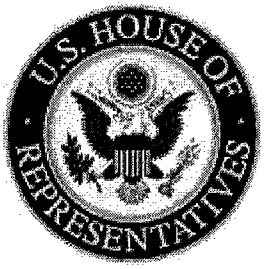

UNITED STATES HOUSE OF REPRESENTATIVES
COMMITTEE ON GOVERNMENT REFORM

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ABSTINENCE AND ITS CRITICS

STAFF REPORT

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I. EXECUTIVE SUMMARY

In December of 2004, the Democrat Staff of the House of Representatives' Government Reform Committee released the report *The Content of Federally Funded Abstinence-Only Education Program.*[1] Commonly known as the Waxman Report, it is ostensibly an objective review of federally-funded abstinence education. While the stated purpose of the Waxman Report to "examine the scientific and medical accuracy of the most popular abstinence curricula used by programs receiving funds from the largest federal abstinence initiative" is welcomed, the Report fails to offer a fair and accurate assessment of abstinence education programs. Unfortunately, the Report has been heralded as an official and trustworthy review of abstinence education even though it is riddled with errors, half-truths and mischaracterizations.

This report is a review of the findings of the Waxman Report. While admittedly there is room for more studies to assess the accuracy and effectiveness of all sex education programs (abstinence and comprehensive sex education), the content and conclusions of the Waxman Report fail to provide a fair evaluation of abstinence curricula. By any reasonable standard, it cannot be considered a definitive statement on abstinence education and should not be taken as such.

The Waxman Report also fails to offer any review of comprehensive sex education. While this is not the stated purpose of the Report, there is an implied message that comprehensive sex education programs are the only curricula that should be supported by taxpayer dollars. Comprehensive sex education, however, already receives a disproportionate amount of funding relative to abstinence education and its effectiveness is suspect at best.

The content of comprehensive sex education often contains graphic discussion about sex acts divorced from emotional content that, for many parents, is inappropriate for their children. There are examples where comprehensive sex education curricula encourage experimentation with condoms and other contraceptives in provocative ways. Some curricula encourage sexual contact (including masturbation, or even bathing together) for students too young for consensual sex under applicable state law, and in some instances for students as young as nine.[2] In fact, while such curricula encourage sexual activity,

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[1] See *The Content of Federally Funded Abstinence Education Programs*, COMMITTEE ON GOVERNMENT REFORM—MINORITY STAFF SPECIAL INVESTIGATION DIVISION REPORT, Dec. 2004; at http://www.democrats.reform.house.gov/Documents/20041201102153-50247.pdf.

[2] See *Becoming a Responsible Teen*, ETR Associates, Santa Cruz, California, 1998, at 114-115, Id at 119; *Be Proud! Be Responsible*, Select Media, New York, NY, 1996, at 80; *Teen Talk: Reproduction and Contraception Curriculum*, Sociometrics Corporation, Los Altos, CA, at 16; *Focus on Kids*, ETR Associates, Santa Cruz, CA, 1998, at 108; *http://www.siecus.org/pubs/biblio/bibs0010.html* and *http://www.plannedparenthood.com/pp2 /portal/files/portal/educationoutreach/educationprograms/programs-responsible-choices-2nd.pdf*.

there is rarely any mention of the benefits of abstinence as the healthiest choice and the only certain and effective means to avoid STDs and unplanned pregnancies.[3]

Additionally, the information offered through comprehensive sex education is often directly contrary to the interest of parents, and even the students themselves. In recent polls over 90 percent of teens and adults, not to mention pre-teens, believe that teens should be given a strong abstinence message not to have sex until they are at least out of high school. Nearly 80 percent of parents think teens should be taught to delay sexual activity until marriage or in an adult relationship leading to marriage. Over 60 percent of teens say morals and values are equally important as health information and services in influencing teen sexual behavior and preventing teen pregnancy, and by contrast nine percent of teens believe that health information and services are *more* influential.[4] And yet, the Waxman Report defends comprehensive sex education curricula that rejects the clear desires of parents and their children.

This report is an effort to correct many of the errors of the Waxman Report. The physical, mental and emotional health of America's youth is tied in part to their decision of whether they engage in sexual behavior at an early age. The value of abstinence for young people cannot be overestimated, and it is the duty of Congress to support programs that serve the interests of America's youth.

II. BACKGROUND

A. The Crisis of STDs and Teen Pregnancies

According to the Center for Disease Control and Prevention (CDC), there are approximately 19 million new sexually transmitted disease (STDs) infections in the United States each year. Nearly half of these new STD infections are among youth ages 15 to 24, and the number of new infections in adolescents under the age of 19 is approximately three million annually.[5]

Using data through the year 2003, the CDC estimated that 38,490 young people in the United States have been diagnosed with AIDS, 4,000 of whom were diagnosed in 2003 alone.[6] Approximately 10,041 young people with AIDS have died through 2003, and

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[3] Shanna Martin, Robert Rector and Melissa Pardue, "Comprehensive Sex Education Versus Authentic Abstinence: A Study of Competing Curricula", Heritage Foundation, 2004. p11; at http://www.heritage.org /Research/Welfare/loader.cfm?url=/commonspot/security/getfile.cfm&PageID=67539.

[4] *With One Voice 2004: America's Adults and Teens Sound Off About Teen Pregnancy*, National Campaign to Prevent Teen Pregnancy, Dec. 2004; at http://www.teenpregnancy.org/resources/data /pdf/WOV2004.pdf.

[5] *Healthy Youth! Health Topics and Sexual Behaviors,* Centers for Disease Control and Prevention; at http://www.cdc.gov/HealthyYouth/sexualbehaviors/index.htm. See also, *Initial Announcement for Community-Based Education Program*, Department of Health and Human Services Administration for Children and Families; at http://www.acf.hhs.gov/grants/open/ HHS-2006-ACF-ACYF-AE-0099.html.

[6] *HIV/AIDS Among Youth*, Centers for Disease Control and Prevention, May 2005; at http://www.cdc.gov/hiv /pubs/facts/youth.pdf.

there has been a 37 percent increase in the number of young people living with AIDS since 1999.

Approximately 820,000 young women under the age of 19 become pregnant every year, and 34 percent of young women become pregnant at least once before they reach the age of twenty.[7] Although teen pregnancy and birthrates have improved in recent years,[8] U.S. rates are still higher than any other developed nation. Teen mothers are less likely to complete high school, more likely to be single parents and more likely to live in poverty than other teens.[9]

B. The Need for Abstinence Education

With these statistics setting the background, the CDC recommends that "adolescents need accurate, age-appropriate information about HIV infection and AIDS, including the concept that abstinence is the only 100 percent effective way to avoid infection."[10] Funding for abstinence education has increased steadily under the Bush administration, growing almost $100 million between FY 2001 and FY 2005. Abstinence funding was $79 million in FY 2001, $100 million in FY 2002, $115 million in FY 2003, $135 million in FY 2004 and $168 million in FY 2005. The funding for abstinence education increased again for FY 2006 to a total of $178 million for FY 2006.[11]

As the funding for abstinence education has increased, so has the debate between abstinence education and comprehensive sex education, which are the two main educational approaches to reducing teen pregnancy and STDs. The approach of comprehensive sex education programs is that today's youth need information to make decisions about whether to engage in sexual activities, that teens should be empowered to make their own decisions regarding sexual activity and that contraceptives as well as abstinence are effective in preventing pregnancy and sexually transmitted diseases. Abstinence education programs, on the other hand, promote the message that abstinence is the most effective means of preventing unwanted pregnancy and sexually transmitted diseases, that sex outside of marriage is harmful to teens' physical and emotional health, that youth can and should be empowered to say no to sex and that promoting birth control along with abstinence undermines the strength of an abstinence message.[12] Abstinence education programs also place a large emphasis on character education and decision-making skills for dealing with peer-pressure, drugs and alcohol.

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[7] *Healthy Youth! Health Topics and Sexual Behaviors,* Centers for Disease Control and Prevention; at http://www.cdc.gov/HealthyYouth/sexualbehaviors/index.htm.

[8] From 1990 to 2000, the pregnancy rate decreased 33% and the birth rate declined 42% from 1991 to 2003. MMWR Weekly, Feb. 4, 2005; at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5404a6.htm.

[9] *Healthy Youth! Health Topics and Sexual Behaviors,* Centers for Disease Control and Prevention; at http://www.cdc.gov/HealthyYouth/sexualbehaviors/index.htm .

[10] *HIV/AIDS Among Youth*, Centers for Disease Control and Prevention, May 2005; at http://www.cdc.gov/hiv /pubs/facts/youth.pdf.

[11] *Reducing Teen Pregnancy: Adolescent Family Life and Abstinence Education Programs,* Congressional Research Service Report for Congress, Carmen Solomon-Fears Domestic Social Policy Division. Updated Feb. 14, 2006.

[12] Id.

The Waxman Report has received an enormous amount of media attention and blurred the debate between abstinence education and comprehensive sex education with mischaracterizations of the former. This report seeks to correct the errors of this report and media statements regarding abstinence education.

C. Definition of Abstinence Education

Section 510 of the Social Security Act, created under Section 912 of the 1996 Welfare Reform law, established a new categorical program of grants to states for abstinence education.[13] Abstinence education is defined in the law as an educational or motivational program which:

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

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

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

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

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

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

G. teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and

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

While there are a wide range of abstinence education programs, all the federally-funded programs are required to include the definitions A-H.

D. Federal Funding of Abstinence Education

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[13] Personal Responsibility and Work Opportunity Reconciliation Act of 1996. Pub. L. No. 104-193 (1996) (hereafter "PRWORA"). See also, *Initial Announcement for Community-Based Abstinence Education Program,* supra note 5.

Abstinence education programs are awarded federal funds through the Adolescent Family Life Act, The Temporary Assistance for Needy Families Act and the Community-Based Abstinence Education Program. Each of these programs is distinct from the others, but together they were appropriated roughly $178 million for FY06.

Adolescent Family Life Act: The Adolescent Family Life Act (AFLA) was signed into law in 1981 as Title XX of the Public Health Service Act to provide support for pregnant and parenting teens. This legislation has a pregnancy prevention component aimed at discouraging premarital sexual behavior among teens, and beginning in FY97, funds within AFLA were tied to the "A-H" standard of abstinence education found in Title V. From 1981 until 1996, the AFL program was the only federal program that focused directly on the issues of adolescent sexuality, pregnancy and parenting. AFL provides approximately $13 million in funding for abstinence education per year, and these funds are provided through a competitive grants process.[14]

Title V: Congress created the Title V abstinence education program in the original 1996 welfare reform act, the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA). Specifically, Section 510(b) of Title V of the Social Security Act created a new funding stream to provide grants to states to conduct abstinence education activities. Title V funds are administered by the Administration for Children and Families (ACF) and Family Youth Services Bureau (FYSB) of the Department of Health and Human Services (HHS). Title V provides a mandatory appropriation of $50 million annually in federal funds that are distributed on a formula basis to states.[15] States that choose to accept these funds must match every four federal dollars with three state-raised dollars and are then responsible for using the funds or distributing them to community-based organizations, schools, county and state health departments, media campaigns or other entities. Currently every state except California, Pennsylvania and Maine accept Title V funding.[16] In addition to providing a funding stream for abstinence education, Title V established the "A-H" definition of abstinence education.[17]

Title V State Abstinence Education Program grants are formula grants to states that are awarded based on a statutory formula determined by the proportion of low-income children in a state to the total number of low-income children nationally according to the latest census data. Applications are submitted by states and reviewed by ACF to ensure the grant requirements are met. While it is unusual for an application to be rejected for

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[14] Adolescent Family Life Act, 42 U.S.C. § 300 (1982 & Supp. III 1985). See also, *Reducing Teen Pregnancy: Adolescent Family Life and Abstinence Education Programs,* and Title XX of the Public Health Service Act P.L. 97-35.

[15] See U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, fact sheet, "Section 510 Abstinence Education Grant Program" (Apr. 2002); at *ftp://ftp.hrsa.gov/mchb/abstinence/statefs.pdf.*

[16] California has consistently elected not to receive Title V funds, and so the actual Title V spending is less than the $50 million appropriated each year. In 2002, for example, the federal government spent a total of $43.4 million to fund Title V abstinence programs, which is thirteen percent less than the $50 million appropriated.

[17] PRWORA, §510(b).

conformity purposes, approval of the New Mexico Department of Health's application for a FY06 State Abstinence Education grant was recently withheld because New Mexico's proposed program did not target the age groups that are most at-risk for pregnancy and STDs.[18]

Community-Based Abstinence Education: Community Based Abstinence Education (CBAE) was created in the FY01 Labor/HHS Appropriations bill as an effort to supplement the abstinence education funds provided by Title V. CBAE dollars were originally designated as a "Special Project of Regional and National Significance" (SPRANS), which was administered by the Maternal and Child Health Bureau (MCHB) of the Health Resources and Services Administration (HRSA). In FY2005, this program was moved to the Department of Health and Human Services' ACF division and is now overseen by the Family Youth Services Bureau (FYSB). Funding for the CBAE program has grown from $20 million for FY01 to $113 million (proposed by Congress) for FY07. CBAE grantees are required to adhere to the "A-H" definition of abstinence education.

Through these three programs the total funding for abstinence education for FY06 totaled $177.5 million: $13 million for the AFLA abstinence education projects, $50 million for Title V abstinence education programs, $110 million for the CBAE programs and $4.5 million for an evaluation of CBAE programs.[19]

Comparison of Funding for Abstinence Education vs. Comprehensive Sex-Ed: Congressman Waxman and many of his Democratic colleagues have argued that $177.5 million is an excessive amount of funding for abstinence programs, if they allow for *any* expenditure on alternatives to comprehensive sex education. In comparison, however, federal funding for comprehensive sex education, which often includes instruction that undermines a strong abstinence message, receives at least ten times the amount for authentic abstinence education. While it is difficult to get precise numbers as to the federal spending on the full range of comprehensive sex education programs, one recent study states that in 2002 an estimated $1.73 billion was spent on comprehensive sex education programs.[20] In that same year, $144.1 million was spent on abstinence programs.[21] In comparison, then, the federal government spent $12 to promote comprehensive sex education programs for every $1 spent on abstinence programs.[22]

This wide disparity in funding is directly contrary to the desires of the vast majority of parents. A 2004 Zogby poll indicates that only seven percent of parents surveyed approve of teaching teens that it is okay for them to have sex as long as they use a condom. By contrast, 96 percent of parents said that sex education class should teach that abstinence from sexual activity is best for teens. Also, 91 percent of parents said

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[18] *State Can't Limit Abstinence Ed to Younger Kids,* ALBUQUERQUE JOURNAL, May 4, 2006.
[19] *Reducing Teen Pregnancy: Adolescent Family Life and Abstinence Education Programs,* Congressional Research Service Report for Congress, Carmen Solomon-Fears Domestic Social Policy Division. Updated Feb. 14, 2006.
[20] Melissa Pardue, Robert Rector and Shannan Martin, *Government Spends $12 on Safe Sex and Contraceptives for Every $1 Spent on Abstinence*, The Heritage Foundation, Jan. 14, 2004.
[21] Id.
[22] Id.

teens should be taught that the best choice is for sexual activity to be linked to love, intimacy and commitment – qualities most likely to occur in faithful marriages.[23] And yet the Ranking Member of this Committee would have abstinence programs stripped of federal support and have all funding go to programs that often endanger our youth with classes that undermine a strong abstinence message.

Most abstinence programs are run by small non-profits with small budgets that rely on donations, the sale of their material and government funding. Because abstinence is the only 100 percent effective means to prevent out-of-wedlock pregnancy and STDs, abstinence programs should receive government support. In fact, more funding will enable these programs to help more young people to live happy and healthy lives.

The disparity in funding between comprehensive sex education and abstinence education is dramatic and limits the alternatives for state and local entities to provide the type of instruction that most parents want for their children. If parents, who are the most responsible for their children's health and well-being, support the principles behind abstinence-based programs over the deceptively named "safe-sex" alternatives, then it is only fitting that these programs continue to be funded and made available to the nation's youth. To cut funding for abstinence programs, as is the recommendation of the Waxman Report, would significantly undermine the authority of parents to provide the type of formation that they want their children to receive.

Comprehensive sex education programs already receive significantly more funding than abstinence programs, and there is no effort to eliminate federal support for comprehensive sex education, so the question is not whether the comprehensive approach will be funded, but whether there will be the opportunity to offer abstinence programs as an alternative. The Minority Report would prefer to eliminate support for abstinence programs, whereas the Majority has consistently supported abstinence education as a viable alternative to the well-funded comprehensive sex education programs that exist today.

III. ABSTINENCE EDUCATION

A. Background

As the funding for abstinence education has increased, so has the debate between abstinence education and comprehensive sex education, which are the two main educational approaches to reducing teen pregnancy and STDs. The approach of comprehensive sex education programs is that today's youth need information to make decisions about whether to engage in sexual activities, that teens should be empowered to make their own decisions regarding sexual activity and that contraceptives as well as abstinence are effective in preventing pregnancy and sexually transmitted diseases.

[23] Zogby International Poll for Focus on the Family, "Survey on Parental Opinions of Character – or Relationship-Based Abstinence Education vs. Comprehensive Sex Education," Jan. 2004.

There is some confusion about the distinctions between abstinence education and comprehensive sex education. Abstinence education programs are not the same as comprehensive sex education or "abstinence-plus" programs. In abstinence education programs, information about contraception is included only as it supports the abstinence message: contraception information must be age-appropriate, abstinence education programs do not distribute or endorse contraceptive usage.[24] Contraception is usually discussed in terms of its failure rates and inability to completely protect individuals from pregnancy and sexually transmitted diseases.

Comprehensive and abstinence-plus programs endorse and instruct teens how to use contraception and, as this report will examine later, often contain explicit sexual content and encourage sexual activity other than sexual intercourse. Furthermore, as this report discusses below, "abstinence-plus" is a misleading label for comprehensive sex education programs that contain little, if any, abstinence-related material.

B. Findings

Data shows that abstinence programs are effective.

- In the 1980s, a five year study was conducted in South Carolina to determine the effectiveness of an abstinence education program intended to decrease teen pregnancy. This highly successful, well-documented study, which has been published in peer-reviewed literature, found that the half of the counties using the abstinence education program remarkably reduced the teen pregnancy rate in comparison to the surrounding areas and the portion of the targeted area that did not use the abstinence education material.[25]

- In an attempt to lower the high teen pregnancy rate in the area, a health department in Monroe County, NY implemented a successful abstinence education program in the 1990s. Pregnancy rates in Monroe County declined faster than the comparison areas, and there was a drop in self-reported sexual activity. The study concluded that well-designed and competently-implemented abstinence programs "can have a measurable community impact."[26]

- There were also several other existing studies showing the effectiveness of abstinence education in decreasing sexual activity[27] that had been criticized by

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[24] *Initial Announcement for Community-Based Education Program*, Department of Health and Human Services Administration for Children and Families; at http://www.acf.hhs.gov/grants/open/ HHS-2006-ACF-ACYF-AE-0099.html.

[25] Vincent, et al. *Journal of the American Medical Association,* 1987; 257, 3382-3386.

[26] Doniger A., Adams E., Utter C. and Riley J., "Impact Evaluation of the 'Not me, Not Now' Abstinence-Oriented, Adolescent Pregnancy Prevention Communications Program," Monroe County, New York, *Journal of Health Communications*, Jan.-Mar. 2001; 6(1):45-60.

[27] Elaine Borawski, et al., *Evaluation of the Teen Pregnancy Prevention Programs Funded through the Wellness Block Grant (1999–2000)*, Center for Health Promotion Research, Department of Epidemiology and Biostatistics, Case Western Reserve University School of Medicine, Mar. 23, 2001. The program

some researchers due to differences of opinion in proper sample size, duration, and research design.[28] Despite the criticisms of the individual studies, the existence of several studies all showing positive effects of abstinence programs viewed together offers evidence supporting the overall effectiveness of abstinence education.

In addition, since the publication of the Waxman Report, there have been several more studies supporting the effectiveness of abstinence education.

- An analysis of the *Best Friends* program, an abstinence education program that began in the District of Columbia in 1987 and is now used in over 100 schools nationwide, found that the program participants were nearly seven times more likely than the control group to practice abstinence/abstain from sex/not have sex/avoid sexual activity.[29]

- A study to determine the effectiveness of abstinence education programs in middle school teens analyzed seven middle schools throughout the Midwest that were using an abstinence education program. The study found that the program increased knowledge and abstinence beliefs and decreased intentions to have sex. Participating students who had sex during the evaluation period reported fewer sexual episodes and fewer partners than did controls. The study also found that the program reduced condom use intentions, but the researchers noted that this could quite possible be due to participants' intentions to remain abstinent until marriage. Overall, the study found that abstinence-until-marriage programs "can influence knowledge, beliefs, and intentions, and among sexually-experienced students, may reduce the

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effects on sexual activity were significant at the 93 percent confidence level. Stan E. Weed, *Title V Abstinence Education Programs: Phase I Interim Evaluation Report to Arkansas Department of Health*, Institute for Research and Evaluation, Oct. 15, 2001. The effects of the program in reducing the onset of sexual activity were statistically significant at the 98 percent confidence level. Stan E. Weed, *Predicting and Changing Teen Sexual Activity Rates: A Comparison of Three Title XX Programs*, report submitted to the Office of Adolescent Pregnancy Programs, U.S. Department of Health and Human Services, Dec. 1992. The effects the programs on at-risk high school students were significant at the 99 percent confidence level. Stephen R. Jorgensen, Vicki Potts, and Brian Camp, "Project Taking Charge: Six-Month Follow-Up of a Pregnancy Prevention Program for Early Adolescents", *Family Relations*, Oct. 1993, pp. 401–406. The effects of the program in reducing the rate of onset of sexual activity were statistically significant at the 94.9 percent confidence level. The effects of the program on specific areas of knowledge were significant at the 95 percent confidence level and above.

[28] Douglas Kirby, The National Campaign to Prevent Teen Pregnancy, *Emerging Answers : Research Findings on Programs to Reduce Teen Pregnancy (Summary),* 18 (May 2001) ; at www.teenpregnancy.org/resources/data/pdf/emeranswsum.pdf; Douglas Kirby, The National Campaign to Prevent Teen Pregnancy, *Do Abstinence Programs Delay the Initiation of Sex Among Young People and Reduce Teen Pregnancy ?* 6 (Oct. 2002) ; at www.teenpregnancy.org/resources/data/pdf/abstinence_eval.pdf.

[29] Lerner, Robert, "Can Abstinence Work? An Analysis of the Best Friends Program," *Adolescent and Family Health,* 2005 Apr. Vol. 3, No. 4: 185-192.

prevalence of casual sex. Reduction in condom use intentions merits further study."[30]

- An evaluation of abstinence education authorized by Congress is being carried out by Mathematica Policy Research Inc.[31] The first of several reports from this study were released in June 2005. This report evaluated the first-year impact of these programs and found that "the programs led youth to report views more supportive of abstinence and less supportive of teen sex than would have been the case had they not had access to the abstinence education programs. In addition, the programs increased perceptions of potential adverse consequences of teen and non-marital sex. There is also some evidence that the programs increased expectations to abstain from sex and reduced dating."[32]

- There is hard evidence that there has been a national decline in teen sexual activity. In 2003, 46.7 percent of all high school students reported that they had sexual intercourse. This is a 13.7 percent decrease from 1991 (54.1 percent).[33] Additionally, the teen birth rate has declined steadily from 1991 to 2004, with an overall decline of 33 percent for those aged 15 to 19. This reverses the 23 percent rise in the teenage birthrate from 1986 to 1991.[34]

C. Evaluation

It is important to remember that abstinence programs are new, and Congress and the Department of Health and Human Services are continuing to study their effectiveness with positive results. Regardless of the form of sex education (abstinence education or comprehensive sex education), the measurement for its success should be rates in sexual activity, non-marital pregnancy and STIs since these rates are scientifically measurable.

Secretary Leavitt recently offered congressional testimony regarding the work of HHS to review abstinence education. He testified that HHS spends $4.5 million annually on evaluation, and that the Office of the Assistant Secretary for Planning and Evaluation (ASPE) is developing a multi-year evaluation of the CBAE program and other teen pregnancy prevention programs and is planning to award a competitive contract for the evaluation in FY2006. This study will follow a sample of youth from age 12 to age 18 in participating programs.[35]

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[30] Elaine Borawski, *Effectiveness of Abstinence Intervention in Middle School Teens,* AMERICAN JOURNAL OF HEALTH BEHAVIOR, 2005 Sept-Oct; 29(5): 423-434.

[31] As part of the 1996 Social Security Act, Title V, §510 that authorized funding for abstinence education programs, Congress authorized an evaluation these §510 programs. Pub. L. No. 105-33.

[32] *First Year Impact of Four Title V, §510 Abstinence Education Programs*, (Executive Summary), Mathematica Policy Research, Inc., June 2005.

[33] *National Youth Risk Behavior Survey: 1991-2005*, Department of Health and Human Services, Centers for Disease Control and Prevention.

[34] MMWR Weekly. Feb. 4, 2005; at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5404a6.htm.

[35] Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies Hearing, Questions for the Record, Mar. 8, 2006.

Several evaluation efforts are also underway:

- An independent, rigorous, longitudinal evaluation of abstinence education programs funded through the State Abstinence Education grant program. Last year, HHS released a report from this evaluation, conducted by Mathematica Policy Research, on the first-year impacts of four federally-funded abstinence programs. The results showed that abstinence programs led youth to report views more supportive of abstinence and less supportive of teen sex. The programs also increased teens' understanding of the potential harmful consequences of non-marital sex. A final report which examines the impact of these programs on behavioral outcomes is expected at the end of the contract.[36]
- HHS is developing evaluation designs for a rigorous study of Community-Based Abstinence Education programs and other teenage pregnancy prevention approaches.

- Rigorous research takes time and money. These two efforts are long term studies of a relatively new programmatic approach. The goal of these studies is to determine the effectiveness of abstinence education. Once these studies are completed there will be more scientific evidence upon which abstinence education can be evaluated.

Most programs, given time, include information about reproductive anatomy, fetal development, major STD's, including HIV/AIDS, and condoms. It is also important to note that abstinence programs receiving federal funds are prohibited from using the money for religious purposes. Federal oversight includes the protection of the First Amendment, and the grant process should include strict protections from the use of federal money for the promotion of faith.

D. Polls

Abstinence programs have broad support. They are available to communities with no requirement that they accept federal funds, and no prohibition on offering contraceptive education. National polls consistently show that parents and students believe that abstinence is a valuable decision, and that students should receive a strong abstinence message from sexual health education programs.

Illustrating the point, every year the National Campaign to Prevent Teen Pregnancy conducts a nationally-representative survey on a variety of issues related to teen pregnancy. The following statistics are results from the 2004 survey.[37]

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[36] Id.

[37] "With One Voice 2004: America's Adults and Teens Sound Off About Teen Pregnancy," National Campaign to Prevent Teen Pregnancy, Dec. 2004; at http://www.teenpregnancy.org/resources/data /pdf/WOV2004.pdf.

- 94% of teens and 91% of adults believe that teens should be given a strong abstinence message not to have sex until they are at least out of high school;

- Nearly seven in ten teens do not think it is okay for high school teens to have sexual intercourse;

- Two-thirds of all sexually experienced teens wish they had waited longer to have sex;

- 56% of the teens surveyed said that the appropriate number of sexual partners for teens to have is "none;"

- 85% of the teens surveyed said that sex should only occur in a long-term committed relationship;

- Support for a strong abstinence message has remained "rock solid (90% or better) in every National Campaign survey conducted since 1997;

- 64% of teens say morals and values are equally as important as health information and services in influencing teen sexual behavior and preventing teen pregnancy, while nearly one quarter of teens (23%) say that morals and values are more influential than health information and services. By contrast, nine percent of teens believe that health information and services are *more* influential.

A survey conducted by the Kaiser Family Foundation and *Seventeen* magazine produced similar results.[38]

- Nearly half of teens surveyed (49%) wish they waited until they were older to have sex;

- 28% of teens surveyed regret the decision to have sex altogether;

- 92% of teens surveyed think that being a virgin in high school is a good thing.

A new Harris Poll gathered enlightening information about the perception of abstinence education, showing that "adults under the age of 30 are more likely to believe that abstinence programs are effective, and it is of course these adults who are the main targets for the programs."[39]

- 56% of people ages 18 to 24 and 60% of those 25 to 29 think abstinence programs effectively reduce or prevent the occurrence of HIV/AIDS;

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[38] *SexSmarts Survey: Virginity and the First Time,* Kaiser Family Foundation, Oct. 2003; at http://www.kff.org/entpartnerships/upload/Virginity-and-the-First-Time-Summary-of-Findings.pdf.
[39] Jennifer Harper, *Youths Support Abstinence as Sex Education*, WASHINGTON TIMES (Jan. 22, 2006).

- 49% of people ages 18 to 24 and 52% of those ages 25 to 29 say the programs reduce or prevent unwanted pregnancies.

Adults and parents of teens also believe that students should be given a strong abstinence message:

- 79% of parents surveyed think teens should be taught to delay sexual activity until marriage or in an adult relationship leading to marriage;[40]

- 91% of parents surveyed want students to be taught that adolescents should abstain from sexual activity through the high-school years;[41]

- 62% of the persons surveyed agree that abstinence from sexual activity outside of marriage is the expected standard for all school age children;[42]

- 57% of the persons surveyed agree that sexual activity outside of marriage is likely to have harmful psychological and physical effects.[43]

Parental and student support for abstinence education is very strong. Comprehensive sex education programs that devote 4.7 percent of their curricula to abstinence-related material are not meeting their own claims nor the desires of parents or students, who are footing the bill with their education tax dollars.

IV. THE WAXMAN REPORT

A. Background

The Democrat Office of the House of Representatives' Committee on Government Reform released a report in December 2004 entitled "The Content of Federally Funded Abstinence Education Programs." The stated purpose of the report, hereafter referred to as the Waxman Report, was to "examine the scientific and medical accuracy of the most popular abstinence curricula used by programs receiving funds from the largest federal abstinence initiative."[44] The report reviewed the most popular abstinence curricula and claimed that most of the curricula contain false, misleading or distorted information about

[40] *Survey on Parental Opinions of Character- or Relationship-Based Abstinence Education vs. Comprehensive Sex Education*, Zogby International, Jan. 2004.
[41] Id.
[42] See *Sex Education in America: General Public/Parents Survey*, National Public Radio/Kaiser Family Foundation/Kennedy School of Government (Jan. 2004); at http://www.npr.org/programs/morning/features/2004/jan/kaiserpoll/principalsfinal.pdf.
[43] Id.
[44] Undated Press Release from the Minority Office of the Committee on Government Reform, U.S. House of Representatives; at http://www.democrats.reform.house.gov/Documents/20041201095458-38938.pdf.

reproductive health.[45] This Democrat Office review of the abstinence curricula contains numerous inaccuracies and is severely flawed, as discussed below. Nonetheless, the partisan report received widespread and favorable media coverage.

Since its publication, the flawed report has been used to discredit abstinence education. For instance, the American Civil Liberties Union (ACLU) used the Waxman Report as its basis for launching *Not In My State*, a nationwide action program aimed at combating what it characterized as "dangerous" abstinence-until-marriage curricula.[46] *Not In My State* encourages ACLU members to write their local school superintendents and request that "unsafe" abstinence curriculum be kept out of the classroom. Four out of the nine citations contained in the sample letter posted on ACLU's website refer to the Waxman Report.[47] A letter from the Illinois Division of the ACLU to a school superintendent criticizing abstinence education and asking for documentation of the present sex education curricula used the Waxman Report for over half of its citations.[48] The *Journal of Adolescent Health* published a paper entitled *Abstinence-only education and programs: A position paper of the Society for Adolescent Medicine* which simply adopts the so-called findings of the Waxman Report as scientific, thereby giving the Waxman Report more standing than it has on its own.[49] The report has also been used by various sexual health organizations to sharply criticize abstinence education.[50] The unverified Waxman Report is being referenced as a legitimate Congressional study, and the purported findings are being used to affect public perception, local school systems and their students.

While the Waxman Report is flawed, being neither a representative nor conclusive study of abstinence education curricula, it does raise some important questions about abstinence education and comprehensive sex education:

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[45] See *The Content of Federally Funded Abstinence Education Programs*, COMMITTEE ON GOVERNMENT REFORM—MINORITY STAFF SPECIAL INVESTIGATION DIVISION REPORT, Dec. 2004; at http://www.democrats.reform.house.gov/Documents/20041201102153-50247.pdf., at 5.

[46] ACLU Press Release, "ACLU Announces Nationwide Action", Sep. 21, 2005; at http://www.aclu.org/reproductiverights/gen/20117 prs20050921.html.

[47] "Not In My State: Sample Letter", ACLU website; at http://www.takeissuetakecharge.org/resource /?release=16 (last visited Mar. 14, 2006).

[48] Letter from Lorie A. Chaiten, Director of Reproductive Rights Project, ACLU-Illinois, to Illinois School Superintendent (Sep. 21, 2005) (on file with Subcommittee on Criminal Justice, Drug Policy and Human Resources).

[49] Journal of Adolescent Health, *Abstinence-only Education and Programs: A Position Paper of the Society for Adolescent Medicine,* 2006; 38: 85. See also, Journal of Adolescent Health, *Abstinence and abstinence-only education: A review of US policies and programs*, 2006; 38:72-81. For a refutation of the errors contained in these articles, see *The Attack on Abstinence Education: Fact or Fallacy?*, The Medical Institute, May 5, 2006.

[50] "Planned Parenthood Applauds New Report Confirming That Abstinence Sex Education Contains False and Misleading Information", http://www.plannedparenthood.com/pp2/portal/files/portal/ media /pressreleases/pr-041202-waxman.xml; See *It Gets Worse: A Revamped Federal Abstinence Program Goes Extreme*, SEXUALITY INFORMATION AND EDUCATION COUNCIL OF THE UNITED STATES SPECIAL REPORT, SIECUS Public Policy Office http://www.siecus.org/policy/Revamped_Abstinence_Goes_Extreme.pdf.

- Are abstinence education programs accurate and effective, or are they as misleading, error-filled and ineffective as the Waxman Report suggests?

- How should the effectiveness and accuracy of abstinence education and comprehensive sex education be determined, and what exactly determines "medical accuracy?"

- How are recipients of Federal Abstinence and Sex Education Grants selected, and how are their curricula selected and approved?

Examining the scientific and medical accuracy of abstinence curricula, as well as sex education and any health information taught to youth, is vitally important. Nonetheless, it is important to note that the Waxman Report is not a thorough examination of the issue and does not constitute any scientific or official Congressional findings. This report was funded and conducted solely by a partisan committee staff and was never submitted to the full Committee on Government Reform for review. Furthermore, there were no Congressional hearings held to discuss this issue and the Waxman Report's findings.

B. The Waxman Report is Widely Criticized

The Waxman Report was severely criticized by some Members of Congress. For example, Congressman Joseph Pitts (R-PA 16), said the Waxman Report "was prepared at taxpayer expense by partisan committee staff and was not reviewed in any hearings or publicly discussed with experts in abstinence education. Instead, Representative Waxman took advantage of a slow news cycle to pass off his ideological attack as a legitimate congressional study."[51]

While it is important that content of the curricula used in both abstinence and comprehensive sexuality education be reviewed for accuracy, it is equally important that such evaluations are themselves accurate. The Waxman Report claimed to be "a comprehensive evaluation of the content of curricula used in federally funded abstinence education programs" and "an overall assessment of the accuracy of the curricula."[52] The actual product is a gross misrepresentation of abstinence education and curricula.

Alma Golden, MD, then serving as the Deputy Assistant Secretary for Population Affairs, Office of Public Health and Science for the U.S. Department of Health and Human Services, publicly stated that the Waxman Report "misses the boat. These issues have been raised before and discredited. Unfortunately, what they continue to do for purely political reasons is to take issues and information out of context to try and discredit

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[51] Representative Joseph Pitts (R-PA), from a letter submitted to the Editor of the WASHINGTON POST on Dec. 3, 2004. (on file with Subcommittee on Criminal Justice, Drug Policy and Human Resources).
[52] See *The Content of Federally Funded Abstinence Education Programs*, COMMITTEE ON GOVERNMENT REFORM—MINORITY STAFF SPECIAL INVESTIGATION DIVISION REPORT, Dec. 2004; at http://www.democrats.reform.house.gov/Documents/20041201102153-50247.pdf., at 5.

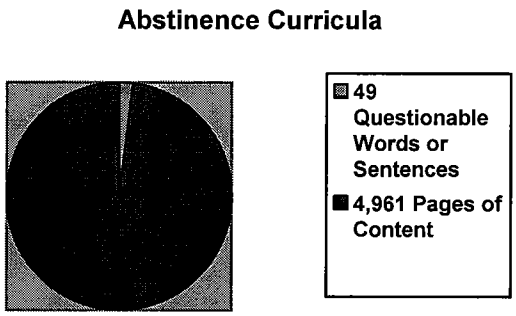
abstinence education, which is a disservice to our children."[53] A comparison of the Waxman Report and the actual abstinence curricula reviewed therein reveals that the Waxman Report relies heavily on information taken out of context.

C. The Waxman Report is Misleading

The report claims that "over 80% of the abstinence curricula, used by over two-thirds of SPRANS (Special Projects of Regional and National Significance) grantees in 2003, contain false, misleading, or distorted information about reproductive health."[54] This sweeping statement is extremely misleading.

Out of the thirteen curricula most commonly used by SPRANS recipients and reviewed by Representative Waxman's staff, eleven were alleged to contain at least one instance of false, misleading or distorted information. This finding does not mean that 80 percent of the entire information contained in these curricula is false, misleading or distorted. In fact, although the Waxman Report claims that abstinence curricula are riddled with "numerous" and "serious and pervasive" errors, "major errors and distortions," and "multiple scientific and medical inaccuracies,"[55] the actual number of alleged errors found by Representative Waxman's staff is very small.

Despite its assertions, the Waxman Report is actually evidence of the high quality of abstinence curricula. Representative Waxman's staff listed only some forty-nine occurrences of allegedly questionable information in the thirteen curricula they reviewed. These curricula contained 4,961 pages of reviewable material. In nearly 5,000 pages of material, 49 questionable words or sentences represent less than one percent of all pages in the reviewed curricula.



By way of comparison, a 2001 study of the twelve most popular middle school science textbooks, used by approximately 85 percent of students nationwide, found 500 pages of

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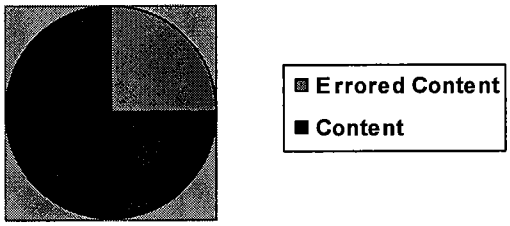
[53] Alma Golden, MD, Deputy Assistant Secretary for Population Affairs, Department of Health and Human Services, Office of Public Health and Science; Official Response to Critical Abstinence Education Report; at http://www.medicalnewstoday.com/medicalnews.php?newsid=17268.

[54] See *The Content of Federally Funded Abstinence Education Programs*, COMMITTEE ON GOVERNMENT REFORM—MINORITY STAFF SPECIAL INVESTIGATION DIVISION REPORT, Dec. 2004; at http://www.democrats.reform.house.gov/Documents/20041201102153-50247.pdf, at Executive Summary.

[55] Id. at ii, 7, 22.

scientific errors.[56] A review of the math textbooks submitted for use in California found numerous mistakes and as many as one error for every four pages, which is 25 percent of the curriculum.[57]

California Math Textbooks



This one percent of questionable material found by the Waxman Report becomes even smaller when the purported inaccuracies are adjusted for misunderstandings of the curricula, good faith typographical errors, trivialities and outright distortion and bias.

D. Misrepresentation and Distortion of Abstinence Curricula

In a section entitled *Abstinence Curricula Contain False and Misleading Information about the Effectiveness of Contraceptives*, the Waxman Report criticizes the *A.C. Green's Game Plan Coach's Clipboard*, a publication of the abstinence education group Project Reality, for allegedly distorting public health data on the effectiveness of condoms in preventing sexually transmitted diseases (STDs). The Waxman Report considers the statement, "The popular claim that condoms help prevent the spread of STDs is not supported by the data" to be wrong.[58] However, the curriculum's statement is supported by the 2001 National Institute of Health Report which states that "epidemiological evidence is insufficient to determine the effectiveness of condoms" for preventing most STDs.[59]

In a section entitled *Abstinence Curricula Contain False and Misleading Information about the Risks of Sexual Activity*, the Waxman Report claims that another curriculum of Project Reality entitled *Navigator Guidebook,* "explicitly states: 'It is critical that students understand that if they choose to be sexually active, they are at risk' for cervical

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[56] Hubisz, John L. Ph.D. (2001), *Review of Middle School Physical Science Texts,* Final Report, David and Lucile Packard Foundation, Grant 1998-4248; at http://www.ncsu.edu/ncsu/pams/science_house/middleschool/reviews/hubisz.rtf.

[57] Andrew Goldstein, A*mending the Texts: New technology promises to make them more accurate, up-to-date, interactive—and lightweight*, TIME MAGAZINE (Feb. 12, 2001).

[58] See *The Content of Federally Funded Abstinence Education Programs*, COMMITTEE ON GOVERNMENT REFORM—MINORITY STAFF SPECIAL INVESTIGATION DIVISION REPORT, Dec. 2004; at http://www.democrats.reform.house.gov/Documents/20041201102153-50247.pdf, at 10.

[59] See *Workshop Summary: Scientific Evidence on Condom Effectiveness for Sexually Transmitted Disease Prevention,* National Institute of Allergy and Infectious Diseases, National Institutes of Health, Department of Health and Human Services Report, July 20, 200, at 3; at http://www.niaid.nih.gov/dmid/stds/condomreport.pdf.

cancer."[60] This is a blatant distortion of the *Navigator* curriculum, which clearly states that sexually active students need to understand that they are at risk for human papillomavirus (HPV). The curriculum does state the fact that cervical cancer can be a result of HPV, but it also states that "most cases of HPV do not result in cervical cancer."[61] This sentence directly contradicts the Waxman Report statement that this curriculum does not mention "that HPV, though associated with most cases of cervical cancer, rarely leads to the disease"[62] The Waxman Report's assertion that the *Navigator* curriculum "explicitly" states sexual activity leads to cervical cancer is entirely wrong.

The *Friends First/Stars* curriculum and the *Choosing the Best Way* curriculum are both considered to be "misleading" by the Waxman Report for stating that there is no evidence for condom prevention against the transmission of HPV.[63] However, both these curricula cite the leading condom study by the National Institute of Health, which found that there is no evidence that condom use reduces the risk of HPV infection, although study results did suggest that condom use might reduce some risk of HPV-associated diseases, including warts in men and cervical neoplasia in women.[64]

In addition to taking information out of context, the Waxman Report also includes some inconsistencies that should deter readers from considering the report as an objective or scientific document. For example, the report criticizes abstinence curricula for supposedly drawing a strong correlation between HPV and cervical cancer: "Neither of these curricula mentions that human papilloma virus, though associated with most cases of cervical cancer, rarely leads to the disease."[65] Only a few sentences later the Waxman Report criticizes two other curricula for *failing* to draw a strong correlation between HPV and cervical cancer: "Other curricula advise that condoms have not been proven effective in blocking the transmission of HPV and that 'no evidence' demonstrates condoms' effectiveness against HPV transmission. According to the CDC, however, evidence indicates that condoms do reduce the risk of cervical cancer."[66]

That the Waxman Report is unusually critical about assertions that condom use cannot prevent the transmission of HPV is not surprising. In 2004, Mr. Waxman stated at a hearing entitled "Cervical Cancer and Human Papillomavirus" that "I am concerned that this hearing will instead pursue a different question entirely – how the science of HPV

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[60] See *The Content of Federally Funded Abstinence Education Programs*, COMMITTEE ON GOVERNMENT REFORM—MINORITY STAFF SPECIAL INVESTIGATION DIVISION REPORT, Dec. 2004; at http://www.democrats.reform.house.gov/Documents/20041201102153-50247.pdf, at 19.

[61] Libby Gray and Scott Phelps, *Navigator Guidebook,* Project Reality, Illinois 2003.

[62] *The Content of Federally Funded Abstinence Education Program,* supra note 1 at 19.

[63] Id at 12.

[64] *Workshop Summary: Scientific Evidence on Condom Effectiveness for Sexually Transmitted Disease Prevention,* supra note 60 at 29. "For HPV, the panel concluded that there was no epidemiological evidence that condom use reduced the risk of HPV infection, but study results did suggest that condom use might afford some protection in reducing the risk of HPV-associated diseases, including warts in men and cervical neoplasia in women."

[65] See *The Content of Federally Funded Abstinence Education Programs*, COMMITTEE ON GOVERNMENT REFORM—MINORITY STAFF SPECIAL INVESTIGATION DIVISION REPORT, Dec. 2004; at http://www.democrats.reform.house.gov/Documents/20041201102153-50247.pdf, at 19.

[66] Id.

can be used to advance the ideological agenda of abstinence-only education."[67] He accused critics of the policy of relying on condoms as the primary method of prevention of HPV infection of using "the example of HPV to try to undermine public confidence in any other approach besides abstinence"[68] while conceding that "it is true that condoms have not been proven to reduce the risk of HPV infection."[69] Notwithstanding the importance of communicating the weight of scientific evidence to consumers, Mr. Waxman asserted that "anything that undermines the effectiveness of condoms for these uses will have serious public health consequences."[70]

Another curriculum severely distorted by the Waxman Report is the middle school FACTS curriculum. The Waxman Report claims that the FACTS curriculum "scrambles the CDC data in a way that suggests greatly exaggerated HIV rates among teenagers. For example, where the CDC chart showed that 41 percent of female teens with HIV reportedly acquired it through heterosexual contact, the curriculum's chart suggests that 41 percent of heterosexual female teens have HIV. It similarly implies that 50 percent of homosexual male teens have HIV."[71] Contrary to the Waxman Report's claims, the text of the curriculum immediately preceding the chart clearly states that "the table below displays the incidence of transmission for HIV infection in the U.S. as reported from confidential reports from states to the CDC."[72] The curriculum is clearly presenting information on HIV transmission, not the overall infection rates as the Waxman Report claims.

In yet another instance of blatant or careless distortion, the Waxman Report claims that a curriculum by *The Medical Institute for Sexual Health* teaches that touching another person's genitals can result in pregnancy.[73] The material referred to by the Waxman Report, which is not a curriculum although erroneously designated as such, actually states that "mutual masturbation is activity which can spread STDs and can result in pregnancy."[74] The curriculum is clearly talking about a specific sexual act and not the mere touching of another person's genitals.[75] This information is scientifically accurate

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[67] "Cervical Cancer and Human Papillomavirus," hearing before the House Subcommittee on Criminal Justice, Drug Policy and Human Resources, Committee on Government Reform, 108th Cong. (March 11, 2004) (statement of Henry Waxman, Ranking Minority Member, House Government Reform Committee); at http://reform.house.gov/UploadedFiles/96225[1].pdf

[68] Id.

[69] Id.

[70] Id.

[71] See *The Content of Federally Funded Abstinence Education Programs*, COMMITTEE ON GOVERNMENT REFORM—MINORITY STAFF SPECIAL INVESTIGATION DIVISION REPORT, Dec. 2004; at http://www.democrats.reform.house.gov/Documents/20041201102153-50247.pdf, at 20.

[72] FACTS Middle School Curriculum, 112-113, Northwest Family Services, 2001.

[73] Id at 12.

[74] *Sexual Health Update*, The Medical Institute, Spring 2005; at http://www.medinstitute.org/includes/downloads/ishspring2005.pdf.

[75] Response to The Waxman Report in *Sexual Health Update,* Spring 2005, The Medical Institute; at http://www.medinstitute.org/includes/downloads/ishspring2005.pdf, at 12.

and presented by organizations that support comprehensive sex education, including Planned Parenthood.[76]

The Waxman Report faults two other curricula, *Choosing the Best Way Leader Guide* and *Why kNOw,* for understating condom effectiveness by "neglecting to explain that failure rates represent the chance of pregnancy over the course of a year."[77] The curricula do not distinguish between annual failure rates and per-act failure rates, but that is because published failure rates are assumed to be annual rates. Furthermore, the *Choosing the Best Way Leader Guide* is intended for sixth grade students, and the next curriculum in the *Choosing the Best* program intended for seventh graders contains an entire page discussing and defining failure rates.[78] The Waxman Report either overlooked this page or chose to ignore it.

E. Abortion

The Waxman Report also alleges that "a high number of the programs receiving SPRANS funding are formally opposed to abortion."[79] However, there are only two programs cited in the report, out of more than 100 programs that actually receive SPRANS funding.[80] Few would agree with the Waxman Report statement that two programs constitute a "high number."[81] Furthermore, this matter has nothing to do with the *content* of federally-funded abstinence education programs, and the organizations cited did not produce any of the reviewed curricula.

Why is the Waxman Report evaluating whole organizations, when its purpose is to evaluate curricula? Here, the Waxman Report is not merely taking information out of context; it is taking information out of an unrelated source and using it to criticize the reviewed curricula. The Waxman Report does not contain any examples from the reviewed curricula of formal opposition to abortion.

F. "Moral Judgments"

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[76] "Ask the Experts," Teenwire of Planned Parenthood; at http://www.teenwire.com/ask/2005/as-20051212p1175-sperm.php. Dec. 12 2005 and http://www.teenwire.com/ask/2005/as-20050505p1022-pregnant.php, May 5, 2005.

[77] See *The Content of Federally Funded Abstinence Education Programs*, COMMITTEE ON GOVERNMENT REFORM—MINORITY STAFF SPECIAL INVESTIGATION DIVISION REPORT, Dec. 2004; at http://www.democrats.reform.house.gov/Documents/20041201102153-50247.pdf, at 12.

[78] Cook, Bruce, *Choosing the Best Path* (Student Manual), Choosing the Best Publishing, LLC, 2001 at 19.

[79] See *The Content of Federally Funded Abstinence Education Programs*, COMMITTEE ON GOVERNMENT REFORM—MINORITY STAFF SPECIAL INVESTIGATION DIVISION REPORT, Dec. 2004; at http://www.democrats.reform.house.gov/Documents/20041201102153-50247.pdf, at 13.

[80] HHS, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau, *HRSA SPRANS Community Based Abstinence Education Program Grantee Address List FY 2003* (online at www.mchb.hrsa.gov/programs/Adolescents/03granteedir.htm); HHS Office of Budget, *2005 President's Budget All-Purpose Table*; Administration for Children and Families, supra note, 5. On June 9, 2004, the SPRANS program was transferred from HRSA to the Administration for Children and Families (*see* www.mchb.hrsa.gov/programs/adolescents/abstinence.htm).

[81] Id.

In a section entitled *Abstinence Curricula Blur Religion and Science*, the Waxman Report claims that "abstinence curricula teach moral judgments alongside scientific facts."[82] Besides the fact that what the report pejoratively deems as "moral judgments" are simply the federally-defined standards for abstinence education, as mentioned above, the footnote for this assertion does not even cite any of the curricula: "Many SPRANS recipients are religious organizations; for example, $800,000 was awarded to the Catholic Diocese of Orlando on September 15, 2004. HHS, *HHS Awards $800,000 to Diocese for Abstinence Education; "Think Smart" Program to Help Youth Make Positive Choices in Life.*"[83] The fact that some religious organizations are using the reviewed abstinence curricula does nothing to prove that the curricula blur religion and science.

The Waxman Report continues to criticize abstinence curricula without finding evidence for the criticisms within the curricula. The Waxman Report states, "In some of the curricula, the moral judgments made are explicitly religious."[84] To support its claim, however, the Waxman Report fails to give an example from any of the curricula. Rather, the Report's assertion stems from a newsletter that purportedly accompanied one popular curriculum. However, the Report fails to establish whether the newsletter was an essential part of the curriculum – funded by SPRANS – or was an entirely separate part of the organization's wide-ranging programs.

G. Abstinence Education Works

While the Waxman Report's review of the leading abstinence curricula contains numerous inaccuracies, the report is also inaccurate in its discussion regarding the effectiveness of abstinence education and comprehensive sex education. The Waxman Report states that, "There have been several studies of the effectiveness of abstinence education. These studies have found that abstinence education does not appear to decrease teen pregnancy or the risk of sexually transmitted diseases."[85] For evidence, the Waxman Report cites portions of two studies by Dr. Douglas Kirby (2001, 2002) which state that the abstinence studies completed to that date did not show an overall impact on contraceptive use, sexual behavior or teen pregnancy.[86] The Waxman Report fails to mention that both these studies go on to state the following:

> "The primary conclusion that can be drawn from these three[87] studies is that the evidence is not conclusive about abstinence programs [...] given the paucity of

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[82] See *The Content of Federally Funded Abstinence Education Programs*, COMMITTEE ON GOVERNMENT REFORM—MINORITY STAFF SPECIAL INVESTIGATION DIVISION REPORT, Dec. 2004; at http://www.democrats.reform.house.gov/Documents/20041201102153-50247.pdf, at 15.
[83] Id.
[84] Id.
[85] Id at 3.
[86] See *The Content of Federally Funded Abstinence Education Programs*, COMMITTEE ON GOVERNMENT REFORM—MINORITY STAFF SPECIAL INVESTIGATION DIVISION REPORT, Dec. 2004; at http://www.democrats.reform.house.gov/Documents/20041201102153-50247.pdf. See also supra note 28.
[87] Supra note 28, *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy (Summary)*. "Very little rigorous evaluation of abstinence-only programs has been completed; in fact, only three studies met the criteria for this review."

> the research and the great diversity of abstinence programs that is not reflected in these three studies, one should be very careful about drawing conclusions about abstinence programs in general. Fortunately, results from a well-designed, federally-sponsored evaluation of Title V- funded abstinence programs should be available within the next two years."[88]
>
> "This does not mean that abstinence programs are not effective, nor does it mean that they are effective. It simply means that given the great diversity of abstinence programs combined with very few rigorous studies of their impact, there is simply too little evidence to know whether abstinence programs delay the initiation of sex. That is, "the jury is still out." Increasingly it seems likely to this author that sooner or later studies will produce strong evidence that some abstinence programs are effective at delaying sex and that others are not."[89]

Furthermore, although the latter study did not classify the findings as "strong evidence" it did state that an abstinence education program "produced *some* evidence that the program delayed the initiation of sex and reduced teen pregnancy rates."[90] Nonetheless, the Waxman Report jumps to the very conclusion that its own cited studies say cannot be supported or substantiated.

Since the publication of the Waxman Report, the 2001 Kirby study that the Waxman Report cites has received some criticism. One review noted that:

> "Kirby commits what statisticians refer to as "Type II error." Type II error occurs when the research hypotheses is falsely, often prematurely, rejected because of a lack of statistical significance (e.g., Agresti & Findlay, 1986; Cohen, 1988). In nonstatistical terms, this is the assertion of the false negative. Such false and premature rejection of the hypothesis is often due to factors that can be corrected in subsequent research. One such correctable factor is sample size. Kirby observes that proper studies require samples of at least 500 subjects to attain statistically significant results (Kirby, 2001). Many abstinence studies contain far fewer than 500 subjects. Findings of nonsignificance cannot be considered proper tests of either the particular abstinence education program under investigation or the underlying abstinence paradigm."[91]

The Waxman Report failed to mention then-existing studies that find that abstinence education programs do decrease teen pregnancy and the risk of sexually transmitted diseases as noted above in Section III, B.

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[88] Id.

[89] Douglas Kirby, The National Campaign to Prevent Teen Pregnancy, *Do Abstinence Programs Delay the Initiation of Sex among Young People and Reduce Teen Pregnancy?* 6 (Oct. 2002); at www.teenpregnancy.org/resources/data/pdf/abstinence_eval.pdf).

[90] Id at 3.

[91] Lerner, Robert, "Can Abstinence Work? An Analysis of the Best Friends Program," *Adolescent and Family Health,* Apr. 2005, Vol. 3, No. 4: 185-192.

The Waxman Report fails to fully evaluate abstinence education programs and ignores evidence showing the effectiveness of abstinence programs.[92] The Waxman Report also fails to examine the comprehensive sex education programs that it presents as the alternative to abstinence programs and the solution to the sexual health epidemic. Equal standards should apply to abstinence education and comprehensive sex education if there is to be an honest comparison in effectiveness.

H. Comprehensive Sex Education Programs are Ineffective

The Waxman Report claims that comprehensive sex education has been shown to be effective in delaying sex, reducing the frequency of sex and increasing the use of condoms and other contraceptives.[93] However, these factors seem to have little impact on the desired outcomes of teen pregnancy, STDs and HIV.

Despite studies claiming that comprehensive sex education programs are effective, very few, if any school-based sex education programs measure their program's effect on sexually transmitted diseases, HIV and non-marital pregnancy, which are all outcomes they claim to reduce.[94] The few programs that have measured these outcomes have not demonstrated reduced rates of these desired outcomes.[95]

Furthermore, while comprehensive sex education programs continue to promote condoms and other forms of contraceptives, 50% of cohabiting teens using contraception get pregnant within a year,[96] 23.2% of unmarried women under the age of 20 using condoms get pregnant within a year[97] and 20% of teens aged 12-18 using the pill get pregnant within six months.[98]

In fact, the only comprehensive sex education program that has been clearly shown to reduce teen pregnancy is a highly-touted pregnancy prevention mentoring program in New York that provides Depo-Provera to young women. Depo-Provera, an injectable contraceptive that prevents ovaries from releasing eggs, prevents the girls from becoming

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[92] A recent report from a longitudinal study on four Title V abstinence programs found that abstinence education is effective in changing young people's attitudes with regard to sexual behavior. See Rebecca Maynard, et al., "First-Year Impacts of Four Title V, Section 510 Abstinence Education Programs", Mathematica Policy Research, Inc., June 2005.

[93] See *The Content of Federally Funded Abstinence Education Programs*, COMMITTEE ON GOVERNMENT REFORM—MINORITY STAFF SPECIAL INVESTIGATION DIVISION REPORT, Dec. 2004; at http://www.democrats.reform.house.gov/Documents/20041201102153-50247.pdf, at 4.

[94] Daniels, Dr. Scott E., *In Defense of Abstinence,* The Medical Institute, 2005, at 1.

[95] Response to Rep. Waxman's Report, "The Content of Federally-Funded Abstinence Education Programs, Sexual Health Update, Spring 2005, The Medical Institute; at http://www.medinstitute.org/includes/downloads/ishspring2005.pdf?PHPSESSID=35ce97988ad6d218 2414f5cc5366de7.

[96] Dinerman L., Wilson M., Duggan A. and Joffe A., "Outcomes of adolescents using levonorgestrel implants vs. oral contraceptives or other contraceptive methods," *Arch Pediatrics Adolescent Medicine,* 1995; 149: 967-972.

[97] Haishan Fu, et al. "Contraceptive Failure Rates: New Estimates from the 1995 National Survey of Family Growth," *Family Planning Perspectives,* 1999; 31(2): 56-63.

[98] *CDC, 1995 Survey of Family Growth, Table 45*: Oral Contraceptive Use and Consistency of Oral Contraceptive Use.

pregnant, but does not protect them from STDs. In addition to the high cost of adding Depo-Provera to comprehensive sex education programs, there are also harmful side effects from the contraceptive drug, including bone loss and the loss of bone mineral density.[99]

I. Comprehensive Sex Education Programs are Not Age-Appropriate

While it is important to evaluate comprehensive sex education programs for their effectiveness or lack thereof, it is also important to evaluate their content. Comprehensive sex education, especially when it is described as "abstinence-plus" education, is misleading because most the curricula are hardly "comprehensive." An analysis of nine so-called comprehensive/abstinence-plus curricula promoted by the *National Campaign to Prevent Teen Pregnancy, Division of Adolescent and School Health* (DASH) *of the CDC, Advocates for Youth,* and *the Sexuality Information and Education Council of the United States* (SIECUS), found the curricula contained very little information about abstinence. Despite claims that comprehensive/abstinence-plus education programs contain a strong abstinence message,[100] the average page content of the curricula devoted to abstinence-related material is only 4.7 percent.[101]

Dr. Douglas Kirby, who sits on the board of The National Campaign to Prevent Teen Pregnancy, describes abstinence-plus education as giving "real weight to abstinence, you give it serious attention, you say that abstinence is the only method that is 100 percent effective against pregnancy and sexually transmitted diseases. But then you also talk about condoms and contraception in a balanced accurate manner."[102] When only 4.7 percent of the curricula mention abstinence, abstinence is not being given "real weight" or "serious attention." When 28.6 percent of the content of the reviewed curricula is devoted to promoting and encouraging contraception use,[103] the curricula is anything but balanced. The *average* curriculum allocates nearly seven times more content to

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[99]Depo-Provera's website (http://www.depoprovera.com) contains warnings of the side effects and contains a link to a press release by Pfizer, the drug's maker, warning of these side effects. http://www.pfizer.com /pfizer/are/ news_releases/2004pr/mn_ 2004_1118.jsp.

[100] Advocates for Youth defines comprehensive sex education: "Comprehensive Sexuality Education teaches about abstinence as the best method for avoiding STDs and unintended pregnancy but also teaches about condoms and contraception to reduce the risk of unintended pregnancy and of infection with STDs, including HIV." See Advocates for Youth, "Sexual Education Programs: Definitions & Point-by-Point Comparison," *Transitions*, Vol. 12, No. 3 (Mar. 2004), p. 4; at www.advocatesforyouth.org/publications /transitions/transitions1203_3.htm. SIECUS states that, "Helping adolescents to postpone sexual intercourse until they are ready for mature relationships is a key goal of comprehensive sexuality education. Such education has always included information about abstinence . . . Effective programs include a strong abstinence message as well as information about contraception and safer sex." See Sexuality Information and Education Council of the United States, "Fact Sheet: Adolescence and Abstinence," *SIECUS Report*, Vol. 26, No. 1(Oct./Nov. 1997). SIECUS and Advocates for Youth, in a joint statement, claim that comprehensive sexuality education programs "emphasize the benefits of abstinence while also teaching about contraception and disease prevention methods." See Advocates for Youth and SIECUS, "Toward a Sexually Healthy America: Roadblocks Imposed by the Federal Government's Abstinence-Until-Marriage Education Program," 2001, p. 7.

[101] Shanna Martin, Robert Rector and Melissa Pardue, supra note 3 at 11.

[102] E. J. Dionne, Jr., *Abstinence Plus,* THE WASHINGTON POST, July 16, 1999, p. A23.

[103] Shanna Martin, Robert Rector and Melissa Pardue, supra note 3.

contraception than abstinence, but in some curricula the ratio is as imbalanced as 27 to one.[104] These programs would be more accurately described as "Contraception-plus Sex Education" because they fail to present a strong abstinence message at all. "Abstinence plus" is a misnomer, and entirely misleading.

While it is important to note what comprehensive sex education does *not* contain – a strong abstinence message – it is equally important to examine the information that is contained in comprehensive sex education curricula. It is an unfortunate fact that many comprehensive/abstinence-plus sex education curricula contain sexually explicit information that is both irrelevant for sexual health education, and inappropriate for the targeted age groups.

Listed below are several examples from sex education curricula intended for high school students. These examples all come from curricula promoted on the websites of SIECUS (Sexuality Information and Education Council of the United States) and Planned Parenthood, two of the nation's largest sex education advocacy groups.[105]

> "Sometimes people don't have a water-based lubricant handy. If you were trying to find something around the house, or at a convenience store, to use as a substitute what would be safe?...Some 'grocery store' lubricants are safe to use if they do not contain oil: grape jelly, maple syrup, and honey."[106]
>
> Give each group a penile model, some lubricant, spermicide and paper towels, then say... "One step at a time, I want each of you to practice the condom application and removal steps, with or with out a lubricant. Your teammates have a task, too...They are going to give you a round of applause and praise what you did right."[107]
>
> "Go to the store together. Buy lots of different brands and colors [of condoms]. Plan a special day when you can experiment. Just talking about how you'll use all of those condoms can be a turn on."[108]
>
> "Invite students to brainstorm ways to increase spontaneity and the likelihood that they'll use condoms...Examples: Store condoms under mattress...Eroticize condom use with partner...Use condoms as a method of foreplay...Think up a sexual fantasy using condoms...Act sexy/sensual when putting the condom on...Hide them on your body and ask your partner to find it...Tease each other manually while putting on the condom."[109]

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[104] Id.
[105] See *http://www.siecus.org/pubs/biblio/bibs0010.html* and *http://www.plannedparenthood.com/pp2/portal/files/portal/educationoutreach/educationprograms/programs-responsible-choices-2nd.pdf.*
[106] *Becoming a Responsible Teen,* supra note 2.
[107] Id at 119.
[108] *Be Proud! Be Responsible,* supra note 2, at 80.
[109] Id at 78-79.

> "Show condoms. Have several different brands including lubricated and reservoir tip. Open packages and unroll condoms for students to inspect. You may pass them around. Use plastic model of penis or two fingers for demonstration...You may blow up rubber to demonstrate how strong they are."[110]

While these curricula are intended for high school-aged students, the highly-explicit information they contain encourages students to think, even fantasize about sexual activity. Furthermore, it is also important to note that a large portion of high school students are too young for consensual sex under applicable state law.

The following examples come from a curriculum that is intended for students 9-15 years of age. Most 9 year olds are in fourth or fifth grade and 15 year olds, while in high school, are still too young for legal consensual sex.

> "Assign teens to create a list of ways to be close to a person without having intercourse, including, body massage, bathing together, masturbation, sensuous feeding, fantasizing, watching erotic movies, reading erotic books and magazines."[111]

> "Youth will practice the proper way to put on a condom...Divide youth into two teams and give everyone a condom. Have the teams stand in two lines and give the first person in each line a dildo or cucumber. Each person on the team must put the condom on the dildo or cucumber and take it off...The team that finishes first wins."[112]

While these curricula contain plenty of content encouraging the use of contraception, tips for performing sexual activities, and suggestions to increase sexual arousal, *none of these curricula contain content encouraging youth to abstain from sexual activity.* In fact, out of 942 pages of reviewed comprehensive sex education curricula, there is not one single sentence encouraging youth to delay sexual activity at least through high school.[113]

SIECUS in its guidelines for comprehensive sexuality education suggests that children ages five through eight be taught the following about masturbation:

- touching and rubbing one's own genitals to feel good is called masturbation
- some boys and girls masturbate and others do not
- masturbation should be done in a private place[114]

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[110] *Teen Talk: Reproduction and Contraception Curriculum*, Sociometrics Corporation, Los Altos, CA, at 16.
[111] *Focus on Kids*, ETR Associates, Santa Cruz, CA, 1998, at 137.
[112] Id at 108.
[113] Shanna Martin, Robert Rector and Melissa Pardue, supra, note 3.
[114] Guidelines for Comprehensive Sexuality Education, 3rd Edition, SIECUS; at http://www.siecus.org/Pubs/guidelines/guidelines.pdf, at 51.

These guidelines for curricula seem shockingly explicit and hardly relevant for children between kindergarten and the third grade. It does not seem wise to introduce sexual activity to children at such a young age if the goal of these programs is to delay the onset of sexual activity when they are older.

Clearly, the state of abstinence education is far more positive and accurate than the Waxman Report portrays, and while all sexual health education programs merit more study, there is a credible body of evidence suggesting that abstinence education is indeed effective. Just as more studies need to be conducted to evaluate the effectiveness of abstinence education, comprehensive sex education programs need to be studied and evaluated to make sure they are age-appropriate, effective and medically accurate.

J. Medical Accuracy

One of the reasons there is so much controversy and confusion about the effectiveness of sex education is because the term "medical accuracy" is widely used but has no clear definition and carries no guidelines for determining either the medical accuracy of a curriculum or the effectiveness of a program.

Currently, sexual health education providers commonly cite peer-reviewed journals to appear medically accurate, promote the effectiveness of a sexual health education programs and criticize other sexual health education programs. However, this method alone is insufficient for ensuring the accuracy of sexual health education material and the effectiveness of programs, since the goal of journal reviews is primarily to examine proper use of statistical methods and statistical significance, not the medical accuracy of content within programs themselves. For example, as cited in Section IV, I of this report, few would agree that encouraging teens to use grape jelly or maple syrup as a lubricant would be considered "medically accurate," however, the program that contains this information was evaluated and published in a peer reviewed journal, then was touted as an effective program. A recent lead editorial in The Wall Street Journal raised serious doubts regarding the impartiality of the peer review process.[115] While this example should not discredit the peer review process across the board, it does raise serious questions about its credibility in all cases and suggests that there needs to be other ways of authenticating data.

In its final guidelines for ensuring and maximizing the quality, objectivity, utility,\ and integrity of information disseminated by Federal agencies, the Office of Management and Budget stated the following:

> "Some comments argued that journal peer review should be adequate to demonstrate quality, even for influential information that can be expected to have major effects on public policy. OMB believes that this position overstates the effectiveness of journal peer review as a quality-control mechanism. Although

[115] *New England Journal of Politics*, THE WALL STREET JOURNAL, Jan. 16, 2006.

> journal peer review is clearly valuable, there are cases where flawed science has been published in respected journals. (66 Fed. Reg. 52137, October 12, 2001).[116]

In an article discussing the abuse of science in public policy debates, the Guttmacher Report on Public Policy warned that "there are no guarantees, of course, that even the most rigorous study in the most prestigious journal is correct in its conclusions. Science progresses by accumulating evidence from multiple studies, a key reason why transparency and replicability are vital. Moreover, science advances: over time, scientists develop more refined methods, acquire more appropriate data and explore new explanations for old mysteries."[117]

The goal of any sexual health education program should be to provide information that is consistent with the current state of scientific knowledge. Providing medically accurate and referenced information allows students to make informed decisions and increases the probability that their decisions will lead to healthy behavioral choices.

While both abstinence education and comprehensive sex education groups strive to present "medically accurate" information, the differing philosophies of what constitutes healthy information for teens causes a serious problem when it comes to defining medical accuracy. For example, the quotes from comprehensive sex education curricula in Section IV, I of this report contain information that most citizens would not consider to be "medically inaccurate." Therefore, the only way to ensure that actual curricula are medically accurate is to review the content of curricula itself. Many federally-funded programs do not review curricula at all before granting funding for these programs.

Without review of actual curricula content, achieving such an elusive standard as "medical accuracy" will be a difficult task. Sexual health education programs of all varieties have at least occasionally presented information that lacked a clear scientific basis. Some of the assertions are based on morality, some on ideology and some on matters of simple opinion. For example, in the past, some sexual health education providers claimed that condoms had "holes" which permitted the passage of HIV.[118] At the other extreme, some claim even today that condoms provided nearly 100 percent protection against pregnancy.[119] Currently, some claim that the term "protect" accurately describes the action of condoms against pregnancy and STDs since condoms reduce the risk. Others, however, claim that the term "protect" is inaccurate and misleading to

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[116] Office of Management and Budget, Executive Office of the President. *Guidelines for Ensuring and Maximizing the Quality, Objectivity, Utility, and Integrity of Information Disseminated by Federal Agencies*; at http://www.whitehouse.gov/omb/fedreg/reproducible.html (last visited Apr. 27, 2006). See also 66 Fed. Reg. 52137, Oct. 12, 2001.

[117] Sonfield, Adam, *The Uses and Abuses of Science In Sexual and Reproductive Health Policy Debates,* The Guttmacher Report on Public Policy, Vol. 8 (4), Nov. 2005; at http://www.guttmacher.org/pubs/tgr/08/4/gr080401.html.

[118] Heritage House '76, *Condoms – Do They Really Work?* 1998 Heritage House 76, Inc.; at http://www.abortionfacts.com/literature/literature_9331cd.asp.

[119] Sexuality Information and Education Council of the United States (SIECUS), *The Truth About Condoms*; at http://63.73.227.69/pubs/fact/fact0011.html.

describe the action of condoms against pregnancy and STDs, since condoms do not eliminate the risk.[120]

The dissemination and acceptance of inaccurate or incomplete information could have a negative impact on public health and discredit the sexual health education curricula, or parts of the curricula – that are medically accurate. The failure to review and ensure the validity of sexual health education curricula has greatly harmed students, the public in general and sexual health education providers. It has also lead to the inefficient use of taxpayer and government dollars for educational programs that are not medically accurate.

The current federal guidelines regarding curricula review need to be changed and replaced by a fair, balanced and accurate assessment of curricula content. The current guidelines are intended to "ensure and maximize the quality, objectivity, utility, and integrity of information disseminated."[121] To date most attempts to define medical accuracy have been inadequate for the following reasons:

- the criteria suggested are not directed toward all sexual health education providers—i.e., comprehensive sex education *and* abstinence education programs

- there is no objective measurable standard of determining whether the data and other material included in the particular sexual health education curricula are accurate

- there is no objective measurable standard of determining whether there are serious omissions from the material presented which render such material inaccurate or deceptive

- there is no across-the-board review of curricula itself

It is equally important for federally-supported programs to use the same source data, both within the various programs and in their evaluation. How the data is used can be a matter of methodology and interpretation, but the data itself should be verifiably accurate.

One possible solution to this problem would be for the government agencies reviewing grants for comprehensive sex education programs and abstinence education programs to review curricula for accuracy during the grant review process. Because these programs are funded under many different funding streams and agencies, each agency would be required to establish and implement a curricula review protocol within its grant review process. This curriculum review process would be subject to oversight by the Office for

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[120] Daniels, Dr. Scott E., *In Defense of Abstinence,* The Medical Institute, 2005, at 7.

[121] Office of Management and Budget, Executive Office of the President. *Guidelines for Ensuring and Maximizing the Quality, Objectivity, Utility, and Integrity of Information Disseminated by Federal Agencies*; at http://www.whitehouse.gov/omb/fedreg/reproducible.html. See also 66 Fed. Reg. 52137, Oct. 12, 2001.

Evaluation and Planning to ensure fair, balanced and accurate review and funding. In many cases, potential grantees are not required to submit curricula for review before receiving funding. This increases the risk of funding out-of-date or inaccurate curricula.

The general basis for curricula accuracy review for agencies to use in their grant review process would include the following:

- A review for accurate footnoting and referencing of recent medical data before funding is given. If minor corrections are needed, they should be made before funding is granted.

- A general overview of data to ensure that government agencies and reputable sources are referenced for any medical fact stated in the curricula.

- A check for bias among curricula reviewers to ensure that science—not politics—is applied in the process of reviewing curricula.

- A review of all curricula material—including pamphlets, videos/DVDs and teachers' guides—to ensure that all materials are consistent in their citations of source data.

- A review to make certain that curricula marketing material matches curricula content. For example, if a comprehensive sex education curriculum claims to have a strong emphasis on abstinence, the curriculum contents should match that description.

Reviewers of abstinence and/or comprehensive sex education curricula would then be able to review curricula based on whether information contained in the curricula is "medically referenced." Reviewers of curricula would be advised of the national and governmental organizations (such as the CDC, NIH, et al.) that are acceptable to reference for accurate information on teen health. Reviewers can then check each fact referenced in both abstinence and/or comprehensive sex education curricula to ensure that it is correctly footnoted and referenced by a recognized, respected source that is not outdated or incorrect.

Ensuring that sexual health education information is medically accurate is vitally important to public health, but doing so is impossible if there is no accountability by the curriculum providers and the government agencies funding these programs. This issue must be resolved before any form of sexual health education can be written off as being false, misleading or distorted.

Currently there is also no formal process by which inaccurate data is corrected. Guidelines should be adopted in order to correct inaccurate data for both comprehensive sex education programs and abstinence programs. This would be helpful in maintaining the integrity of federal sponsored programs.

Not only do abstinence education and comprehensive sex education programs need to be reviewed for medical accuracy, they must also be awarded their grants through a competitive process to make sure that only suitable programs receive funding. A competitive process will also ensure that medically inaccurate or inappropriate curricula will not be used by grant recipients and that inaccurate or inappropriate information will be kept out of the classroom.

That being said, if the same criteria were used to critique the claims of the Waxman Report as the Report uses against abstinence programs, then the Waxman Report itself would be discredited. As already noted, its criticism of abstinence programs is filled with errors and half-truths that betray any sense of objective analysis. Its failure to critique the obvious failure of comprehensive sex education is also a discredit to the Report. Any objective standard of review should dismiss the Waxman Report as a failed attempt to discredit the success of abstinence education.

V. CONCLUSION

The Waxman Report outlines a number of serious concerns regarding abstinence education and challenges Congress's support of these programs. Its criticisms, however, are unfounded and falsely portray abstinence education as ineffective. In truth, abstinence programs provide character development and health education that empowers children and adolescents to make healthy decisions. Studies indicate that abstinence education serves to reduce teen pregnancy and the contraction of STDs, as well as guarding the emotional health of those who participate in abstinence programs.

Currently, abstinence education receives only a small percentage of total federal expenditure on sex education programs. However, should the policy of the Democrats as reflected in the Waxman Report be adopted and abstinence education be stripped of federal funding, then the only programs receiving federal support would be those whose effectiveness is highly questionable and that are contrary to the wishes of the vast majority of parents and students. Parents and teens would be denied any alternatives to the already highly-funded comprehensive sex education programs that undermine a strong abstinence message. Rather than providing state and local entities more flexibility in their programs, Congress would limit state and local choices in the character formation and health education of America's youth.

Therefore, the Waxman Report should be rejected as authoritative, and abstinence education should receive the continued support of the U.S. Congress as it empowers state and local entities and parents to provide invaluable formation for the physical and emotional health of America's youth.

VI. APPENDIX

UNITED STATES HOUSE OF REPRESENTATIVES
COMMITTEE ON GOVERNMENT REFORM — MINORITY STAFF
SPECIAL INVESTIGATIONS DIVISION
DECEMBER 2004

THE CONTENT OF FEDERALLY FUNDED ABSTINENCE-ONLY EDUCATION PROGRAMS

PREPARED FOR

REP. HENRY A. WAXMAN

WWW.DEMOCRATS.REFORM.HOUSE.GOV

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EXECUTIVE SUMMARY

Under the Bush Administration, federal support for "abstinence-only" education programs has expanded rapidly. The federal government will spend approximately $170 million on abstinence-only education programs in fiscal year 2005, more than twice the amount spent in fiscal year 2001. As a result, abstinence-only education, which promotes abstinence from sexual activity without teaching basic facts about contraception, now reaches millions of children and adolescents each year.

At the request of Rep. Henry Waxman, this report evaluates the content of the most popular abstinence-only curricula used by grantees of the largest federal abstinence initiative, SPRANS (Special Programs of Regional and National Significance Community-Based Abstinence Education). Through SPRANS, the Department of Health and Human Services provides grants to community organizations that teach abstinence-only curricula to youth. The curricula used in SPRANS and other federally funded programs are not reviewed for accuracy by the federal government.

The report finds that over 80% of the abstinence-only curricula, used by over two-thirds of SPRANS grantees in 2003, contain false, misleading, or distorted information about reproductive health. Specifically, the report finds:

- **Abstinence-Only Curricula Contain False Information about the Effectiveness of Contraceptives.** Many of the curricula misrepresent the effectiveness of condoms in preventing sexually transmitted diseases and pregnancy. One curriculum says that "the popular claim that 'condoms help prevent the spread of STDs,' is not supported by the data"; another states that "[i]n heterosexual sex, condoms fail to prevent HIV approximately 31% of the time"; and another teaches that a pregnancy occurs one out of every seven times that couples use condoms. These erroneous statements are presented as proven scientific facts.

- **Abstinence-Only Curricula Contain False Information about the Risks of Abortion.** One curriculum states that 5% to 10% of women who have legal abortions will become sterile; that "[p]remature birth, a major cause of mental retardation, is increased following the abortion of a first pregnancy"; and that "[t]ubal and cervical pregnancies are increased following abortions." In fact, these risks do not rise after the procedure used in most abortions in the United States.

- **Abstinence-Only Curricula Blur Religion and Science.** Many of the curricula present as scientific fact the religious view that life begins at conception. For example, one lesson states: "Conception, also known as

fertilization, occurs when one sperm unites with one egg in the upper third of the fallopian tube. This is when life begins." Another curriculum calls a 43-day-old fetus a "thinking person."

- **Abstinence-Only Curricula Treat Stereotypes about Girls and Boys as Scientific Fact.** One curriculum teaches that women need "financial support," while men need "admiration." Another instructs: "Women gauge their happiness and judge their success on their relationships. Men's happiness and success hinge on their accomplishments."

- **Abstinence-Only Curricula Contain Scientific Errors.** In numerous instances, the abstinence-only curricula teach erroneous scientific information. One curriculum incorrectly lists exposure to sweat and tears as risk factors for HIV transmission. Another curriculum states that "twenty-four chromosomes from the mother and twenty-four chromosomes from the father join to create this new individual"; the correct number is 23.

The report finds numerous examples of these errors. Serious and pervasive problems with the accuracy of abstinence-only curricula may help explain why these programs have not been shown to protect adolescents from sexually transmitted diseases and why youth who pledge abstinence are significantly less likely to make informed choices about precautions when they do have sex.

I. BACKGROUND

Under the Bush Administration, there has been a dramatic increase in federal support for "abstinence-only" education programs. Also called "abstinence education" or "abstinence-until-marriage education," these programs promote abstinence from all sexual activity, usually until marriage, as the only way to reduce the risks of pregnancy, disease, and other potential consequences of sex. The programs define sexual activity broadly and do not teach basic facts about contraception.

In fiscal year 2001, under the last budget passed under the Clinton Administration, abstinence-only education programs received approximately $80 million in federal funding.[1] Since then, federal abstinence-only funding has more than doubled, with the final omnibus appropriations bill containing $167 million in funding for fiscal year 2005.[2] President Bush had proposed $270 million for abstinence-only programs in fiscal year 2005.[3]

There are three principal federal programs that support abstinence-only education:

- Special Programs of Regional and National Significance — Community-Based Abstinence Education (SPRANS). SPRANS, which is the largest and fastest growing source of abstinence-only education, provides federal grants to community-based organizations that teach abstinence until marriage to youth.[4] In its first year of funding in fiscal year 2001, 33 SPRANS recipients received $20 million in grants.[5] By fiscal year 2004,

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1 HHS Office of Budget, *2005 President's Budget All-Purpose Table* (received via e-mail Sept. 28, 2004); Administration for Children and Families, *All-Purpose Table — Fiscal 2003–2005* (online at www.acf.hhs.gov/programs/olab/fy2005cj/section04_all_purpose_table.pdf); Conference Report to Accompany H.R. 4818 — Consolidated Appropriations Act, 2005, Division F, Joint Explanatory Statement (online at www.congress.gov/omni2005/confreptindex.html); HHS Office of Budget, *Adolescent Family Life Act (AFL) Abstinence Education/Prevention* (Oct. 6, 2004).

2 Fiscal Year 2005 Consolidated Appropriations Act (Omnibus), Division F, Title II, Joint Explanatory Statement, H. Rept. 108-792, Cong. Rec. H10643–693 (Nov. 19, 2004).

3 Office of Management and Budget, *Budget of the United States Government, Fiscal Year 2005; Department of Health and Human Services,* 140 (Feb. 2, 2004) (online at www.whitehouse.gov/omb/budget/fy2005/pdf/budget/hhs.pdf).

4 HHS, Health Resources and Services Administration [HRSA], Maternal and Child Health Bureau, *SPRANS Community-Based Abstinence Education Project Grant Program* (fact sheet) (undated) (online at ftp://ftp.hrsa.gov/mchb/abstinence/cbofs.pdf). Programs must be consistent with all eight components of the federal definition of abstinence programs. *See infra* note 8.

5 HHS, HRSA, Maternal and Child Health Bureau, *The Special Projects of Regional and National Significance Community-Based Abstinence Education Program, 2001 Grantees'*

the program had over 100 grantees and a budget of $75 million.[6] For fiscal year 2005, $104 million has been appropriated, an increase of more than 30%.[7]

- Section 510 of the 1996 Welfare Reform Act. This 1996 law provided $250 million for over five years for programs with the "exclusive purpose" of promoting abstinence, requiring a state match of $3 for every $4 from the federal government.[8] The law has since been extended, most recently in June 2004, at a level of $50 million per year.[9]

Annual Summary (Feb. 2004) (online at ftp://ftp.hrsa.gov/mchb/abstinence/SPRANS01annualrpt.pdf).

6 HHS, HRSA, Maternal and Child Health Bureau, *HRSA SPRANS Community Based Abstinence Education Program Grantee Address List FY 2003* (online at www.mchb.hrsa.gov/programs/adolescents/ 03granteedir.htm); HHS Office of Budget, *2005 President's Budget All-Purpose Table, supra* note 1; Administration for Children and Families, *supra* note 1. On June 9, 2004, the SPRANS program was transferred from HRSA to the Administration for Children and Families (*see* www.mchb.hrsa.gov/programs/adolescents/abstinence.htm).

7 Conference Report to Accompany H.R. 4818, *supra* note 1.

8 Personal Responsibility and Work Opportunity Reconciliation Act of 1996. Pub. L. No. 104-193 (1996) (hereinafter "PRWORA"). PRWORA §510(b) states that a qualifying program:

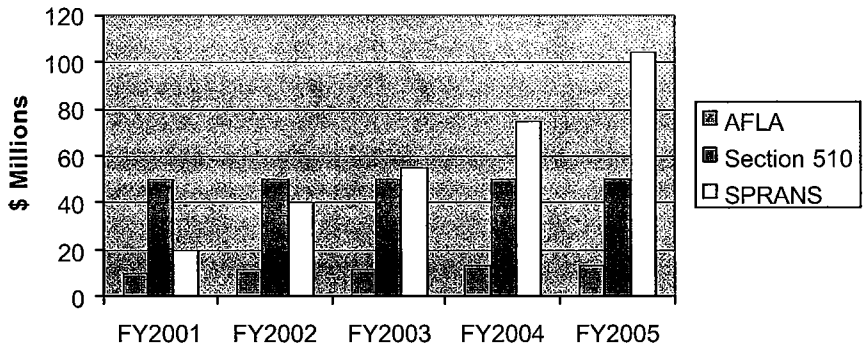
> (A) has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
>
> (B) teaches abstinence from sexual activity outside marriage as the expected standard for all school age children;
>
> (C) teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;
>
> (D) teaches that a mutually faithful monogamous relationship in context of marriage is the expected standard of human sexual activity;
>
> (E) teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;
>
> (F) teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society;
>
> (G) teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and
>
> (H) teaches the importance of attaining self-sufficiency before engaging in sexual activity.

9 TANF and Related Programs Continuation Act of 2004, P.L. 108-262.

- The Adolescent Family Life Act. This legislation was passed in 1981 to promote "prudent approaches" and self-discipline to adolescents.[10] It provided $13 million in fiscal year 2004 for abstinence-only education programs, and the same amount was appropriated again for fiscal year 2005.[11]

Figure 1 shows the federal funding provided to each of these three programs from fiscal year 2001 through fiscal year 2005, with SPRANS funding increasing the fastest.[12] Collectively, these three programs reach millions of children and adolescents in the United States each year.[13] In fact, given the scarcity of comprehensive sex education courses in schools across much of the United States, abstinence-only education programs may be the only formal reproductive health education that many children and adolescents receive.

Figure 1: Major Federal Funding Streams for Abstinence-Only Education, FY2001- FY2005



There have been several studies of the effectiveness of abstinence-only education. These studies have found that abstinence-only education does not appear to decrease teen pregnancy or the risk of sexually transmitted diseases. In the most comprehensive analysis of teen pregnancy prevention programs, researchers found that "the few rigorous studies of abstinence-only curricula that have been

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10 Adolescent Family Life Act, 42 U.S.C. § 300z (1982 & Supp. III 1985).

11 Conference Report to Accompany H.R. 4818, *supra* note 1; HHS Office of Budget, *Adolescent Family Life Act*, *supra* note 1.

12 *Id.*; HHS Office of Budget, *2005 President's Budget All-Purpose Table*, *supra* note 1; Administration for Children and Families, *supra* note 1.

13 HHS, HRSA, Maternal and Child Health Bureau, *supra* note 5; HHS, HRSA, Maternal and Child Health Bureau, *2000 Annual Summary for the Abstinence Education Provision of the 1996 Welfare Law P.L. 104-193* (July 2002) (online at http://mchb.hrsa.gov/programs/adolescents/abreport00/default.htm).

completed to date do not show any overall effect on sexual behavior or contraceptive use."[14]

One recent study of abstinence-only programs found that they may actually increase participants' risk. Columbia University researchers found that while virginity "pledge" programs helped some participants to delay sex, 88% still had premarital sex, and their rates of sexually transmitted diseases showed no statistically significant difference from those of nonpledgers.[15] Virginity pledgers were also less likely to use contraception when they did have sex and were less likely to seek STD testing despite comparable infection rates.[16]

In contrast, comprehensive sex education that both encourages abstinence and teaches about effective contraceptive use has been shown in many studies to delay sex, reduce the frequency of sex, and increase the use of condoms and other contraceptives.[17]

II. PURPOSE AND METHODOLOGY

While there have been evaluations of the effectiveness of abstinence-only education programs, the content of the curricula taught in these programs has received little attention. The federal government does not review or approve the accuracy of the information presented in abstinence-only programs. SPRANS

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14 Douglas Kirby, The National Campaign to Prevent Teen Pregnancy, *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy (Summary)*, 18 (May 2001) (online at www.teenpregnancy.org/resources/data/pdf/emeranswsum.pdf). An analysis of claims that certain abstinence-only programs had "worked" found numerous methodological flaws in those evaluations, concluding: "There do not currently exist any abstinence-only programs with strong evidence that they either delay sex or reduce teen pregnancy." Douglas Kirby, The National Campaign to Prevent Teen Pregnancy, *Do Abstinence-Only Programs Delay the Initiation of Sex among Young People and Reduce Teen Pregnancy?*, 6 (Oct. 2002) (online at www.teenpregnancy.org/resources/data/pdf/abstinence_eval.pdf). States that have conducted analyses of their abstinence-only programs have also not found positive results. A recent analysis of 11 states' evaluations of some or all of their abstinence-only programs found some increases in participants' favorable attitudes towards abstinence but no lasting positive impact on behavior. Advocates for Youth, *Five Years of Abstinence-Only-Until-Marriage Education: Assessing the Impact,* 2–3 (Sep. 2004) (online at www.advocatesforyouth.org).

15 Kaiser Family Foundation, *Teenagers Who Take 'Virginity Pledges,' Other Teens Have Similar STD Rates, Study Says* (Mar. 10, 2004) (online at www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=22603), describing research by Peter Bearman and Hannah Bruckner, *After the Promise: The Long Term Consequences of Virginity Pledges* (paper presented at the National STD Conference, March 9, 2004, Philadelphia).

16 *Id.*

17 Douglas Kirby, *Do Abstinence-Only Programs Delay the Initiation of Sex among Young People and Reduce Teen Pregnancy?, supra* note 14, at 6.

applicants, for example, are required to submit only the table of contents or a brief summary of the curricula they plan to use.

At the request of Rep. Henry Waxman, this report is a comprehensive evaluation of the content of the curricula used in federally funded abstinence-only education programs.[18] It is based on a review of the most popular abstinence-only curricula used by grantees in the SPRANS program.

To conduct this evaluation, the Special Investigations Division obtained from the Health Resources and Services Administration the program summaries of the 100 organizations that received SPRANS abstinence funding during fiscal year 2003.[19] Each summary contains a proposal listing the curricula that the program intends to use. The Special Investigations Division then acquired each curriculum that was listed by at least five funding recipients.[20] Thirteen curricula met this criterion (Table 1).

The 13 curricula were reviewed for scientific accuracy. For several curricula with a separate teacher's guide, both the student and teacher manuals were included. The review was intended to provide an overall assessment of the accuracy of the curricula, not to identify all potential errors.

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18 The Sexuality Information and Education Council of the United States (SIECUS) and NARAL Pro-Choice America have conducted reviews of some abstinence-only programs. *See* www.siecus.org; www.naral.org.

19 HHS, HRSA, Maternal and Child Health Bureau, *HRSA SPRANS Community Based Abstinence Education Program Grantee Address List FY 2003* (online at www.mchb.hrsa.gov/programs/adolescents/03granteedir.htm); Curriculum summaries from applications of organizations receiving SPRANS abstinence funding (received May 7, 2004 from HRSA).

20 One program, *The Art of Loving Well*, is a literary anthology used as a course supplement; it was not included in this review.

Table 1: Curricula used by five or more SPRANS recipients, FY 2003

Curriculum	Publisher and Year
Choosing the Best Life	Choosing the Best (2003)
Choosing the Best Path	Choosing the Best (2001)
A.C. Green's Game Plan	Project Reality (2001)
WAIT Training	Abstinence and Relationship Training Center
Choosing the Best Way	Choosing the Best (2001)
Sexual Health Today	Medical Institute for Sexual Health (1999)
Me, My World, My Future	Teen-Aid (1998)
Friends First/STARS	Friends First (2003)
Why kNOw	Why kNOw Abstinence Education (2004)
Navigator	Project Reality (2003)
FACTS	Northwest Family Services (2001)
Managing Pressures Before Marriage	Adolescent Reproductive Health Center, Grady Health System (1997, 2003)
Sex Can Wait	ETR Associates (1994, 1997)

III. FINDINGS

A. Eleven of Thirteen Abstinence-Only Curricula Contain Errors and Distortions

Eleven of the thirteen curricula most commonly used by SPRANS programs contain major errors and distortions of public health information (Table 2).[21]

Table 2: Curricula containing errors and distortions of public health information

Curriculum	Number of SPRANS recipients using the curriculum
Choosing the Best Life	32
Choosing the Best Path	28
A.C. Green's Game Plan	23
WAIT Training	19
Choosing the Best Way	11
Sexual Health Today	10
Me, My World, My Future	8
Friends First/STARS	8
Why kNOw	7
Navigator	7
FACTS	5

The eleven curricula are used in 25 states by 69 grantees, including state health departments, school districts, and hospitals, as well as religious organizations and pro-life organizations.[22] These 69 grantees received over $32 million in SPRANS abstinence-only funding in fiscal year 2003, the year examined in this report.[23] In total, the 69 grantees have received over $90 million in federal funding since fiscal year 2001.[24]

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21 The two curricula which do not contain major errors and distortions are *Sex Can Wait* and *Managing Pressures before Marriage*, each used by five grantees.

22 Curriculum Summaries, *supra* note 19.

23 HHS, Health Resources and Services Administration, Office of Federal Assistance Management, *2003 Abstinence Education Grants* (spreadsheet) (received Oct. 7, 2004).

24 *Id.*; HHS, Health Resources and Services Administration, Office of Federal Assistance Management, *2002 Abstinence Education Grants* (spreadsheet) (received Oct. 7, 2004); HHS, *Tracking Accountability in Government Grants Systems* (database) (online at http://taggs.hhs.gov/index.cfm).

B. Abstinence-Only Curricula Contain False and Misleading Information about the Effectiveness of Contraceptives

Under the SPRANS requirements, abstinence-only education programs are not allowed to teach their participants any methods to reduce the risk of pregnancy other than abstaining until marriage.[25] They are allowed to mention contraceptives only to describe their failure rates. Although the curricula purport to provide scientifically accurate information about contraceptive failure rates, many exaggerate these failure rates, providing affirmatively false or misleading information that misstates the effectiveness of various contraceptive methods in preventing disease transmission or pregnancy.

1. HIV Prevention

According to the Centers for Disease Control and Prevention (CDC), "Latex condoms, when used consistently and correctly, are highly effective in preventing the transmission of HIV, the virus that causes AIDS."[26] Contrary to this scientific consensus, multiple curricula provide false information about condoms and HIV transmission.

Several curricula cite an erroneous 1993 study of condom effectiveness that has been discredited by federal health officials. The 1993 study, by Dr. Susan Weller, looked at a variety of condom effectiveness studies and concluded that condoms reduce HIV transmission by 69%.[27] Dr. Weller's conclusions were rejected by the Department of Health and Human Services, which issued a statement in 1997 informing the public that "FDA and CDC believe this analysis was flawed."[28] The Department cited numerous methodological problems, including the mixing of data on consistent condom use with data on inconsistent condom use, and found that Dr. Weller's calculation of a 69% effectiveness rate was based on "serious error."[29] In fact, CDC noted that "[o]ther studies of discordant couples — more recent and larger than the ones Weller reviewed, and conducted over

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25 HHS, Health Resources and Services Administration, Maternal and Child Health Bureau, *Special Projects of Regional and National Significance (SPRANS) Community-Based Abstinence Education Project Grants, HRSA-04-077, Catalog of Federal Domestic Assistance (CFDA) No. 93.110, FY 2004 Program Guidance Competing Announcement,* 5 ("Projects must clearly and consistently focus on the Section 510 definition of 'abstinence education' and applicants must agree not to provide a participating adolescent any other education regarding sexual conduct in the same setting").

26 U.S. Centers for Disease Control and Prevention, *Male Latex Condoms and Sexually Transmitted Diseases* (Jan. 2003) (online at www.cdc.gov/std).

27 Susan Weller, *A Meta-Analysis of Condom Effectiveness in Reducing Sexually Transmitted HIV*, Social Science and Medicine, 1635–44 (June 1993).

28 HHS, *Background on the Weller Study* (Jan. 1, 1997).

29 *Id.*

several years — have demonstrated that consistent condom use is highly effective at preventing HIV infection."[30]

Despite these findings, several curricula refer approvingly to the Weller study. One curriculum teaches: "A meticulous review of condom effectiveness was reported by Dr. Susan Weller in 1993. She found that condoms were even less likely to protect people from HIV infection. Condoms appear to reduce the risk of heterosexual HIV infection by only 69%."[31] Another curriculum that cites Dr. Weller's data claims: "In heterosexual sex, condoms fail to prevent HIV approximately 31% of the time."[32]

Other abstinence-only curricula contest CDC's finding that "latex condoms provide an essentially impermeable barrier to particles the size of STD pathogens."[33] These curricula rely on the false idea that HIV and other pathogens can "pass through" condoms. One curriculum instructs students to:

> Think on a microscopic level. Sperm cells, STI organisms, and HIV cannot be seen with the naked eye — you need a microscope. Any imperfections in the contraceptive not visible to the eye, could allow sperm, STI, or HIV to pass through. . . . The size difference between a sperm cell and the HIV virus can be roughly related to the difference between the size of a football field and a football.[34]

The same curriculum states, "The actual ability of condoms to prevent the transmission of HIV/AIDS even if the product is intact, is not definitively known."[35] This distorts CDC's finding and scientific consensus.

One curriculum draws an analogy between the HIV virus and a penny and compares it to a sperm cell ("Speedy the Sperm"), which on the same scale would be almost 19 feet long. The curriculum asks, "If the condom has a failure rate of

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30 *Id.* CDC cites Isabelle DeVincenzi et al., *A Longitudinal Study of Human Immunodeficiency Virus Transmission by Heterosexual Partners,* New England Journal of Medicine, 341–46 (1994); and A. Saracco et al., *Man to Woman Sexual Transmission of HIV: Longitudinal Study of 343 Steady Partners of Infected Men*, Journal of Acquired Immune Deficiency Syndromes, 497–502 (1993).

31 Me, My World, My Future, 141.

32 Why kNOw, 91. Other programs rely on the Weller 69% figure, stating: "HIV is reduced by 69–90 percent" (Choosing the Best Path, 18) and "Studies that have investigated condom effectiveness against HIV/AIDS have shown a risk reduction of between 69-90 percent" (Choosing the Best Life, 25). The latter curriculum cites three sources, none of which indicates an effectiveness rate as low as 69%.

33 U.S. Centers for Disease Control and Prevention, *Male Latex Condoms and Sexually Transmitted Diseases*, 2 (Jan. 2003) (online at www.cdc.gov/std).

34 I'm in Charge of the FACTS (Middle School Curriculum), 111.

35 *Id.*

14% in preventing 'Speedy' from getting through to create a new life, what happens if this guy (penny) gets through? You have a death: your own."[36]

Another curriculum inaccurately attacks a study published in the *New England Journal of Medicine* that demonstrated that condoms are effective in preventing HIV transmission. In the study, there was not a single case of HIV transmission between HIV-positive individuals and their HIV-negative partners using condoms consistently, despite a total of 15,000 acts of intercourse.[37] The curriculum states: "This study has been criticized by three different university groups as being seriously flawed in at least six areas, and therefore the results are questionable and not statistically significant."[38] In fact, the "university groups" referred to in the curriculum appear to refer to individuals who sent letters to the editor to the journal in which the study appeared.[39] The central finding that consistent condom use resulted in zero HIV transmission was statistically significant and has not been challenged.

2. Prevention of Other STDs

Several curricula distort public health data on the effectiveness of condoms in preventing other sexually transmitted diseases. One curriculum claims: "If condoms were effective against STDs, it would be reasonable to expect that an increase in condom usage would correlate to a decrease in STDs overall — which is not the case. Rather, as condom usage has increased, so have rates of STDs."[40] Another states: "[T]he popular claim that 'condoms help prevent the spread of STDs,' is not supported by the data."[41]

These assertions are wrong. The curricula fail to note that rates of important sexually transmitted diseases, such as syphilis and gonorrhea, have been dropping over the past decade.[42] Contrary to the assertions in the curricula, the most recent data show that consistent condom use is associated with:

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36 Why kNOw, 97.

37 Isabelle De Vincenzi et al., *supra* note 30.

38 Me, My World, My Future, 142.

39 J. Ambati et al., *Heterosexual Transmission of HIV*, New England Journal of Medicine, 1717 (Dec. 22, 1994); E. Morrison, *Heterosexual Transmission of HIV*, New England Journal of Medicine, 1717 (Dec. 22, 1994); S. Brody, *Heterosexual Transmission of HIV*, New England Journal of Medicine, 1717 (Dec. 22, 1994).

40 Navigator Guide Book [Teacher's Manual], 47.

41 A.C. Green's Game Plan Coach's Clipboard [Teacher's Manual], 34.

42 Reported incidences of syphilis have declined from 54.3 cases per 100,000 in 1990 to 11.9 in 2003, a 78% decrease. Also since 1990, the rate of gonorrhea has declined 58%; and chancroid, an ulcer-forming bacterial infection, has dropped from 1.7 cases per 100,000 to practically zero. U.S. Centers for Disease Control and Prevention, *Sexually Transmitted Disease Surveillance 2003, Table 1: Cases of Sexually Transmitted Diseases Reported by State Health Departments and Rates per 100,000 Civilian*

- Reduced acquisition of syphilis by women and by men;
- Reduced acquisition of gonorrhea by women;
- Reduced acquisition of urethral infection by men; and
- Faster regression of HPV-related lesions on the cervix and penis, and faster clearance of genital HPV infection in women.[43]

The assertions in the curricula are presented next to a chart of "Increasing Condom Usage" alongside a chart showing increased rates of chlamydia over the same time period.[44] Yet in the case of chlamydia, CDC attributes the increase in reported infection rates to increased detection because of "increased screening, recognition of asymptomatic infection (mainly in women), and improved reporting, as well as the continuing high burden of disease."[45] Indeed, both CDC and independent experts have found that condoms can reduce the risk of chlamydia infection.[46]

3. Condoms and Pregnancy Prevention

None of the curricula provides information on how to select a birth control method and use it effectively. However, several curricula exaggerate condom failure rates in preventing pregnancy.

Failure rates for contraception are calculated as the probability of a couple experiencing pregnancy when relying primarily on the contraceptive method over the course of one year. "Typical use" failure rates are often higher than "perfect use" rates largely because the former include people who use the method incorrectly or only sometimes. Condoms have a typical use contraceptive failure rate of approximately 15% and a perfect use failure rate of 2% to 3%.[47]

Population: United States, 1941–2003 (online at www.cdc.gov/std/stats/tables/table1.htm).

43 K. Holmes et al., *Effectiveness of Condoms in Preventing Sexually Transmitted Infections*, Bulletin of the World Health Organization, 454 (June 2004) (online at www.who.int/mediacentre/factsheets/fs243/en/).

44 A.C. Green's Game Plan Coach's Clipboard [Teacher's Manual], 34; Navigator Guide Book [Teacher's Manual], 47. *See also* Sexual Health Today, slide 5, p. 9, Comments.

45 U.S. Centers for Disease Control and Prevention, *Sexually Transmitted Disease Surveillance 1998*, 5 (online at www.cdc.gov/nchstp/dstd/Stats_Trends/1998Surveillance/98PDF/Section2.pdf).

46 U.S. Centers for Disease Control and Prevention, *Male Latex Condoms and Sexually Transmitted Diseases, supra* note 33; K. Holmes et al., *supra* note 43.

47 J. Trussell, *Contraceptive Failure in the United States*, Contraception, 89–96 (Aug. 2004); World Health Organization, *Effectiveness of Male Latex Condoms in Protecting against Pregnancy and Sexually Transmitted Infections* (June 2000) (online at www.who.int/mediacentre/factsheets/fs243/en/).

According to the World Health Organization, the difference between typical and perfect use "is due primarily to inconsistent and incorrect use, not to condom failure. Condom failure — the device breaking or slipping off during intercourse — is uncommon."[48]

Several curricula misrepresent the data to exaggerate how often condoms fail to prevent pregnancy:

- The parent guide for one curriculum understates condom effectiveness by falsely describing "actual use" as "scrupulous." It states: "When used by real people in real-life situations, research confirms that 14 percent of the women who use condoms scrupulously for birth control become pregnant within a year."[49] In fact, for couples who use condoms "scrupulously," the 2% to 3% failure rate applies.

- Two other curricula understate condom effectiveness by neglecting to explain that failure rates represent the chance of pregnancy over the course of a year. One states: "Couples who use condoms to avoid a pregnancy have a failure rate of 15%."[50] The other claims: "The typical failure rate for the male condom is 14% in preventing pregnancy."[51] These statements inaccurately suggest that the chance of pregnancy is 14% to 15% after each act of protected intercourse. In addition, they do not make clear that most condom "failure" is due to incorrect or inconsistent use.

Another curriculum presents misleading information about the risk of pregnancy from sexual activity other than intercourse. The curriculum erroneously states that touching another person's genitals "can result in pregnancy."[52] In fact, the source cited for this contention specifically states that "remaining a virgin all but eliminates the possibility of becoming pregnant."[53]

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48 World Health Organization, *id.*

49 Choosing the Best, The Big Talk Book [Parent Book], 39.

50 Another curriculum similarly states, "Couples who use condoms to avoid a pregnancy have a failure rate of 15%." Choosing the Best Way Leader Guide, 33.

51 Why kNOw, 91.

52 Sexual Health Today, slide 52, p. 112, Comments.

53 M.A. Schuster et al., *The Sexual Practices of Adolescent Virgins: Genital Sexual Activity of High School Students Who Have Never Had Intercourse,* American Journal of Public Health, 1570 (Nov. 1996).

C. Abstinence-Only Curricula Contain False and Misleading Information about the Risks of Abortion

A high number of the programs receiving SPRANS funding are formally opposed to abortion access. Multiple SPRANS recipients are explicitly pro-life organizations such as "crisis pregnancy centers."[54] Several of the curricula used by these and other recipients give misleading information about the physical and psychological effects of legal abortions.

For example, one curriculum relies on numerous outdated sources to present a distorted and exaggerated view of the dangers of legal abortion. Much of the data cited is from the 1970s, yet according to the American Medical Association Council on Scientific Affairs, "[t]he risk of major complications from abortion-related procedures declined dramatically between 1970 and 1990."[55] The curriculum inaccurately describes the risks of sterility, premature birth and mental retardation, and ectopic pregnancies:

- The curriculum states, "Sterility: Studies show that five to ten percent of women will never again be pregnant after having a legal abortion."[56] In fact, obstetrics textbooks teach that "[f]ertility is not altered by an elective abortion."[57]

- The curriculum states, "Premature birth, a major cause of mental retardation, is increased following the abortion of the first pregnancy."[58] In fact, obstetrics textbooks teach that vacuum aspiration, the method used in most abortions in the United States, "results in no increased incidence

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54 The website of one "Crisis Pregnancy Center" receiving SPRANS funding states: "Our objective at the Crisis Pregnancy Center is to defend life. We desire to bring wholeness to lives traumatized by abortion; sharing the love of Jesus Christ and educate our community to adopt a Godly view of sexuality and the sanctity of human life." Crisis Pregnancy Center Anchorage (online at www.cpcanchorage.com/9073379292/aboutus.html). Another states: "The Pregnancy Center of Pinellas County is a Christian ministry whose mission is to defend life by supporting women in crisis pregnancies and bringing healing and wholeness to lives traumatized by abortion." Pregnancy Center of Pinellas County (online at www.pregctr.net/organization_mission.html).

55 American Medical Association (AMA), *Induced Termination of Pregnancy before and after Roe v. Wade, Trends in the Mortality and Morbidity of Women*, Journal of the American Medical Association, 3231–39, 3235 (Dec. 1992).

56 Me, My World, My Future, 157.

57 F. Gary Cunningham et al., *Williams Obstetrics 21st Edition*, 877 (2001). The textbook notes that "[a] possible exception is the small risk from pelvic infection." Another textbook states that "[c]oncerns about infertility as a result of induced abortion seem largely unfounded, except for the rare severe complication managed by hysterectomy." Steven Gabbe et al., *Obstetrics: Normal and Problem Pregnancies, 4th Edition* (2002).

58 Me, My World, My Future, 157.

> of midtrimester spontaneous abortions, preterm delivery, or low-birthweight infants in subsequent pregnancies."[59]

- The curriculum states, "Tubal and cervical pregnancies are increased following abortions."[60] In fact, obstetrics textbooks teach that "[s]ubsequent ectopic pregnancies are not increased if the first termination is done by vacuum aspiration."[61]

The curriculum also misrepresents the relationship between abortion and serious mental health issues. The curriculum states:

> The psychological effects of the abortion choice should also be considered. . . . [A] woman could experience anxiety, grief, regret, guilt, and/or depression. In many cases, follow-up counseling for women who have had abortions has been necessary and helpful. Following abortion, according to some studies, women are more prone to suicide and therefore need extra support from family and health professionals.[62]

In fact, an expert panel of the American Psychiatric Association found that "[f]or the vast majority of women, an abortion will be followed by a mixture of emotions, with a predominance of positive feelings."[63] A longitudinal study of young women aged 14 to 21 found that "[a]lthough women may experience some distress immediately after having an abortion, the experience has no independent effect on their psychological well-being over time."[64]

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59 F. Gary Cunningham et al., *supra* note 57, at 877. Another text states that "[a] single induced abortion appears safe as far as later reproduction is concerned" and found no association between multiple induced abortions and low birthweight, prematurity, or perinatal loss. Steven Gabbe et al., *supra* note 57. In 2000, 95.6% of abortions in the United States were performed by vacuum aspiration, compared to 74.9% in 1973. U.S. Centers for Disease Control and Prevention, *Abortion Surveillance — United States, 2000* (Table 1) (Nov. 2003) (online at www.cdc.gov/mmwr/preview/mmwrhtml/ss5212a1.htm).

60 Me, My World, My Future, 157.

61 F. Gary Cunningham et al., *supra* note 57, at 877.

62 Me, My World, My Future, 157.

63 N.E. Adler et al., *Psychological Factors in Abortion: A Review*, American Psychologist, 1194–1204, 1202 (Oct. 1992).

64 S. Edwards, *Abortion Study Finds No Long-Term Ill Effects on Emotional Well-Being*, Family Planning Perspectives, 193–94 (July–Aug. 1997). The study used data from the National Longitudinal Survey of Youth, with respondents aged 14 to 21 at the start of research. Data was from 1979 through 1987.

D. Abstinence-Only Curricula Blur Religion and Science

By their nature, abstinence-only curricula teach moral judgments alongside scientific facts.[65] The SPRANS program mandates, for example, that programs teach that having sex only within marriage "is the expected standard of human sexual activity."[66] In some of the curricula, the moral judgments are explicitly religious. For example, in a newsletter accompanying one popular curriculum, the author laments that as a result of societal change, "No longer were we valued as spiritual beings made by a loving Creator." The curriculum's author closes the section by signing, "In His Service."[67]

In other curricula, moral judgments are misleadingly offered as scientific fact.

Although religions and moral codes offer different answers to the question of when life begins, some abstinence-only curricula present specific religious views on this question as scientific fact. One curriculum teaches: "Conception, also known as fertilization, occurs when one sperm unites with one egg in the upper third of the fallopian tube. This is when life begins."[68] Another states: "Fertilization (or conception) occurs when one of the father's sperm unites with the mother's ovum (egg). At this instant a new human life is formed."[69]

A related question, also answered differently by people of differing beliefs, is whether a developing fetus is a person. Several curricula offer as scientific fact moral or religious definitions of early fetuses as babies or people, in the process supplying inaccurate descriptions of their developmental state.

One curriculum that describes fetuses as "babies" describes the blastocyst, technically a ball of 107 to 256 cells at the beginning of uterine implantation,[70] as "snuggling" into the uterus:

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65 Many SPRANS recipients are religious organizations; for example, $800,000 was awarded to the Catholic Diocese of Orlando on September 15, 2004. HHS, *HHS Awards $800,000 to Diocese for Abstinence Education; "Think Smart" Program to Help Youth Make Positive Choices in Life* (Sep. 15, 2004) (online at www.acf.hhs.gov/news/press/2004/orlando_think_smart.htm). *See also supra* note 54, on crisis pregnancy centers.

66 This requirement is part of the federal definition of abstinence programs, established in PWRORA, to which all SPRANS programs must adhere. *See supra* note 8.

67 Why kNOw, *In the kNOw* (2004).

68 Middle School FACTS, 23.

69 Me, My World, My Future, Teacher Manual, 85.

70 F. Cunningham et al., *supra* note 57, at 87.

> After conception, the tiny baby moves down the fallopian tube toward the mother's uterus. About the sixth to tenth day after conception, when the baby is no bigger than this dot (.), baby snuggles into the soft nest in the lining of the mother's uterus.[71]

Another teaches: "At 43 days, electrical brain wave patterns can be recorded, evidence that mental activity is taking place. This new life may be thought of as a thinking person."[72] The curriculum cites a source which does not in fact call a 43-day-old fetus a "thinking person."[73]

The same curriculum tells students: "Ten to Twelve Weeks After Conception: . . . He/she can hear and see."[74] The curriculum cites a source that actually states, "Can the fetus see inside the uterus? We do not know."[75] The source also states that fetuses begin to react to sounds between the fourth and fifth months, not at 10 to 12 weeks.[76]

E. Abstinence-Only Curricula Treat Stereotypes about Girls and Boys as Scientific Fact

Many abstinence-only curricula begin with a detailed discussion of differences between boys and girls. Some of the differences presented are simply biological. Several of the curricula, however, present stereotypes as scientific fact.

1. Stereotypes that Undermine Girls' Achievement

Several curricula teach that girls care less about achievement and their futures than do boys.

One curriculum instructs: "Women gauge their happiness and judge their success by their relationships. Men's happiness and success hinge on their accomplishments."[77] This curriculum also teaches:

> Men tend to be more tuned in to what is happening today and what needs to be done for a secure future. When women began to enter the work

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71 Middle School FACTS, 24; High School FACTS, 34.

72 Me, My World, My Future, Teacher Manual, 77.

73 John M. Goldenring, *Letter to the Editor: Development of the Fetal Brain*, New England Journal of Medicine, 564 (Aug. 26, 1982).

74 Me, My World, My Future, 53.

75 Lennart Nilsson, *A Child is Born*, 112 (1990).

76 *Id.* at 114.

77 Why kNOw, 122.

> force at an equal pace with men, companies noticed that women were not as concerned about preparing for retirement. This stems from the priority men and women place on the past, present, and future.[78]

Another curriculum lists "Financial Support" as one of the "5 Major Needs of Women," and "Domestic Support" as one of the "5 Major Needs of Men."[79] The curriculum states:

> Just as a woman needs to feel a man's devotion to her, a man has a primary need to feel a woman's admiration. To admire a man is to regard him with wonder, delight, and approval. A man feels admired when his unique characteristics and talents happily amaze her.[80]

A third curriculum depicts emotions as limiting girls' ability to focus. It states: "Generally, guys are able to focus better on one activity at a time and may not connect feelings with actions. Girls access both sides of the brain at once, so they often experience feelings and emotions as part of every situation."[81]

2. Stereotypes that Girls Are Weak and Need Protection

Some of the curricula describe girls as helpless or dependent upon men.

In a discussion of wedding traditions, one curriculum writes: "Tell the class that the Bride price is actually an honor to the bride. It says she is valuable to the groom and he is willing to give something valuable for her."[82]

The curriculum also teaches: "The father gives the bride to the groom because he is the one man who has had the responsibility of protecting her throughout her life. He is now giving his daughter to the only other man who will take over this protective role."[83]

One book in the "Choosing the Best" series presents a story about a knight who saves a princess from a dragon. The next time the dragon arrives, the princess advises the knight to kill the dragon with a noose, and the following time with poison, both of which work but leave the knight feeling "ashamed." The knight eventually decides to marry a village maiden, but did so "only after making sure she knew nothing about nooses or poison." The curriculum concludes:

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78 *Id.*

79 WAIT Training, 199.

80 *Id.* at 196.

81 Choosing The Best Life, Leader Guide, 7.

82 Why kNOw, 59.

83 *Id.* at 61.

> Moral of the story: Occasional suggestions and assistance may be alright, but too much of it will lessen a man's confidence or even turn him away from his princess.[84]

3. Stereotypes that Reinforce Male Sexual Aggressiveness

One curriculum teaches that men are sexually aggressive and lack deep emotions. In a chart of the top five women's and men's basic needs, the curriculum lists "sexual fulfillment" and "physical attractiveness" as two of the top five "needs" in the men's section. "Affection," "Conversation," "Honesty and Openness," and "Family Commitment" are listed only as women's needs.[85] The curriculum teaches: "A male is usually less discriminating about those to whom he is sexually attracted. . . . Women usually have greater intuitive awareness of how to develop a loving relationship."[86]

The same curriculum tells participants: "While a man needs little or no preparation for sex, a woman often needs hours of emotional and mental preparation."[87]

F. Abstinence-Only Curricula Contain False and Misleading Information about the Risks of Sexual Activity

Many of the curricula distort information about the risks of sexual activity. In the case of cervical cancer, the risk of disease is stressed, but simple prevention measures often go unmentioned. HIV exposure risks are discussed in confusing terms, and risks of substances and activities are exaggerated. Several curricula also present misleading information about the relationship between sexual activity and mental health, inaccurately suggesting that abstinence can solve all psychological problems.

1. Cervical Cancer Prevention

A critical fact for girls and women to know about cervical cancer is that routine Pap smears can prevent most occurrences of the disease. Women should have Pap smears annually once they are sexually active or, at the latest, starting at age

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84 Choosing the Best, Inc., *Choosing the Best Soulmate*, 51 (2003). This book is the latest in the "Choosing the Best" series and was published since the most recent round of SPRANS grants; it was reviewed because the other Choosing the Best books were all among the most popular programs.

85 WAIT Training, 199.

86 *Id.*

87 *Id.*

18.[88] Yet few of the curricula reviewed mention the importance of this intervention.[89]

Instead, some of the curricula provide distorted information on cervical cancer, suggesting that it is a common consequence of premarital sex. For example, the teaching manual of one curriculum explicitly states: "It is critical that students understand that if they choose to be sexually active, they are at risk" for cervical cancer.[90] Another curriculum asks, "What is the leading medical complication from HPV? *Cervical cancer.*"[91] Neither of these curricula mentions that human papilloma virus (HPV), though associated with most cases of cervical cancer, rarely leads to the disease, nor that cervical cancer is highly preventable when women get regular Pap smears.

Other curricula advise that condoms have not been proven effective in blocking the transmission of HPV and that "no evidence" demonstrates condoms' effectiveness against HPV transmission.[92] According to the CDC, however, evidence indicates that condoms do reduce the risk of cervical cancer itself, a fact which both curricula omit.[93] These curricula also say nothing about the importance of Pap smears.

2. HIV Risk Behaviors

Curricula also distort information on HIV exposure risks.

One curriculum presents data on HIV exposure in a misleading and confusing way. The curriculum uses data from a CDC chart originally titled "HIV infection cases in adolescents and adults under age 25, by sex and exposure category."[94] The original CDC chart looks at all people with HIV under 25 and categorizes

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88 U.S. Centers for Disease Control and Prevention, *2004/2005 Fact Sheet: The National Breast and Cervical Cancer Early Detection Program: Saving Lives through Screening* (online at www.cdc.gov/cancer/nbccedp/about2004.htm).

89 Two which do provide this information are Sexual Health Today (Slide 31, p. 61, Comments; Slide 57, p. 123, Comments) and WAIT Training (212).

90 Navigator, 48.

91 Why kNOw, 52 (emphasis in original).

92 Friends First/STARS, 61; Choosing the Best Way, 33.

93 U.S. Centers for Disease Control and Prevention, *Report to Congress: Prevention of Genital Human Papillomavirus Infection*, 4 (Jan. 2004) ("[A]vailable studies suggest that condoms reduce the risk of the clinically important outcomes of genital warts and cervical cancer").

94 U.S. Centers for Disease Control and Prevention, *Table 14, HIV Infection Cases in Adolescents and Adults under Age 25, by Sex and Exposure Category, Reported through June 2000, from the 34 Areas with Confidential HIV Infection Reporting*, in *HIV/AIDS Surveillance Report Mid-Year 2000 Edition* (2000) (online at www.cdc.gov/hiv/stats/hasr1201/table14.htm).

them by reported route of exposure, such as heterosexual sex or intravenous drug use. But the curriculum misleadingly puts the CDC data in a new chart called "Percent HIV Infected" and scrambles the CDC data in a way that suggests greatly exaggerated HIV rates among teenagers. For example, where the CDC chart showed that 41% of female teens with HIV reportedly acquired it through heterosexual contact, the curriculum's chart suggests that 41% of heterosexual female teens have HIV.[95] It similarly implies that 50% of homosexual male teens have HIV.[96]

3. Chlamydia

One curriculum makes a spurious claim about chlamydia's health effects:

> The Institute of Medicine states, ". . . the full clinical spectrum of many STDs is still being described.". . . [An] example is that studies are finding chlamydia in the atherosclerotic plaque ('hardening of the arteries') that is often the cause of heart attack and strokes many Americans suffer. Some researchers are suggesting that chlamydia may actually cause this problem. Only time and good research will tell.[97]

In fact, the research cited in the curriculum found an association between heart disease and a type of chlamydia (called *Chlamydia pneumoniae*) that is not sexually transmitted.[98] This bacteria spreads from person to person through respiratory transmission and is a common cause of pneumonia among children and adolescents.[99] It is an entirely different bacteria from *Chlamydia trachomatis*, which is sexually transmitted.

4. Mental Health

Several of the curricula that mention mental health concerns depict them as simple problems that can be fixed by abstaining from sexual activity. There does not appear to be scientific support for these assertions, however.

For example, one curriculum tells youth that a long list of personal problems — including isolation, jealousy, poverty, heartbreak, substance abuse, unstable long-term commitments, sexual violence, embarrassment, depression, personal disappointment, feelings of being used, loss of honesty, loneliness, and suicide —

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95 Middle School FACTS, 112–113.

96 *Id.*

97 Sexual Health Today, Slide 12, p. 24, Comments.

98 J.D. Muhlestein, *The Link between Chlamydia pneumoniae and Atherosclerosis*, Infectious Medicine, 380 (1997).

99 *Stedman's Medical Dictionary* (2004).

"can be eliminated by being abstinent until marriage."[100] Other curricula teach that mental health problems are a consequence of sexual activity, without considering the evidence that these problems might themselves cause premature sexual activity, or that they might have a common origin.[101]

G. Abstinence-Only Curricula Contain Scientific Errors

In addition to the inaccurate and misleading information discussed above, a number of the abstinence-only curricula contain erroneous information about basic scientific facts. These errors cover a variety of issues:

- **Human Genetics.** One curriculum states: "Twenty-four chromosomes from the mother and twenty-four chromosomes from the father join to create this new individual."[102] In fact, human cells have 23 chromosomes from each parent, for a total of 46 in each body cell. The same curriculum also teaches: "Girls produce only female ovum, boys, however, have both male and female sperm."[103] This too is inaccurate. Females produce ova with X chromosomes, and males produce sperm with either X or Y chromosomes. These combine to make an XX combination (female) or an XY combination (male).

- **Infectious Disease.** One curriculum defines "sexually transmitted infections" as "bacterial infections that are acute and usually can be cured" and defines "sexually transmitted diseases" as "infections that are viral in nature, chronic, and usually can not be cured, but rather controlled through treatment."[104] In fact, these terms are used interchangeably in medicine, and the program's definitions are not widely accepted.[105]

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100 Choosing the Best Path, 19.

101 For example, one curriculum has the teacher ask: "*Why might sexually active teens experience depression?* (Investment in another results in pain when breakup occurs; feels like a failure; feels deeper pain because already sees events in emotional way) *What consequences can this depression have?* (May lead to attempted, or successful, suicide. One study showed that girls who had been sexually active were six times more likely to attempt suicide than those who were virgins.)" Choosing the Best Life Leader Guide, 9. The study cited for this figure in fact states that "We are not suggesting that premature sexual experience is a cause or leads to the other negative behaviors," and notes that other researchers have shown bi-directional associations. D.P. Orr et al., *Premature Sexual Activity as an Indicator of Psychosocial Risk*, Pediatrics, 141–47, 146 (Feb. 1991).

102 Why kNOw, 166.

103 *Id.*

104 WAIT Training, 209.

105 *See, e.g., Stedman's Medical Dictionary* (2004), defining "sexually transmitted disease" as "any contagious disease acquired during sexual contact *e.g.*, syphilis, gonorrhea, chancroid" (online at www.stedmans.com).

- **Puberty.** One curriculum tells instructors: "Reassure students that small lumps in breast tissue is common in both boys and girls during puberty. This condition is called gynecomastia and is a normal sign of hormonal changes."[106] This definition is incorrect. In adolescent medicine, gynecomastia refers to a general increase in breast tissue in boys.[107]

- **HIV.** Another curriculum erroneously includes "tears" and "sweat" in a column titled "At risk" for HIV transmission.[108] In fact, according to the CDC, "[c]ontact with saliva, tears, or sweat has never been shown to result in transmission of HIV."[109]

IV. CONCLUSION

Under the Bush Administration, federal support for abstinence-only education has risen dramatically. This report finds that over two-thirds of abstinence-only education programs funded by the largest federal abstinence initiative are using curricula with multiple scientific and medical inaccuracies. These curricula contain misinformation about condoms, abortion, and basic scientific facts. They also blur religion and science and present gender stereotypes as fact.

106 Me, My World, My Future, Teacher's Manual, 40.

107 *Stedman's Medical Dictionary* (2004).

108 WAIT Training, 219.

109 U.S. Centers for Disease Control and Prevention, *Which Body Fluids Transmit HIV?* (Dec. 15, 2003) (online at www.cdc.gov/hiv/pubs/faq/faq37.htm).