexual health information is particularly damaging given the high rates of HIV infection in their communities, while the gender stereotypes promoted by the programs exacerbate racial as well as sexual inequalities. Finally, abstinence-only programs violate women and girls' human rights.

Reinforcing Stereotypes

Curricula Promoting Harmful Gender Stereotypes

The gender stereotypes that abstinence-only curricula contain are particularly harmful to young women. Abstinence-only curricula often portray girls as naturally chaste and boys as constantly struggling to control their rampant sexuality and raging hormones. Often these stereotypes undermine female sexual decision-making as well as female achievement by invoking age-old myths. For example, one curriculum, *Why kNOw*, teaches that "women gauge their happiness and judge their success by their relationships" while "men's happiness and success hinge on their accomplishments."[64] Another curriculum, *Facts and Reasons*, claims that:

> [i]n deciding to have intercourse, women are more likely than men to be in love, want a mutually satisfying relationship, and are interested in what their partner feels and thinks…men, true to the stereotype, are more likely to engage in sex with a warning to the woman that there will be no commitment.[65]

A third curriculum, *Choosing the Best*, portrays these stereotypes as biological fact, asserting: "guys think so much more about sex because of testosterone."[66]

By minimizing male emotional needs and disregarding female sexual desire, abstinence-only curricula reinforce traditional gender roles and inhibit young men and women from articulating healthy feelings and needs. By oversimplifying and exaggerating gender differences, these programs miss an opportunity to transform gender stereotypes and to guide students to explore the complexity of their own emotions and experiences.

Because men are supposedly ruled by their hormones, abstinence-only programs also teach that women must act as the gatekeepers of these "uncontrollable" male sexual impulses. As the *Why kNOw* curriculum explains:

> Because girls are usually more talkative, make eye contact more often than men, and love to dress in eye-catching ways, they may appear to be coming on to a guy when in reality they are just being friendly. To the male, however, he perceives that the girl wants him sexually. Asking herself what signals she is sending could save both sexes a lot of heartache.[67]

Likewise, Heritage Keepers' curriculum warns:

> Females need to be careful with what they wear, because males are looking! The girl might be thinking fashion, while the boy is thinking sex. For this reason girls have an added responsibility to wear modest clothing that doesn't invite lustful thoughts.[68]

These texts ask girls constantly to monitor their own behavior and to be responsible for dressing in a way that ensures that male sexuality is kept in check. Their tone is condescending to both girls and boys, and fails to provide real guidance to teens about how they can develop healthy relationships of all kinds, whether sexual or not.

Most abstinence-only texts fail to meaningfully discuss rape, sexual assault, or coercion, and even fewer give guidance to victims of sexual violence. Further, when responsibility for male sexual feeling is placed on young women and girls, it removes male responsibility and, in instances of sexual harassment and assault, harmfully blames the victim and excuses the perpetrator. Moreover, there is no acknowledgement that some teens may not experience any sexual feelings, or may be attracted to members of the same sex.

Many programs also perpetuate sexist and racist stereotypes about women of color. For example, "The Choice Game" has a "Midwest school version" that

> **"Our research shows that the more girls buy into stereotypes about how they are supposed to behave in relationships—most notably not to express or act on their own feelings and focus on others'—and about treating their own bodies as objects, the lower their self-esteem and the more depressed they are. It is critical that there is now empirical evidence of the presence of such stereotypes as well as of the actual damage they cause."**
>
> ***Deborah L. Tolman • Professor of Human Sexuality Studies and Director of the Center for Research on Gender and Sexuality at San Francisco State University***

features 95% white students and an "urban school version" featuring "55% African-American actors, 24% Hispanic actors and the remaining are Caucasian."[69] The urban version contains racial stereotypes of African-American women as sexually aggressive and as drug users, and of African-American men as likely to end up in jail. In sharp contrast, the Midwest materials depict white students working to maintain their traditional values. Several Sources Foundation, the organization that published "The Choice Game," has received federal funding to produce abstinence-only materials.[70]

"Hidden Curriculum" on Gender

These sexist stereotypes so prevalent in abstinence-only education are particularly harmful for young women during adolescence. This "hidden curriculum" on gender—teaching men and women "proper" gender roles as a necessary, but unacknowledged, part of teaching abstinence-only—portrays women as socially and sexually submissive and strips them of ownership of their own ambitions and desires.[71] For young women, there is already a strong stigma attached to female sexual agency. Research shows that many young women feel that they lack the power to make autonomous sexual decisions, a lack that often leads to risky, unhealthy, and unwanted sexual experiences.[72] Many girls fear that if they broach the topic of safe sex with their partners, they will be thought of as promiscuous and be rejected and ostracized as a result.[73]

The ultraconservative gender stereotypes promoted by abstinence-only programs, which dictate that "good" girls are sexually passive and ignorant about safe sex, only exacerbate this problem. If young women feel guilty and ashamed about sexual activity, they are less likely to purchase and carry contraceptives because they risk appearing to have planned ahead, and therefore risk being seen as having initiated sexual activity. These stereotypes also affect how women negotiate the consequences of unprotected sexual activity.[74] Women are less likely to seek medical treatment for STIs in settings where shame is associated with non-monogamous women.[75]

But the stereotypes commonly found in abstinence-only programs have an even larger impact on the way young people learn to view themselves and others. When abstinence-only programs teach young people

gender stereotypes such as that men "depersonalize sex" while women "have a greater need to offset sexual intimacy with affirmation and a sense that 'this is love,'"[76] or that "women gauge their happiness and judge their success by their relationships" while "men's happiness and success hinge on their accomplishments,"[77] they will likely believe and internalize these oversimplifications. While these stereotypes may reflect the behavior of some women and some men, in reality there is more variation in behavior and personality *within* each sex than *between* the sexes.[78]

These narrow and outdated gender stereotypes thus ignore the diversity of gender roles and family structures common in the U.S. today. Further, when teachers and other adults present such stereotypes as fact, students are less likely to recognize gender discrimination, more likely to excuse acts of male sexual aggression (and less likely to recognize instances where males are victims of sexual violence), and less able to develop as ambitious, intelligent, and healthy young adults. Indeed, gender stereotypes are dangerous not only because they undermine female sexual decision-making, but also because they limit opportunities and negatively affect societal expectations for men and women alike.

For women of color, these gender stereotypes are particularly harmful. For example, studies measuring female empowerment have found that Latinas are more likely to accept traditional gender roles, including *machismo* attitudes that generally undervalue women's self-sufficiency and define women's role as virgins, mothers, or caretakers.[79] In African-American communities, female "respectability" may be defined by how few partners a young woman has and by her ability to maintain her fidelity to a man even if he is unfaithful to her.[80] Abstinence-only programs do not attempt to debunk these stereotypes, but instead reinforce them by incorporating them into a discussion of female sexuality.

In addition, the emphasis in abstinence-only programs on the harms of sex and childbearing outside of marriage particularly stigmatizes African-American and Latino youth, who are more likely to come from single-parent homes (45.4% and 22.3%, respectively, versus 13.7% for whites) and to become single parents themselves.[81] Moreover, in African-American communities, marriage rates are significantly lower than in Caucasian and Hispanic communities,[82] partially due to the disproportionately high incarceration rates of African-American men.[83]

Increasing Health Risks

Discouraging Condom Use Harms Women and Girls

Research shows that limiting access to accurate sexual health information contributes to young women's involvement in unsafe sexual practices.[84] Numerous studies have found that negative attitudes toward condom use—attitudes similar to those taught in many abstinence-only curricula—discourage condom use even when young people are aware of the risks of unprotected sexual activity.[85] Lack of information about contraceptives is particularly harmful to women and girls because it compounds an already existing gender gap in condom knowledge: Adolescent females in the U.S. generally know less about correct condom use than their male counterparts.[86]

A study of adolescents who took virginity pledges, a common feature of abstinence-only programs, found that while pledgers delayed sexual debut slightly, when they did engage in sexual activity, they used condoms less frequently and were less likely to be tested for STIs than non-pledgers.[87] Also, students who took part in abstinence-only programs were more likely to incorrectly believe that condoms do not protect against STIs.[88] Given the other common impediments to condom use—cost and availability, decreased physical sensation, lack of "spontaneity"—if teens are taught that condoms provide no advantage in preventing pregnancy or disease, they are even less likely to use them regularly.

Education in the proper use of condoms is particularly important in communities of color. Latina women generally report less sexual power and less self-efficacy than their white counterparts, more negative attitudes toward condoms, and greater age differences between themselves and their male partners, which can add to gendered power imbalances.[89] Additionally, African-American and Latino youth report higher rates of sexual activity than their white counterparts; specifically, African-American and Latino young men more frequently report having more partners than their white counterparts.[90] These higher rates of sexual activity can translate into an increased risk of STIs for women in particular, and indeed young women of color are at greater risk for contracting STIs than young white women. Promoting positive attitudes toward condoms and empowering women of all races to negotiate their sexual encounters is thus an imperative public health concern. Yet abstinence-only programs fail to teach women and girls sexual decision-making skills and how to protect themselves adequately.

Teen Pregnancy Can Harm Girls

A lack of information about viable ways to prevent pregnancy other than by remaining 100% abstinent has a far more detrimental impact on females than it does upon males for the simple reason that only women and girls become pregnant. When sexual activity outside of heterosexual marriage is portrayed as morally wrong, pregnancy presents public and visible evidence that an unmarried woman has violated the norm, leaving women disproportionately to suffer the social and emotional consequences of their "transgression." More tangibly, teenage girls who have given birth all too often bear primary or sole responsibility for raising their children, commonly sacrificing their own educational or career opportunities to a far greater extent than their male partners do.

The problem of teen pregnancy is even more pronounced in African-American and Latino communities, where rates of teen pregnancy are higher than those in white communities—15% and 14%, respectively, versus 5%.[91] Given that a greater percentage of women of color live in poverty, teen pregnancy only further exacerbates the ability of these women to raise their standard of living.[92] Providing young women with contraceptive information and access to reproductive health services is essential to breaking the cycle of poverty that severely affects young women of color.

Legal Momentum Survey: What additional information do you wish had been included in the curricula/program?

"Information about safe sex instead of pictures of all the nasty infections and diseases we could acquire by having sex. The program made it seem that those diseases came straight from sex, not unprotected and unsafe sex."

Amanda • Abstinence-only program participant from Illinois

Misinformation About Abortion

Many widely used abstinence-only curricula deliberately contain misinformation about abortion. The 2004 report prepared by the U.S. House of Representatives Committee on Government Reform found that numerous curricula falsely implied that abortion leads to higher suicide rates, sterility, and subsequent ectopic pregnancy.[93]

For example, a curriculum produced by Teen-Aid falsely states that "premature birth, a major cause of mental retardation, is increased up to 300 percent following the abortion of the first pregnancy."[94] In reality, countless studies have shown that abortion does not impair women's future fertility. Over 90% of all abortions are performed in the first trimester, and vacuum aspiration—the method most commonly used in first-trimester abortions—poses virtually no long-term risks associated with infertility, ectopic pregnancy, spontaneous abortion, or congenital malformation.[95] Abortion remains an exceptionally safe procedure that generally carries significantly lower risks than a live birth.[96]

Because the current scientific data clearly demonstrate that abortions are a safe medical procedure, abstinence-only programs must resort to outdated, obsolete research to try to substantiate their claims. *Me, My World, My Future*, for example, relies on sources from the 1970s that state that women are more likely to become sterile after an abortion, incorrectly asserting that "[s]tudies show that five to ten percent of women will never again be pregnant after having a legal abortion."[97] Current obstetrics practice more accurately teaches that "[f]ertility is not altered by an elective abortion."[98]

Anti-abortion bias is also manifested in the curricula's medically inaccurate discussions of pregnancy and assertions about when life begins. For example, the FACTS curriculum misleadingly defines conception as "the union of the sperm from the man and the egg from the woman" and states, "this [moment] is when life begins and is also known as fertilization."[99] Since 1965, the American College of Gynecology (ACOG) has defined conception as occurring not at fertilization, but when a fertilized egg is implanted in a woman's uterus.[100] An accurate definition of when conception occurs is critical for teaching reproductive health care. If conception is simultaneous with fertilization rather than implantation, then emergency contraception and abortion are conflated—a myth perpetuated by abortion opponents. Abstinence-only programs deliberately teach students factually inaccurate information about

Legal Momentum Survey: Has what you learned from the abstinence-only curriculum/program you participated in affected your relationships or how you view sexual activity?

"Yes—I believe that sex outside of marriage is not only wrong, which I believed before, but also very dangerous, even with condoms (which are not as effective as we are led to believe)."

Shalom • Abstinence-only program participant from Maryland

abortion and thereby impair a woman's ability to make a fully informed decision about her health and well-being. Such inaccuracy also misinforms both men and women about the workings of the female reproductive system.

Similarly, some abstinence-only curricula present religious beliefs about whether a fetus is a person as scientific fact. The FACTS program portrays 6- to 10-day-old embryos as "babies," and describes them as having the ability to "snuggle into" the uterus. There is no medical support for such a description. Another curriculum claims: "Ten to Twelve Weeks After Conception…he/she can hear and see," yet cites as its source a publication that states that fetuses do not appear to hear sound until the fourth and fifth month of the pregnancy, not at 10 to 12 weeks as claimed in the curriculum.[101]

Some curricula completely disregard scientific evidence in favor of an anti-abortion bias. *Sex Respect* requires teachers to screen a movie about a woman who has an abortion and regrets her decision, followed by a lecture to students about the harms of abortion:

> Abortion is a chemical or surgical intervention that stops the baby's life by removing the baby from the mother's womb and letting it die. . . . Abortion is not the "easy way out" of an unplanned pregnancy. It may seem like a painless solution to an unwanted pregnancy, but many who have had abortions have found that this is not the case. The risks in abortion are far more serious than even the most knowledgeable scholars once believed.[102]

As noted above, many abstinence-only curricula have been developed by organizations with an anti-abortion mission, including so called "crisis pregnancy centers" (CPCs), or "fake abortion clinics." CPCs, which originated as a grassroots anti-abortion response to the legalization of abortion following *Roe v. Wade*, typically use deceptive advertising tactics to attract women who are seeking abortion services into their facilities. These centers use misinformation, shame, and scare tactics to dissuade women from terminating their pregnancies. Since 1982, CPCs have received over $130 million in abstinence-only funding.

As a result of recent significant increases in government funding, these centers are now highly organized and outnumber actual abortion clinics.

> **"Talking about sex is not going to make a person have sex. In fact, it may quell some of the curiosity and help the individual build a healthy sense of sexuality as well as to understand when, how, and with whom they want to have sex."**
>
> ***Hannah • Abstinence-only program participant from Virginia***

Currently, there are an estimated 2,300 to 3,500 CPCs operating in the U.S., while there are only 1,800 abortion clinics.[103] Though several CPCs have been individually under attack for their deceptive practices, little concrete legal or legislative action has been taken against them and they are largely unregulated at both the federal and state level. Many of their programs continue to perpetuate unsubstantiated and unproven myths about links between abortion and breast cancer, psychological disorders, and infertility in order to scare women away from what is, in fact, a medically safe procedure.[104]

Failing to Educate About HIV/AIDS and STI Prevention

Abstinence-only programs that lack accurate and complete sexual health information fail to combat disease and may even expose women to a greater risk of contracting an STI. Due to a wide range of biological, social, and economic factors, women face a greater risk of contracting an STI through unprotected heterosexual sexual activity than males do.[105] STIs can have serious and often delayed long-term health consequences for women, including ectopic pregnancy, cervical cancer, infertility, and increased susceptibility to HIV, and may also cause harm to an infant during childbirth.[106]

HIV/AIDS is the gravest risk posed to young people by unprotected sexual activity, and young women—women of color in particular—are increasingly at risk of contracting the virus. Roughly 40,000 new HIV infections occur each year in the U.S.—a rate that has remained stable since the mid-1990s.[107] However, the demographics of those becoming infected have dramatically changed in recent years, creating an increasingly "feminized" epidemic in the U.S. and worldwide. Between 1999 and 2003, the estimated annual number of U.S. cases increased 15% among women but only 1% among men.[108] The majority of new cases among women were contracted during unprotected heterosexual sex and disproportionately occurred among women of color.[109] In 2004, the rate of AIDS diagnosis for African-American women was 25 times higher than that of white women, and four times that of Hispanic women.[110]

By providing inaccurate information about STI prevention or by completely eliminating information about prevention, abstinence-only programs severely impede young women's ability to make healthy sexual decisions throughout their lives. STIs, including HIV, can be prevented through safe sexual practices and many can be treated, if not cured. In order to stop the spread of these infections, young women and their partners must first be educated about how to avoid them, and then must learn to recognize the symptoms, and be encouraged to seek regular testing and medical care without shame or fear.

Violating Human Rights

The federal government's funding of abstinence-only programs interferes with basic human rights. Abstinence-only programs particularly restrict the right of access to information for younger women and men who may not have alternative sources of such vital information. Individuals who lack information about sexual and reproductive health care thus also lack the ability to protect themselves from STIs, including HIV/AIDS, and unplanned pregnancy. Moreover, government sponsorship of abstinence-only programs that include false and misleading or biased information puts individuals in precarious situations, violating their internationally recognized rights to education and information about health and to be free of discrimination.

These international human rights are protected by treaty bodies and rights documents supported by the United States. The United States has signed and ratified the International Covenant on Civil and Political Rights ("ICCPR"). The ICCPR contains general support for the right to education and information about health, and acknowledges individuals' right to "seek, receive and impart information of all kinds," including information about their health.[111] Other major human rights documents discourage states from "limiting access to contraceptives and other means of maintaining sexual and reproductive health, from censoring, withholding or intentionally misrepresenting health-related information, including sexual education, as well as from preventing people's participation in health-related matters," or from allowing third parties to do so.[112]

In addition to ratifying the ICCPR, the U.S. in the past has supported access to sexuality education through its participation in international human rights conferences. The International Conference on Population and Development Programme of Action (ICPD) and the Beijing Declaration and Platform for Action have supported the right to health education, particularly as it concerns reproductive health care. During the 1994 International Conference on Population and Development, for example, governments, including the U.S., agreed that:

> information and services should be made available to adolescents to help them understand their sexuality and protect themselves from unwanted pregnancies, sexually transmitted diseases, and subsequent risk of infertility.[113]

Although the Bush administration has backed away from this commitment to sexual and reproductive health and rights, there is a worldwide consensus on the need to take specific actions to advance the sexual and reproductive health of adolescents in particular, and to intensify efforts to promote and strengthen access to comprehensive sexual and reproductive health information and services.

Thus, while there is no definitive international consensus on a definition of a right to health, a government's funding of deliberate misinformation and stereotypes—such as those fostered by the requirements for abstinence-only programs—certainly denies youth in these programs the education and information about health required under international law and necessary to enable these adolescents to make mature decisions about their sexual health.

In addition to a right to education and information about health, ICCPR's Article 3 explicitly guarantees equal rights for men and women. Not only is the U.S. bound by this guarantee because it has ratified ICCPR, but at the International Conference on Population and Development (ICPD) it agreed, along with a number of other nations, that "the education of young men to respect women's self-determination and to share responsibility with women in matters of sexuality and reproduction" should be an international goal.[114] Despite these commitments, the U.S. violates women's human rights through programs that sanction abstinence

as the sole method of pregnancy and disease prevention. Such programs have a disproportionately negative effect on women, impeding their ability to protect themselves against unintended pregnancy and STIs. Gender disparities in HIV/AIDS prevention and in new rates of infection indicate that women, and particularly women of color, are at greater risk of contracting the disease. Women and girls in violent relationships or who are sex workers are exceptionally vulnerable to HIV/AIDS, as they lack the information, resources, and power to avoid high-risk activities.

Abstinence-only programs also violate the international human rights of LGBT individuals and families by reinforcing discrimination against sexual minorities, and by jeopardizing their health through failing to provide useful or appropriate sexual health information.[115]

Abstinence-only programs also violate the United Nations Convention on the Rights of the Child, which the U.S. has signed but not ratified.[116] This Convention requires states to "ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health."[117] In particular, abstinence-only programs may increase the risk of contracting HIV/AIDS, which conflicts with the general comment by the Committee on the Rights of the Child (the U.N. body responsible for monitoring the implementation of the Convention on the Rights of the Child) that children have the right to access adequate information related to HIV/AIDS prevention, and that not only should the state refrain from withholding such information but it also must ensure that children are educated about protecting themselves as they begin to express their sexuality.[118]

CHAPTER 4

Exporting the Abstinence-Only Agenda Fails Women and Girls Internationally

OVERVIEW

Abstinence-only programs have a long history in the U.S., and in 2003 President Bush took steps to officially promote such programs abroad. The President's Emergency Plan for AIDS Relief (PEPFAR), which was created to fund HIV/AIDS prevention, treatment, and care programs in the countries where women are most at risk, forces recipients to include an abstinence-until-marriage component in their programs. Therefore, on the ground, PEPFAR's prevention efforts amount to abstinence-only programs.

PEPFAR has many laudable goals, including preventing 7 million new HIV infections, treating 2 million people living with AIDS-related illnesses, and providing care for and support to 10 million persons affected by AIDS. It is the largest international health initiative dedicated to a single disease in history and is particularly notable for its focus on treatment, which until recently had not been a significant component of most major international HIV/AIDS assistance. However, PEPFAR's rigid emphasis on abstinence-only programs has dangerous consequences, particularly for women and girls.

By promoting abstinence and marriage as guaranteed protection from the virus in cultures where the very structure of marriage is based on gender inequality, PEPFAR programs deprive women and girls of lifesaving prevention strategies that are, literally, lifesaving. Because of the financial pressures and cultural practices in these developing countries, an abstinence until marriage message offers very little protection to the women and girls affected, yet it is often the only PEPFAR-funded message for those populations.

PEPFAR Funding and History

PEPFAR was first announced during President Bush's 2003 State of the Union address, and that same year Congress enacted legislation authorizing a total of $15 billion to PEPFAR over a five-year period. PEPFAR targets 15 focus countries that are home to roughly half of all people living with HIV/AIDS: Botswana, Côte d'Ivoire, Ethiopia, Guyana, Haiti, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, Vietnam, and Zambia. Approximately 105 additional countries also receive PEPFAR funding. PEPFAR is managed by the newly created Office of the Global AIDS Coordinator (OGAC), and the U.S. ambassador in each country oversees PEPFAR programs.

Funding guidelines require 55% of PEPFAR monies to be devoted to treatment, 20% to prevention, 15% to palliative care, and the remaining 10% to aid orphans and vulnerable children. The legislation authorizing PEPFAR currently requires that 33% of prevention funding be spent solely on abstinence-until-marriage programs (commonly referred to as the "abstinence earmark" and functionally the same as abstinence-only programs).[119]

Commenting on the one-third abstinence earmark, Representative Chris Shays (R-CT) explained, "[Congress] did it to win over some [legislators on PEPFAR] who didn't want to spend it on condoms. So they wanted 'God' messages…There is no logic that it should be one-third."[120] In FY 2006, $108 million out of a total $322 million in prevention funding went to abstinence-until-marriage programs.

International Abstinence-Until-Marriage Programs in Practice

An in-depth review of the first three years of PEPFAR conducted by the Institute of Medicine in 2007 recommended abandoning the required minimum budget allocations for abstinence-until-marriage education in order to allow greater flexibility and enhance program effectiveness.[121] Similarly, a report by the Government Accountability Office (GAO) in 2006 criticized PEPFAR's abstinence earmark, finding the earmark made it difficult for PEPFAR country teams to implement effective, locally relevant programming.[122]

By implicitly disparaging condom use, PEPFAR's restrictions also negatively affect other critical prevention programs, including prevention of mother-to-child HIV transmission programs, as well as condom education and distribution aimed at "high risk" groups. Thus it is not surprising that the majority of countries receiving PEPFAR funds requested an exemption from the abstinence earmark in 2006, citing its detrimental impact on other prevention activities. There is also evidence that inexperienced, religiously motivated organizations have used these restrictions to advance their own ultraconservative agenda—at the expense of those women most at risk for contracting HIV.

Abstinence, Be Faithful, and Use Condoms (ABC) Is Too Restrictive

"ABC" is an HIV/AIDS prevention strategy that stands for "Abstinence, Be Faithful, and Use Condoms." It was originally developed with the idea that people would be taught all three messages as ways to protect themselves against HIV, and that ABC would be seen as an integrated approach, not as two or three separate approaches.

However, the "ABC" strategy employed by PEPFAR is unusually restrictive and, in practice, abstinence and faithfulness programs that are counted toward the 33% abstinence earmark are prohibited from providing any information about condoms. Thus, if a program that teaches about delaying sexual debut or reducing sexual partners, or aims to increase STI testing and treatment or prevent substance abuse contains any condom education, none of the program may count toward fulfilling the required abstinence mandate.[123]

U.S. funding guidelines allow programs to disseminate information about condom use only to those populations designated within the guidelines as "high risk": sex workers, intravenous drug users, and individuals who engage in sexual activity with persons of unknown HIV/AIDS status, including men who have sex with men.[124] Outreach to these "high risk" populations is even further restricted by PEPFAR's requirement that any funded organization take an "anti-prostitution loyalty oath," a signed statement that the organization itself opposes prostitution.[125] Many organizations that have an established record of working with sex workers cannot sign the oath because it would jeopardize their ability to work effectively with these groups.

PEPFAR also prohibits providing any information about condoms to adolescents under the age of 14, or to adolescents over the age of 14 outside of an "ABC" message, and PEPFAR explicitly prohibits funding the distribution of condoms in schools or funding any program that markets condom use as the primary prevention intervention for youth.[126] When PEPFAR programs do include information about condom use, they have often exaggerated condom failure rates, effectively making condoms seem of little use for preventing pregnancy and the spread of disease.[127]

> **"Internationally, abstinence-only restrictions have a chilling effect on program strategy and implementation. Public health organizations self-censor for fear of losing funding."**
>
> ***Joel Lamstein • Founder of John Snow, Inc.***

Failure to Address Local Needs

The rigid restrictions imposed by PEPFAR force programs to prioritize ideology over locally based needs, and therefore often result in inappropriate and ineffective programming.[128] For example, in the Djibouti corridor in Ethiopia, a main trade route with a highly concentrated population of sex workers, PEPFAR programs run by Save the Children now devote over 80% of funding to abstinence and faithfulness messages. The fact that even programs targeting sex workers must emphasize both "A" and "B" if they educate about condom use limits funding for developing comprehensive prevention programs more suited to the sexual and reproductive health needs of sex workers.

Condom Education Discouraged

Troublingly, some young people now receive even less information about condoms than before PEPFAR began. The Inter-Religious Council of Uganda, which recently received a $15 million PEPFAR prevention, care, and treatment grant, successfully lobbied for the removal of information about the correct use of condoms from student textbooks, an effort spurred in part by the PEPFAR guidelines.[129] These same pressures forced two major U.S. contractors in Uganda that had previously focused on condom distribution to switch to promoting an abstinence message.[130] Population Services International (PSI), a highly regarded public health organization with a long history of HIV/AIDS prevention work, was targeted by American and Ugandan conservative groups and told to remove posters and radio advertisements promoting condom use.[131] PSI's PEPFAR prevention contract was not renewed, and the group has since replaced its condom marketing billboards with ones promoting abstinence and fidelity.[132]

Other groups have also seen their funding eliminated after they were criticized for condom promotion. CARE, which has carried out U.S. international aid projects since the end of World War II, held a $50 million PEPFAR umbrella contract until U.S. conservative groups intensely criticized its activities. For example, former Sen. Rick Santorum (R-PA) accused the group of being "pro-prostitution" and "anti-American." Facing increasing restrictions and anticipating similar pressure, several grantees have refused PEPFAR funds altogether, including the Brazilian government and the BBC World Service Trust.

PEPFAR Grantees Are Often Inexperienced and Faith-Based

As with domestic abstinence-only programs, international abstinence-until-marriage restrictions have resulted in established public health providers increasingly being replaced with religious organizations, many of which have little to no experience with running effective HIV prevention programs. Indeed, by fiscal year 2005, almost a quarter of all PEPFAR-funded organizations were faith-based groups.[133] Funded organizations are also overwhelmingly Christian, even in PEPFAR countries where the population is not predominantly Christian.[134]

Groups that refuse to discuss condoms or other aspects of human sexuality receive special protection in the PEPFAR legislation. According to the federal guidelines, any PEPFAR-eligible organization "shall not be required, as a condition of receiving the assistance, to endorse or utilize a multisectoral approach to combating HIV/AIDS, or to so endorse, utilize, or participate in a prevention method or treatment program to which the organization has a religious or moral objection." This provision facilitates the funding of religious organizations, and so operates much like domestic abstinence-only funding streams.

Many of these religious organizations hold extremist views that raise doubts about their willingness and ability to provide honest and accurate HIV-prevention messages. For example, World Relief, a Christian evangelical organization that receives PEPFAR funding to conduct prevention programs in Haiti, Kenya, Mozambique, and Rwanda, believes that condom use is only acceptable within a marriage in which one person is HIV positive.[135] Further, though condoms, when used consistently and correctly, are highly effective in preventing HIV transmission,[136] World Relief's "Choose Life" abstinence-only curriculum reportedly tells students that condoms are only "80-95 percent effective in reducing the risk of getting HIV through sex. However, the only 100 percent effective choice is abstinence from sexual activity."[137]

As seen with domestic abstinence-only programs, PEPFAR funds have been awarded to inexperienced

"The Bush administration has spent millions of dollars both at home and abroad on unproven abstinence-only programs that put youth at higher risk of HIV. These programs don't just censor information—they actively promote misinformation about condoms. The exhortation to abstain until marriage also ignores the plight of women and girls who cannot 'abstain' from rape or sexual violence, even within marriage. And it discriminates against lesbian and gay individuals, who cannot legally marry in most jurisdictions. All people, including youth, have a human right to know about all effective methods of HIV prevention, including condoms. Denying this right puts people at unnecessary risk of HIV infection and premature death."

Rebecca Schleifer • Human Rights Watch HIV/AIDS and Human Rights Program

organizations. For example, the Children's AIDS Fund, which has a five-year, $10 million PEPFAR grant for prevention activities in Uganda, Zambia, and South Africa, was deemed "not suitable for funding" by an expert panel. Despite this unequivocal determination, the experts' decision was overruled by USAID Administrator Andrew Natsios.

Because PEPFAR abstinence-only programs have been in place since only 2004, there is little concrete indication of whether they have been effective in preventing the spread of HIV. Monitoring and evaluation mechanisms used by many funded programs and country teams are grossly insufficient, and reported numbers are flawed, according to government audits. Some funding recipients lack the ability to comply with reporting requirements. Other countries deliberately report lower figures to minimize their HIV/AIDS problem. In South Africa, for example, some provincial governments refused to report the number of HIV-positive people receiving PEPFAR-funded services. Other governments submitted inflated figures. For example, Guyana overstated the results of PEPFAR programs, claiming they were helping provide for 5,200 AIDS orphans when they were only caring for fewer than 300, many of whom were not orphaned by AIDS.[138]

While extravagant claims have been made about the effectiveness of "ABC" in Uganda and other countries, research findings are mixed, at best.[139] A USAID-funded study of the effectiveness of "ABC" approaches in several countries in the 1990s found a correlation between an increase in *all* of these behaviors—abstinence, monogamy, and condom use—and a decrease in HIV prevalence during the 1990s, suggesting that a multifaceted approach is effective at stopping the spread of HIV.[140] Indeed, condoms will arguably prove more effective than abstinence given the evidence of the ineffectiveness of domestic abstinence-only programs, and considering the findings of the Government Accountability Office and the Institute of Medicine criticizing PEPFAR's abstinence-only requirements.

PEPFAR's Approach Especially Endangers Women and Girls

The "Feminization" of HIV/AIDS

The proportion of women diagnosed with HIV/AIDS continues to increase each year, in every region in the world.[141] Younger women ages 15 through 24 now comprise 40% of new infections worldwide. This "feminization" of the pandemic is particularly evident in sub-Saharan Africa, the region with the greatest number of PEPFAR focus countries, where 59% of those infected are female. In South Africa, Zambia, and Zimbabwe, young women ages 15 through 24 are three to six times more likely to be infected with HIV than their male counterparts.[142]

In addition to physiological factors that make females more susceptible to contracting HIV and other STIs, gender inequality and economic hardships for many women in developing countries put them at greater risk of infection. Women's inferior legal status in these nations, demonstrated by unequal laws concerning property rights, marriage, and rape, and by the general lack of enforcement of those few legal protections for women that do exist, leaves women and girls vulnerable to

> **"The many circumstances in which women and girls (as well as men, boys and transgender persons) are prevented from controlling their sexual lives coupled with rampant gender-based violence makes the main prevention themes of PEPFAR—abstain and be faithful—inadequate, and sometimes dangerous, as the core of HIV & AIDS prevention strategies."**
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> ***Susana Fried • Professor, School of International and Public Affairs at Columbia University***

economic dependency and diminishes their sexual decision-making power. Other social factors, including cultural practices such as wife inheritance, virginity testing, and female genital mutilation, underscore this gender inequality, and thus exacerbate the risk faced by women and girls in these countries. Women and girls in such situations may lack the ability or the authority to remain abstinent even if they desire to do so.

Economic hardship can also drive women and girls to engage in risky sexual behavior, including prostitution and transactional sex.[143] In sub-Saharan Africa in particular, though also common elsewhere, young women may engage in a transactional sexual relationship with an older man, known as a "sugar daddy" or "sponsor," in order to pay for their school fees or to help support their family.[144]

Teaching only abstinence ignores the reality of these women's lives, and in so doing puts their lives in jeopardy: Engaging in sex with an older, likely more experienced partner, as many women must do for survival, greatly increases a woman's HIV risk.

Marriage Offers No Protection

Even young women and girls who remain abstinent until marriage are not guaranteed protection from HIV and other STIs. The majority of sexually active teenage girls in developing countries are married, yet they generally have higher HIV infection rates than sexually active, unmarried girls of the same age.[145]

PEPFAR's marriage emphasis fails women in the focus countries where girls are expected to marry at a very young age. Over half of all girls in Mozambique and Uganda are married by the time they reach age 18, and their husbands are generally much older men.[146] In Ethiopia, it is not unusual for girls to be married at the age of 7 or 8 and in certain areas of Nepal, Nigeria, and India, marriage for girls as young as age 10 is common.[147] PEPFAR's emphasis on marriage ignores the harmful reality marriage imposes on young girls, and on any woman in a marriage where her partner is not faithful. Women and girls in unequal marriages, whether due to age disparities or other cultural or socioeconomic factors, lack the ability to enforce monogamy or to insist upon condom use by their husbands.

Barriers to Condom and Contraceptive Use

Many women do not believe that they have the right to suggest condom use, especially within marriage: Condoms may be associated with suggestions of infidelity––and some women fear that their husbands could become violent if asked to use a condom.[148] PEPFAR's emphasis on abstinence-until-marriage for general populations and condom use only for "high-risk" people exacerbates the stigma associated with condoms. Similarly, women may not want to be tested for HIV or to inform their husbands of their status for fear that they will be blamed and then punished or abandoned if they are seen as bringing the disease into the marriage,[149] a fear shared by HIV-positive American women in monogamous relationships.[150]

Social expectations and gender norms impede women from making safe sexual decisions worldwide, particularly in the developing world.[151] In almost all societies, it is acceptable for men to be sexually active while women are expected to be chaste. Such double standards directly limit a woman's ability to control her body and sexuality. For example, over 60% of women in Haiti believe it is exclusively the man's decision whether or not to use a condom during sex.[152] Accurate and complete information about condom use is crucial to HIV/AIDS prevention efforts; to provide complete information, programs must therefore address gender inequalities that often impede condom or contraceptive use and must teach negotiation skills that may help overcome barriers to condom use.

Lack of Reproductive Health Services

The abstinence-until-marriage programs funded by PEPFAR have particularly dangerous public health consequences due to the scarcity and generally low quality of reproductive health services in focus countries. Though PEPFAR has significantly increased global HIV/AIDS funding, women's reproductive health and family planning funds remain woefully inadequate. Worldwide, approximately 120 million couples lack access to family planning services, and each year over 340 million new STI cases are diagnosed.[153] Every year, 80 million women worldwide experience an unwanted pregnancy, 19 million have an unsafe abortion, and 70,000 die due to complications from these procedures.[154]

UNAIDS, the Joint United Nations Programme on HIV/AIDS, recommends increased quality and provision of reproductive health services—including comprehensive sex education—as an integral strategy for stemming the HIV/AIDS epidemic.[155] For many young women and girls, the factors that put them at risk for HIV are so complex and individualized that an oversimplified slogan like "ABC" utterly fails them. The harm caused to disempowered women and young girls is too great for the U.S. to continue to enforce the social mores and religious beliefs embodied in PEPFAR's abstinence-until-marriage requirements.

CHAPTER 5

Looking Ahead

OVERVIEW

Abstinence-only programs in the U.S. and worldwide are facing increasing scrutiny by state and national governments, public health experts, women's rights advocates, and concerned parents. Challenges to these programs, through legislative efforts, community initiatives, and legal action, are vital. Indeed, much more needs to be done not only to curb abstinence-only programs but also to ensure that young people receive accurate and complete sexual and reproductive health information and services.

This chapter presents examples of current efforts to end government funding of biased, inaccurate abstinence-only programs that particularly harm women and girls.

State Action to Reject Abstinence-Only Funding

Several state governments have taken independent action to limit the influence of abstinence-only programs by refusing to apply for federal Title V funds.[156] Unfortunately, in many states that have rejected Title V funding, abstinence-only programs continue to receive federal funding under the CBAE program and to teach their curricula in the public schools.

As of this writing, 15 states — California, Colorado, Connecticut, Maine, Massachusetts, Minnesota, Montana, New Jersey, New Mexico, New York, Ohio, Rhode Island, Virginia, Wisconsin, and Wyoming — no longer apply for Title V abstinence-only funding, citing the restrictive nature of the program and refusing to provide matching state funds. Pennsylvania had rejected funding for a number of years and recently began accepting it once again.

> **"My exposure to abstinence-only education has certainly affected how I view my sexual activity and my relationships. There is an underlying piece of me that I don't know if I'll ever be fully comfortable with sex, even after I am married, because of the exposure I've had to these messages that sex, and enjoying sex, is not okay."**
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> ***Dan • Abstinence-only program participant from Illinois***

According to SIECUS, "California is the only state that has never applied for and never received Title V abstinence-only-until-marriage funding. California would have been eligible for $7,055,239 in Title V abstinence-only-until-marriage funding in fiscal year 2005; however, the state chose not to apply for these funds due to the extraordinary restrictions upon how the money must be spent."[157] In 2006, New Jersey rejected Title V funding for abstinence-only programs, concluding that the abstinence guidelines contradicted longstanding state standards for comprehensive sex education. In addition, New Mexico began limiting its Title V abstinence-only programs to students in sixth grade and below based on high teen pregnancy rates and the state's belief that students need complete sexual health information as early as is appropriate.

In other instances, state officials have taken action when abstinence-only programs funded by the federal government conflicted with state laws requiring that students receive accurate and comprehensive sex education. In 2004, Heritage of Maine, a part of the national group Heritage Keepers, received a federal grant to teach abstinence-only in local public schools. In response, the Maine Department of Education issued a letter to school superintendents reminding them that the Heritage Keepers' curriculum did not meet state comprehensive sex education requirements.[158] Reportedly, the organization is now teaching the abstinence-only curriculum in only two public schools (which presumably also provide comprehensive sex education in compliance with state regulations).[159] Rhode Island also has banned the Heritage Keepers' abstinence curriculum.[160]

Legal Challenges to Abstinence-Only Programs

Bias and Inaccuracy

Litigation has brought significant public attention to the damage caused by abstinence-only programs and in prompting necessary revisions of curricula. In 1992, for example, Planned Parenthood of Northeast Florida, along with a group of concerned parents, filed suit against the Duval County School Board in response to the Board's decision to adopt an abstinence-only curriculum for use in local schools. The suit contended that the Board's decision violated a state law requiring that students receive accurate, complete, and philosophically neutral instruction.[161] The curriculum, put together by Teen-Aid, contained medically inaccurate and gender-biased information, falsely telling students, for instance, that "following abortion, women are prone to suicide."[162] The case was settled out of court and the school board has discontinued use of the curriculum.

Similarly, in *Hall v. Hemet Unified District Governing Board*, a group of parents in California challenged a school board's decision to replace a comprehensive sex education curriculum with several gender-biased, fear-based abstinence-only curricula, including those produced by Teen-Aid, Sex Respect, and Choosing the Best. The parents argued that the curricula violated California statutes requiring accuracy in instructional materials.[163] One curriculum specifically held females responsible for keeping boys' sexual aggression in check, telling students:

> Since females generally become aroused less quickly and less easily, they are better able to make a thoughtful choice of a partner they want to marry. They can also help young men learn to balance in a relationship by keeping physical intimacy from moving forward too quickly.[164]

The case was settled and the school district switched back to a scientifically accurate, comprehensive sex education curriculum.

Religious Content

Several lawsuits have successfully challenged abstinence-only programs on the basis that these programs use federal funds to promote religion. The first such suit, brought in 1983 by the American Civil Liberties Union (ACLU), was *Bowen v. Kendrick*.[165] In *Bowen*, the ACLU represented a group of clergy members and taxpayers who claimed that the Adolescent Family Life Act (AFLA) violated the First Amendment by granting funding to explicitly religious institutions. The Supreme Court held that the Act was constitutional on its face, but remanded the case to the district court to determine if the Act was constitutional "as applied." In 1993, a settlement agreement between the parties stipulated that AFLA-funded abstinence-only programs could not include religious references, must be medically accurate, and must respect the "principle of self-determination" regarding contraceptive referral for teenagers. Funded programs also could not take place in religious buildings nor could the organizations give presentations in parochial schools during school hours. However, this settlement agreement expired in 1998 and AFLA programs no longer operate under these restrictions.[166]

Several other lawsuits have successfully challenged abstinence-only programs that use federal funds to promote religion. In 2002, in *ACLU of Louisiana v. Foster*, the Louisiana Governor's Program on Abstinence was challenged for using federal Title V funds for religious purposes.[167] The plaintiffs successfully demonstrated that funded programs, including one named "God's Gift of Life," were explicitly religious. The objectionable programs lost funding and an oversight program was instituted.

In 2005, the ACLU filed suit against the U.S. Department of Health and Human Services (HHS) to challenge federal funding of an abstinence-only program called the Silver Ring Thing. This program, which had received over $1 million in federal abstinence-only funding, encouraged its participants to take virginity pledges and claimed to use its abstinence-only program to "bring 'unchurched' students to Jesus Christ."[168] The case was settled and HHS deemed the Silver Ring Thing ineligible for future federal funding.

Parents and Students Take Action

Concerned parents have played a crucial role in monitoring abstinence-only programs and promoting comprehensive sex education. In 2004, a group of parents in Georgia became highly concerned when they learned that their children would be receiving abstinence-only education using the Choosing the Best curriculum. These parents researched the curriculum and were alarmed to find that it contained harmful gender stereotypes and scientifically inaccurate information. They formed Georgia Parents for Responsible Health Education to organize and educate other parents about the harms of abstinence-only programs. The group subsequently succeeded in having the curriculum removed from DeKalb County middle schools.[169]

> **"I think [abstinence-only education] sets kids up to have even more personal issues than if sexuality education were offered instead. For example, I didn't stay abstinent until marriage, and for a time, would feel guilty for breaking the promise I made at that assembly."**
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> ***Karen • Abstinence-only program participant from Texas***

In 2004, Susan Rodriguez, a parent in New Mexico, took similar action. Rodriguez was appalled at the content of the Project Reality abstinence-only curriculum her daughter was receiving in school. Rodriguez felt that the curriculum contained "distorted, inflammatory anti-abortion language" and that it gave her daughter the impression that contraceptives were ineffective.[170] Rodriguez removed her daughter from the school and began speaking out against the program. In January 2005, the New Mexico Department of Health advised schools not to teach Project Reality's chapter about STIs due to concerns over its accuracy.[171] In April of that year, the New Mexico Department of Health announced that it would limit abstinence-only programs to those in sixth grade and below.

Many students are taking action on their own behalf. Texas high school student Shelby Knox, well known as the subject of a 2005 documentary, *The Education of Shelby Knox,* spoke out when she saw that many of her peers were becoming pregnant or contracting STIs—despite the fact that many of them had taken virginity pledges. Knox had taken such a pledge herself, but still felt strongly that she and her peers were entitled to complete and accurate sexual health information. Knox failed to persuade her school to abandon abstinence-only in favor of a more comprehensive approach, but she continues to be an outspoken advocate for comprehensive sex education.[172] Countless other young people are taking an active role in the fight for open and honest sexuality education by becoming peer sex educators. *Sex, Etc.,* a national magazine and website on sexual health, is distinctive in that it is written by teens for teens, and makes comprehensive information about sexuality, STIs, pregnancy, and relationships readily available on its website.[173]

Government Oversight and Reform

Concerned politicians have also played a key role in raising public awareness about abstinence-only programs. In 2004, the Committee on Government Reform (Minority Staff) issued a report for Representative Henry Waxman (D-CA) sharply criticizing the gender stereotypes, inaccuracies, and harmful information contained in the most commonly used abstinence-only curricula in federally funded programs.[174] The report garnered intense media interest and even spurred a counter-report, spearheaded by Representative Mark Souder (R-IN), attacking its findings and defending abstinence-only programs with dubious evidence.[175]

Several current federal legislative efforts are aimed at increasing federal funding for more comprehensive sex education. The Responsible Education About Life (REAL) Act, most prominent among these efforts, would fund state governments to provide medically accurate, age-appropriate sexual health information.[176] Programs funded by the REAL Act would be required to stress abstinence as the best and safest way to avoid pregnancy and

disease; however, they would also include information on "the benefits and side effects of all contraceptives and barrier methods." The Prevention First Act is a bill whose purpose is to reduce unplanned pregnancies and improve women's health by fully funding Title X family planning programs, providing low-income women access to reproductive health care through Medicaid, and offering comprehensive health education to teens.[177] The Guarantee of Medical Accuracy in Sex Education Act, originally introduced in 2006, would mandate that all information contained in federally funded sexuality education programs be medically accurate; however, as of this writing, the Guarantee of Medical Accuracy in Sex Education Act has not been reintroduced in Congress.[178]

The Protection Against Transmission of HIV for Women and Youth Act ("PATHWAY") would strike PEPFAR's abstinence earmark, while also requiring the development of a real strategy to address HIV prevention for vulnerable women and girls internationally and increase condom availability for target groups.[179]

Congress has considered altering the current Title V provisions to require that programs be medically accurate and provide states with greater flexibility in designing programs. In FY 2007, the Title V program expired but Congress unfortunately passed a three-month extension of the program that remains in effect as of this writing.

State legislatures are also considering measures to create more comprehensive sex education programs. For example, New York State's Healthy Teens Act would fund school districts and community-based organizations to deliver comprehensive, scientifically accurate sexual education programs. The Massachusetts legislature has considered several bills to expand comprehensive sexual education in schools and prohibit state agencies from applying for or accepting federal abstinence-only funding. Such state level initiatives are vital to ensuring that biased and inaccurate abstinence-only programs are not taught in schools even if these programs continue to receive federal funding with very little oversight.

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End Notes

[1]Janice Irvine, Talk About Sex: The Battles over Sex Education in the United States (2002) 88–96.

[2]Restrictions from the Omnibus Budget Reconciliation Act of 1981 § 2011, *42 U.S.C. 300z-10(a) (2000)*, read: "Grants or payments may be made only to programs or projects which do not provide abortions or abortion counseling or referral, or which do not subcontract with or make any payment to any person who provides abortions or abortion counseling or referral, except that any such program or project may provide referral for abortion counseling to a pregnant adolescent if such adolescent and the parents or guardians of such adolescent request such referral; and grants may be made only to projects or programs which do not advocate, promote or encourage abortion." These restrictions are reiterated in the most recent funding announcement. *See Announcement of Availability of Funds for Adolescent Family Life (AFL) Demonstration Projects*, 70 Fed. Reg. 5536, 5538 (Feb. 2, 2005).

[3]The Title V program was only one component of welfare reform's ultraconservative agenda on sexual and reproductive rights. Welfare reform's intent to legislate personal behavior and lifestyle choices was demonstrated by the "illegitimacy bonus," which provided $20 to $25 million in cash rewards to the five states that most decreased out-of-wedlock birth rates without increasing abortion rates, and the "child exclusion" policy, which permitted states to deny increased cash assistance to mothers who gave birth to an additional child while on welfare. *See* Legal Momentum (formerly NOW Legal Defense and Education Fund), *What Congress Didn't Tell You: A State-by-State Guide to the Welfare Law's Hidden Reproductive Agenda* (1999); *see also* Rebekah Saul, *Whatever Happened to the Adolescent Family Life Act?*, 1 *Guttmacher Rep. on Pub. Pol'y* 5 (1998), *available at* http://www.guttmacher.org/pubs/tgr/01/2/gr010205.pdf.

[4]Hearing on Abstinence Education Before the Subcomm. on Oversight and Investigations of the H. Comm. on Commerce, 105th Cong. (1998) (statement of Peter C. Van Dyck, M.D., M.P.H., Acting Associate Administrator for Maternal and Child Health, Health Resources and Services Administration, U.S. Dep't of Health and Human Services), *available at* http://www.hhs.gov/asl/testify/t980925a.html; Rebecca A. Maynard et al., Mathematica Policy Research, First-Year Impacts of Four Title V, Section 510 Abstinence Education Programs (2005), *available at* http://aspe.hhs.gov/hsp/05/abstinence/report.pdf.

[5]Debra Hauser, Advocates for Youth, *Five Years of Abstinence-Only-Until-Marriage Education: Assessing the Impact* (2004), *available at* http://www.advocatesforyouth.org/PUBLICATIONS/stateevaluations.pdf.

[6]42 U.S.C. § 710(b)(2)(D) (2000).

[7]42 U.S.C. § 710(b)(2)(E).

[8]Hauser, supra n.5; Jennifer K. McGuire, Michele Walsh & Craig Winston LeCroy, Content Analyses of Title V Abstinence-Only Education Programs: Links Between Program Topics and Participant Responses, 2 *Sexuality Res. & Soc. Pol'y: J. of the National Sexuality Resource Center* 18 (2005).

[9]Department of Health and Human Services, Administration for Children and Families, Community-Based Abstinence Education Program Request for Proposals § (I)(C)(3) states: "No one theme should be over- or under-represented in the entire curriculum." (most recent guidelines Jan. 28, 2006, *available at* http://www.acf.hhs.gov/grants/open/HHS-2006-ACF-ACYF-AE-0099.html)

[10]Hauser, supra n.5.

[11]For the most recent information concerning a state's acceptance of Title V, please visit the SIECUS website at http://www.siecus.org/policy/states.

[12]U.S. Dep't of Health and Human Serv., Admin. for Children and Families, FY2007 Program Announcement: Section 510 Abstinence Education Program (2006), *available at* http://www.acf.hhs.gov/grants/pdf/ACYF-FYSB-AE-01-06updated.pdf.

[13]*See* Lawrence B. Finer, *Trends in Premarital Sex in the United States 1954–2003*, 122 Pub. Health Rep. 73, 78 (2007) (By age 44, 95% of respondents had had premarital sex).

[14]*See infra* pp 16–18. *See also* http://legalmomentum.org/legalmomentum/programs/sexualityandfamilyrights/2006/11/crisis_pregnancy_centers_recei_1.php.

[15]Dep't of Health & Human Serv., Admin. for Children and Families Community-Based Abstinence Education Program Funding Opportunity 6 (2006), *available at* http://www.acf.hhs.gov/grants/pdf/HHS-2006-ACF-ACYF-AE-0099.pdf.

[16]*Id.*

[17]Christopher Trenholm et al., Mathematica Policy Research, Impacts of Four Title V, Section 510 Abstinence Education Programs (2007), *available at* http://www.mathematica-mpr.com/publications/PDFs/impactabstinence.pdf.

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[19]Douglas Kirby. *Emerging Answers, 2007*, the National Campaign to Prevent Teen and Unplanned Pregnancy (2007).

[20]Minn. Dep't of Health, Minnesota Education Now And Babies Later (MN EN ABL) Evaluation Report (1998–2002) (2004), *available at* http://www.saynotyet.com/report.htm.

[21]Hannah Brückner & Peter Bearman, *After the Promise: The STD Consequences of Adolescent Virginity Pledges*, 36 J. of Adolescent Health 271, 278 (2005).

[22]Finer, *supra* n.13, at 78.

[23]Danice K. Eaton et al., Ctr. for Disease Control and Prevention, *Youth Risk Behavior Surveillance—United States, 2005,* 55 Morbidity & Mortality Wkly. Rep. 1 (2006).

[24]*Id.*

[25]Lawrence Finer and Stanley Henshaw, *Disparities in Rates of Unintended Pregnancy in the United States, 1994 and 2001*, Perspectives on Sexual and Reproductive Health, 38(2): 90–96 (2006).

[26]Each year, almost 750,000 women ages 15–19 become pregnant. 75 pregnancies occur every year per 1,000 women ages 15–19; this rate has declined 36% since its peak in 1990. Recent research suggests that the steadily declining teen birth rate is due, in large part, to increased contraceptive use in teens. John S. Santelli et al., *Explaining Recent Declines in Adolescent Pregnancy in the United States: The Contributions of Abstinence and Improved Contraceptive Use,* 97 Am. J. Pub. Health 1–7 (2007); *see also* Guttmacher Institute, *U.S. Teenage Pregnancy Statistics: National and State Trends and Trends by Race and Ethnicity* (2006), *available at* http://www.guttmacher.org/pubs/2006/09/11/USTPstats.pdf. In 2002, there were 214,750 abortions among 15–19-year-olds. *Id.*

[27]Adam Clymer, *Critics Say Government Deleted Website Materials to Push Abstinence*, *N.Y. Times*, Nov. 6, 2002.

[28]William Smith, Vice President for Public Policy at SIECUS, and Maryjo Oster, a Pennsylvania State University graduate student, were replaced with abstinence-only activists. SIECUS Policy Updates (May 2006), *available at* http://www.siecus.org/policy/PUpdates/pdate0247.html. *See also* Representative Waxman's letter to HHS condemning the decision to replace the panelists, *available at* http://oversight.house.gov/documents/20060509105051-30240.pdf.

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[30]National Abstinence Clearinghouse, Abstinence 101 88–90 (2005), *cited in* Letter from Rep. Henry A. Waxman to David M. Walker, Comptroller General, U.S. Gov't Accountability Office (Oct. 6, 2005), *available at* http://reform.democrats.house.gov/Documents/20051006114033-87692.pdf.

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[37]Trenholm, *supra* n.17 at xx.

[38]National Abstinence Clearinghouse, *supra* n.30.

[39]For more information about abstinence-only curricula that distort biological health facts and information, *see* Legal Momentum, *Sex, Lies and Stereotypes: Profiles of Federally Funded Abstinence-Only Grant Recipients* (2006), *available at* http://legalmomentum.org/legalmomentum/programs/sexualityandfamilyrights/2006/09/sex_lies_stereotypes_profiles.php.

[40]Brady Hamilton et al., Ctr. for Disease Control and Prevention, *Births: Preliminary Data for 2006*, 56 Nat'l Vital Statistics Report 7 (2007)

[41]Finer and Henshaw, *supra* n. 25.

[42]Saul Hoffman, National Campaign to Prevent Teen Pregnancy, By the Numbers: The Public Costs of Teen Childbearing (2006).

[43]Robin Hood Foundation, Kids Having Kids: A Special Report on the Costs of Adolescent Childbearing (Rebecca Maynard ed., 1997).

[44]Susheela Singh & Jacqueline E. Darroch, *Adolescent Pregnancy and Childbearing: Levels and Trends in Developed Countries*, 32 Family Planning Persp. 14, 23 (2002).

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[46]Santelli, *supra* n. 26; James G. Kahn, *Pregnancies Averted Among U.S. Teenagers by the Use of Contraceptives*, 31 Family Planning Persp. 29, 34 (1999).

[47]U.S. Dep't of Health & Human Serv., Use of Contraception and Use of Family Planning Services in the United States: 1982–2002, Advance Data from Vital and Health Statistics (2004).

[48]Jane Mauldon & Kristin Luker, *The Effects of Contraceptive Education On Method Use at First Intercourse*, Family Planning Perspectives 28 (1996), *available at* http://www.guttmacher.org/pubs/journals/2801996.pdf.

[49]President Bush discussed his Faith-Based Initiative at the Power Center 10th Anniversary Celebration, *available at* http://www.whitehouse.gov/news/releases/2003/09/20030912-14.html.

[50]Legal Momentum, *An Overview of Federal Abstinence-Only Funding, 1981–2006* (2007) 10, *available at* http://www.legalmomentum.org/legalmomentum/programs/sexualityandfamilyrights/2006/09/federal_funding_for_abstinence_1.pdf.

[51]The American Civil Liberties Union has successfully challenged federal funding for abstinence-only programs that endorse religion. See *infra ch. 5; see also* Pl. Memo of Law in Supp. of Motion for Prelim. Inj. at 2-13, *ACLU of Louisiana v. Foster*, No. 02-1440 (E.D. La. filed May 9, 2002); *ACLU of Massachusetts v. Leavitt*, Civ. A. No. 05-11000 (JTL) (D. Mass. Feb. 21, 2006) (settlement agreement), *available at* http://www.aclu.org/reproductiverights/sexed/24239lgl20060223.html.

[52]Title X is the federal family planning program that provides access to contraceptive services, supplies, and information to millions of women, particularly those in poverty.

[53]Dr. Keroack was subsequently forced to resign because of an investigation into allegations of Medicaid fraud.

[54]Legal Momentum, *Federal Abstinence-Only Funding of Crisis Pregnancy Centers* (2006), *available at* http://legalmomentum.org/legalmomentum/programs/sexualityandfamilyrights/CPCFactsheetFINAL.pdf.

[55]*See* Legal Momentum, *Fake Abortion Clinics Deceive Women* (2006), *available at* http://legalmomentum.org/legalmomentum/programs/sexualityandfamilyrights/fake_abortion_clinics_deceive_women. *See also* Michelle Goldberg, Kingdom Coming: The Rise of Christian Nationalism 139 (2006).

[56]Jennifer J. Frost, *Public or Private Providers? U.S. Women's Use Of Reproductive Health Services*, 33 Family Planning Perspectives 4 (2001), *available at* http://www.guttmacher.org/pubs/journals/3300401.html.

[57]Heartbeat of Miami, an affiliate of Heartbeat International, is looking to open 3–5 new "crisis pregnancy centers" in Miami's inner-city area. Heartbeat of Miami Website, http://heartbeatofmiami.org/about/#2 (last visited Oct. 30, 2007). Heartbeat is not the only CPC network poised to expand. Heartbeat works in conjunction with CareNet, one of the largest CPC networks in the country. To date, CareNet claims to have opened 19 CPCs in 14 cities around the country. CareNet Website, http://care-net.org/initiatives/urbancenter.html (last visited Dec. 13, 2007).

[58]Stephanie Simon, *Tailoring an Antiabortion Message to Blacks*, *L.A. Times*, Mar. 21, 2007, page A1.

[59]Guttmacher Institute, *Get "In the Know": Questions About Pregnancy, Contraception and Abortion*, http://www.guttmacher.org/in-the-know/characteristics.html. The abortion rate for African-American women is 49/1000 and for Latina women it is 33/1000, compared to 13/1000 for white women. *Id.*

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[63]Human Rights Watch, Ignorance Only: HIV/AIDS, Human Rights and Federally Funded Abstinence-Only Programs in the United States, Texas: A Case Study (2002).

[64]Kris Frainie, Why kNOw Abstinence Education Programs: Curriculum for Sixth Grade Through High School (Teacher's Manual) 122 (2002).

[65]Rose Fuller & Janet McLaughlin, FACTS and Reasons (Teacher's Manual) 28 (2000).

[66]Bruce Cook, Choosing the Best Life: Leader Guide 7 (2003).

[67]Frainie, *supra* n.64, at 121.

[68]Letter from Steven Brown, Executive Dir. of the R.I. ACLU, to Peter McWalters, Comm'r, R.I. Dep't of Educ. (Sept. 21, 2005), *available at* http://www.riaclu.org/documents/sex_ed_letter.pdf.

[69]http://www.thechoicegame.com/index.html. *See also* http://www.thechoicegame.com/urban/topic-drugs-audio.html ("urban" version) and http://www.thechoicegame.com/mw/curriculum.html ("Midwest" version).

[70]*See* http://www.siecus.org/policy/states/2005/analysis.html.

[71]*See* Deborah Tolman, *Dilemmas of Desire* (2002).

[72]Janet Holland et al., *Sex, Gender and Power: Young Women's Sexuality in the Shadow of AIDS*, 12 Sociology of Health & Illness 336, 350 (1990); Ralph J. DiClemente et al., *Predictors of Inconsistent Contraceptive Use Among Adolescent Girls: Findings from a Prospective Study*, 39 J. of Adolescent Health 43, 49 (2006).

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