# Georgia State University ScholarWorks @ Georgia State University

Public Health Theses School of Public Health

5-17-2013

## Abstinence-Only Until Marriage and Abstinence Pledge Programs: A Policy Review for Stakeholders

Jeffrey P. Schade Georgia State University

Follow this and additional works at: http://scholarworks.gsu.edu/iph theses

#### Recommended Citation

Schade, Jeffrey P., "Abstinence-Only Until Marriage and Abstinence Pledge Programs: A Policy Review for Stakeholders." Thesis, Georgia State University, 2013.

http://scholarworks.gsu.edu/iph\_theses/261

This Thesis is brought to you for free and open access by the School of Public Health at ScholarWorks @ Georgia State University. It has been accepted for inclusion in Public Health Theses by an authorized administrator of ScholarWorks @ Georgia State University. For more information, please contact scholarworks@gsu.edu.

# ABSTINENCE-ONLY UNTIL MARRIAGE AND ABSTINENCE PLEDGE PROGRAMS

A policy review for stakeholders

Ву

# JEFFREY P. SCHADE B.S.,GEORGIA STATE UNIVERSITY

A Capstone Submitted to the Requirements for the Degree

MASTER OF PUBLIC HEALTH

ATLANTA, GEORGIA

2013

# ABSTINENCE-ONLY UNTIL MARRIAGE AND ABSTINENCE PLEDGE PROGRAMS

A policy review for stakeholders

Ву

JEFFREY P. SCHADE

Approved:
Bethany Stevens, JD Committee Chair
BrucePerry, MDCommittee Member
<u>04/17/2013</u> Date

## **ABSTRACT**

JEFFREY P. SCHADE
ABSTINENCE-ONLY UNTIL MARRIAGE AND ABSTINENCE PLEDGE
PROGRAMS: Apolicy review for stakeholders

Sexually transmitted infections (STIs) and unplanned pregnancy are significant public health concernshiptinence only until marriage (AOUM) and abstinence pledge programs have received a significant amount of governmedtrfg in an attempt to address these problems. Despite receiving over two billion dollars in funding, the programs have not been shown to be effective in achieving their stated goals. In addition, there are significant concerns about the content of AOUMICUIUMS, including medical inaccuracyanduse of outdated gender stereotypes

## **AUTHOR€S STATEMENT**

In presenting this capstone as a partial fulfillment of the requirements for an advanced degree from Georgia State University, I agree that the Libratus of this variety shall make it available for inspection and circulation in accordance with its regulations governing materials of this type. I agree that permission to quote from, to copy from, or to publish this capstone may be granted by the author of sillner absence, by the professor under whose direction it was written, or in his/her absence, by the Destitute of Public Health Such quoting, copying, or publishing must be solely for schopartuposes and will not involve potential financial gain. It is understood that any copying from or publication of this dissertation which involves potential financial gain will not be allowed without written permission of the author.

<u>Jeffrey P. Schade</u> Signature of Author

## NOTICE TO BORROWERS

All capstones deposited in the Georgia State University Library must be used in accordance with the stipulations described by the author in the preceding statement.

The author of thisapstones: JeffreyP. Schade 410 Sheringham Ct. Roswell, GA 30076

The Chair of the committee for this apstones: Bethany Stevens, JD Institute of Public Halth Georgia State University P.O. Box 3995 Atlanta, Georgia 30302995

Users of this thesis who are not reglylæmrolled as student of Georgia State University are required to attest acceptance of the preceding stipulation by signing below. Libraries borrowing this thesis for the use of their patrons are required to see that each user records here the information equested.

NAME OF USER	ADDRESS	DATE	TYPE OF USE

## **CURRICULUM VITAE**

Jeffrey P. Schade 410 Sheringham Ct., Roswell, GA 30076 404.372.7836 jeffrey.schade@gmail.com

ProfessionalExperience	ļ
------------------------	---

Office Manager July 2006Present

Atlanta Psychiatric Specialists, PC, Atlanta, GA

**Education** 

Master of Public Helth May 2013

Georgia State University, Institute of Public Health, Atlanta, GA

Bachelor of Science Psychology December 2009

Georgia State University, Atlanta, GA

Volunteer Experience

Mentor 2008

Caminar Latino, Atlanta, GA

Disaster Response Team Member 2008

American Red Cross, Atlanta, GA

**Professional Memberships** 

American Public Health Association 2013

GeorgiaPublic Health Association 2013

## **ACKNOWLEDGEMENTS**

I would like to thank Bethany Stevens for inspiring me to write this capstone and for hersupport and assistant broughout the writing process would like to thank Dr. Bruce Perry for his guidance during this project and throughout my graduate program. Finally, I would like to thank my partner, Ryan, to constant support during this project.

## **CONTENTS**

Abstract	iii
Acknowledgements	vii
List of Tables	Х
Introduction	1
Chapter I: History of Abstinence Education and Abstinence Pledg	je Progra <del>4</del> ns
1.1 Abstinence Movement	4
1.2 Federal Funding for AOUM Programs	4
1.2 AOUM Performance Measures	7
1.3 Abstinence Pledges	8
1.4 Purity Balls	9
Chapter II: AOUM Program Evaluations	12
2.1 Preface	12
2.2 EVALUATION MEASURES	12
2.3 Weaknesses in AOUM Evaluations	12
2.4 Selected Program Evaluations	13
Chapter III: Abstinence Pledge Programs	16
3.1 Preface	16
3.2 Informal Absinence Pledges	17
3.3 Formal Abstinence Pledges	17
Chapter IV: Critique Of AOUM and Abstinence Pledges	19
4.1 Ineffective In Reducing Sexual Risk Behavior	19
4.2 •SexasRisk, Paradigm	20
4.3 Failure to Explain Abstract Concepts	21
4.4 Inaccurate Medical Claims	
4.5 Reinforcement of Gender Role Stereotypes	23

Chapter V: Conclusion and Recommendations	25
5.1 AOUM Programs and Abstinence Pledging are Ineffective	25
5.2 Adolescents Should be Provided a Comprehensive Education	25
5.3 Variation Should be Preserved	25
5.4 Recommneded Program Guidelines	26
5.5 Suggested Topics	26
Deferences	20
References	28
Appendix: Reference Materials for Stakeholders	34
Introduction	34
Glossary of Commonly Used Terms	35
Fact Sheet: Who Makes Decisions on School Policies?	36
Fact SHeet: Sex Education Requirements By State	37
Fact Sheet: Myths about Comprehensive Sex Education ams	44
Fact sheet: What€s wrong with abstinence pledges?	45
Suggested Program Guidelines: Educate, Encourage, Equip, & Eng	gag <b>4</b> 6
Questions and Answers for Policy Makers	47
Questions and Answers for Parents	48
Next Steps For Parents: How to Get Involved	49

## LIST OF TABLES

Table 1 •A -H, criteria for abstinence only education
Table 2: Federal spending on abstinence education7
Table 3: National Performance Measures for AOUM7
Table 4: Proposed Guidelines for Comprehensive Sex Education Programme
Table 5: Suggested Topics for Comprehensive Sex Education Programs27

## INTRODUCTION

Sexually transmitted infections (STIs) and unplanned pregnancy are significant public health concerns the Americana delescent population Adolescents are iewed as vulnerable and impressionable as such much public policy focuse on educational programs to reduce these ncerns

There is a significant split in policy on how to best address public health issues stemming from teenage sexual activity. For some, sexuality is considered a part of natural development, and while sexual activity is far from promoted, it is presented as normal, and potentially pleasurable. Foothers teenage sexual activity is inherently risk (individually and socially.) In this view, the only way to avoid the potential negative outcomes of sexual activity is to remain abstinerated chasterntil marriage. This •sex-as risk, ideology has enjoyed a sizeable political advantaginace the mid 1980s The promotion of abstinence only until marriage (AOUM) and abstinence pledging rough schooland community based programmas received over \$2 billion of federal and state grants since 1980.

There is an extensive body of research on Model M programs adabstinence pledge programs arious experimental designs vegauged efficacy of the programs often measuring thanges in participant knowledge doediefs about abstinence and sexual activity Some studies purport to show that the programs have table as ted efficacy; other research shows that the programs are not only ineffective, but may in fact have a negative effect

This guide compile a portion of the vast body of available literature and reviews several elements of both abstinence education grams and betinence pledge programs.

In its initial form, it was intended to focus solely on the efficacy of abstinence pledges. However, because pledging behavior is intricately intertwined AMD (and in some cases viceversa), it became necessate includesizeablediscussion both aspects to provide a nuanced policy guide

The guide is organized as follows:

Chapter I is a history of thechanges in public policy that led to the adoption of AOUM. This chaptetracesthehistory of abstinence education and abstinence pledge programs in the United States he funding of school and community based abstinence education programs is rovided from their initial funding in 1981, through expansion under the Welfare Reform Act, and current government programs A specific example of a more highly ritualized abstinence pledge, the purity ball, is also reviewed.

Chapter II is a review of literature of AOUM programs. There is extensive research on the stepics; however several research studies were moduided in discussion Discussion and literature review is limited to peer iewed journals AOUM programs vary significantly in their content, for example in level of medical accuracy, focus on sexas risk, or promotion of personal responsibility and legous a reason to avoid sexual activity. As such sections about AOUM programs, only studies which specifically name the curriculum used were included.

Chapter III is a review of literature on abstinence pledge programms:reTis limited research onoutcomes of abstinence pledging programms I was unable to find any that were limited to a single named programs such, sections on abstinence pledging are macrofocused While there are variations in the different programs unable to find significant differences in the stated goal of the programs, to encourage

adolescents to make a formal pledge to abstain from sexual activity until heterosexual marriage).

Additionally, there are nopeerreviewed stuits on purity balls although they are referenced in the context of examining gender role reinforcer within the literature review, these are grouped with formal abstinence pledges, although they are discussed separately in Chapter

Chapter IV is acritique of specific macrdevel problems with AOUM and abstinence pledge programs

Chapter V is a policy outline for what effective sexuality education might look like. Several reference guides and extensive data are provided in the appendices.

Finally, the Appendix provides fact sheet squestions and answers modern specific toparents, educators, apolicy makers about abstinence education and abstinence pledge programs.

# CHAPTER I: HISTORY OF ABSTINENCE EDUCATION AND ABSTINENCE PLEDGE PROGRAMS

## 1.1 ABSTINENCE MOVEMENT

In the 1960s and f70s, perceptions of sexuialithye United States (US)were changing The birth control pill relaxed decency laws, limited acceptance homosexuality, and the legalization of abortioned to calls for increased sexueducation to adolescent (Moran, 2000) Increased funding initiatives were showed though, as social conservatives blamentoreased sexual education and access to contraceptives for high rates of teenage pregnancy and (Chasslé Favier, 2010) In response to calls for action to address the perceived high rates of teenage pregnancy US government under Presiden Ronald Reagan fundings chool based betinenceed ucation programs

## 1.2 FEDERAL FUNDINGFOR AOUM PROGRAMS

In 1981, the Adolescent Family Life Act (AFLA) an amendment foitle X of the Public Health Service Actallocated 4 million a year to school ased AOUM programs AFLA-funded programs were administered by the Office of Population Affairs (OPA) and Department of Health and Human Services (DHH) were intended to reduce teenage pregnancy rates by fostering •chastity and seed police, and eschewing abstinence from sexual activity as the expted social norm (Greenblatt, 2008; SIECUS, 2010) OPA monitoed the content of AFLA-sponsore for ograms and purportedly

required certain levels of scientific accuracy and age appropriate content the curriculum 1

In 1996, the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), a component of welfare reform, was passed by Congress with bipartisan support Title V, Section(§) 510 of PRWORA included \$50 million in annual funding for AOUM programs Under PRWORA, programs were required to comply with the Accriteria for abstinece education programs (see Table 1). Initially, the grants

Table 1: €A-H• criteria for abstinence-only education

"[T] he term •abstinence education, means an educational or motivational program which:

- A. has as its exclusive purpose teaching the social, psychological, and health g be realized by abstaining from sexual activity;
- B. teaches abstinence from sexual activity outside marriage as the expected st for all schoolage children;
- C. teacheshat abstinence from sexual activity is the only certain way to avoidfo wedlock pregnancy, sexually transmitted diseases, and other associated her problems;
- D. teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of sexual activity;
- E. teaches that sexual activity outside of the context of marriage is likely to hav harmful psychological and physical effects;
- F. teaches that bearing children **wit**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 c use increase vulnæbility to sexual advances
- H. teaches the importance of attaining selfficiency before engaging in sexual activity

Source:Title V, §510 (b)(2)(AH) of the Social Security Act (P.L. 101493).

had some flexibility and programs did not necessarily have to meet all eight criteria; however, programs westrictly forbiddenfrom providing information that contradicted

<sup>&</sup>lt;sup>1</sup> The actual attention to content in the programs is debatable. All programs have had their share of controversy, including several lawsuits alleging violation of separation of church and state.

any of the criteria. Finded programs were not intended to provide a comparison of sexual risk reduction methods their exclusive purpose was to teach •the social, psychological, and health gas [of] abstaining from sexual ctivity,, (Government Accountability Office, 2006)

The first grants for Title V programs were issued in 1998,ban2000, over 700 programs had been funded nation (Typenholm et al., 2007) initially, DHHS dispersed funding underan existing block grant the Maternal and Child Health (MCH) rant Funding was dispersed both public and private entities tates that received grants were required to match 75% of the federal funding underal funding (state funds, private contributions, etc.) n 2004, President George W. Bush moved the funding from MCH to Administration for Children, Youth, and Families (ACE) move that was made largely for ideological reason (Howell, 2007)

Funding for AOUM programswas further increased in 2000 nen the Special Projects of Regional and National Significance Community and Abstinence Education (CBAE) (under TitleXI, §1110 of the Social Security Act) was signed into I have. contrast to programs authorized under Title V, CBAE grantese disperse dispe

In total, it is estimated that the S federal government has spent at least illion since 1981 to fund OUM programs (see table 2). This amount does not include funds allocated through state matching grants. AFLA and Charte allowed to expire in 2009 by the administration of Presiderarck Obama. Funding for RWORA also

expiredin 2009;however \$50 million of annual funding as restored an amendment to the Patient Protection and Affordable Care Act (2010).

Table 2: Federal spending on abstinence education				
Program Name	Funding from	Current Status		
	inception through 2009	9		
AFLA (first funds released in 1982)	\$209 million	Expired in 2009		
Personal Responsibility and Work Opportunity Act (first funds released in 1998)	\$1.05 billion	Expired in 2009, reinstateds an amendment to Patient Protectic and Affordable Care Act (2010)		
Community Based Abstinence Education Programs	\$733 million	Expired in 2009		
Other funding	\$8.9 million			

## 1.2 AOUM PERFORMANCE MEASURES

AOUM programsare required to meet six performance standards, four uniform federal standards (see Table 3) and two statesific standards at least some states, efficacy is measured based on the number of program participants in program participants in program or after the program of the progra

## Table 3: National Performance Measures for AOUM

AOUM programs are evaluated based on their ability to meet the following criteria:

- 1. Lower the pregnancy rate for teenagers aged/7,5
- 2. Reduce the percent of adolescents 17 years and younger who have engaged in s intercourse;
- 3. Reduce the incidence of youths aged 95 who have contracted one of the sexually transmitted diseases. \$\mathbf{g}\$, gonorrhea, syphilis, or chlamydia);
- 4. Lower the rate of births to female teenagers aget 1715 Source: Maternal and Child Healt Bureau

 $<sup>^2</sup>$  These requirements are not enforced. Multiple programs been shown to be ineffective but continue to receive funding under various AOUM programs.

AOUM programs administered by MCH were required to be medically accurate. When ACF assumed control, it did not review the content of curriculums for scientific or medical accurac@Government Accountability Office, 200@nd multiple curriculums were later found to have significant factual inaccura@esenblatt, 2008; Trenholm et al., 2007)

For example, esveralcurriculums misstated the failure rate of condoms while others gave misleading information bout low STIs are transmitte (ACLU, 2007).

## 1.3 ABSTINENCE PLEDGES

Abstinence pledges are formal or informal promises made by adolescents to abstain fromall sexual activity until predeterminetime (usually marriage) The terms •abstinence pledge,, •virginity pledgeand •purity pledge, are ften used interchangeably for example, Bersami (2005) refers to •virginity pledges, while Uecker (2008) refers to •abstinence pledges,). It is understood that these terms refer to the same concept; they are used intengeably herein.

The first formal abstinence pledge progratinue Love Waitswas founded by the Southern Baptist Convention 1993 (Brückner & Bearman, 200.1 Similar programs havelaunched across the US and internationally, includinger Ring Thing, and the Pure Love Alliance These programs teachdolescents to abstain from all sexual activity (i.e., not limited to just penisaginal intercourse) sually until marriage. Many of these programs use a public symbol of the pled delver Ring Thingfor example, is signified by aring, engraved with a prabstinence message dworn on the ring finger.

Mostabstinence pledge programs are based on religious prinoiplese religious tenants as motivation for participants to make a pledges ereligious

connotationshave resulted in legal action to the programs from receiving public funding (see, e.g.(ACLU of Louisiana v. Gov. Foster 2002)

Estimates of participation ipublic or private/irginity pledges vary.from 10% of boys and 16% of girl(Baumgardner, 2007) 16% ofadolescentmen and 23% of adolescent wome (Bersamin, Walker, Waiters, Fisher, & Grube, 2007) ere is high variability in these figures because threly on selfreported data.

Therearealsosome irregularities in the dataon pledge behavior. For example, several studies have drawn data frome National Longitudinal Study of Adolescent Health (Add Health) estimate sexual activity of pledgers compared top ledgers (Harris, 2009) Some participants in that study reported that they had partied in a virginity pledge, but when asked again at one of the follow surveys denied having done so (Rosenbaum, 2009; Uecker, 2008) artino et al. (2008) speculated that perhaps some of those that denied ving participated had in fact broken the virginity pledge in between followups.

#### 1.4 PURITY BALLS

While abstinence pledge programs often include both male and female participants, a more exclusive enthas become popular the past two decades he •purity ball., The first such event • Father Daughter Purity Ball was organized by a private group Colorado Springs, Colorado 1998 Founder Randy Wilsoim tended the event to honor the role of a father in his daughter €s life and further than selp... by encouraging women to pledge their virginity to their future husb with their father acting as the temporary guardsman). To the pledgers, their virginity (or •purity,) was something that should be saved to give to their future husb after that success of the initial purity ball, similar events were held across the S, with some estimating that over

1,000 occur annuall(Gibbs, Silver, & Sayre, 200)8.although that number has been disputed (Oppenheimer, 2012)

In contrast to AOUM, messages on seedity or sexual activity are more obscure and abstract in upity conferences. Women are taughthat they are to remain • purfor their • future husbands,, and until then, they are to be guided in life by their fa (Freens, 2010) • Purity, while most certainly a euphemism for virginity, still left up to individual interpretation. In fact, while the implication is clear that the pledged girls a to avoid premarital sex, participants may have different opinions on what constitutes their purity. To some, purity balls provide an impetus to • , resist peer pressure to drink, do drugs and have sex (Gillis, 2007), others may have more modest expectation (Reced, 2008).

Traditional genderolesarereinforced inexcruciatingly clearwaysduring these events, drawing comparises to Biblical patriarchal roles. The patriarchal theme encompasses a father€s •ownership, of his daughtextestitse wherein he guarded and protected it(Baumgardner, 2007)Such messages attederstandablycontroversial, but media attention and somperblic disapprovalhavenot led to any substantive change in the messaging of these even by hille the patriarchal, •fatheras-guardsman, analogies are more appareint purity balls, they share many familiar stereotypical gendered messages with other abstinence programs.

For girls without a father able or willing to participate, they are encouraged to bring another person to serve as their mentor and guardsman. The website for the Central

10

<sup>&</sup>lt;sup>3</sup> Randy Wilson, organize of the original ball haclarified that the intention wasto promote father daughter relationship building, rather than abstine here original. However, virginity pledges remain a part of many purity balls (Reed, 2008)

Illinois FatherDaughter Purity Ball, for example, stateEpr those girls who have no father, we ask that a mentor escort her instead. This could be a grandfather, a family friend, an uncle, a pastor, or someone else whoerare as a godly male role model (FatherDaughter Purity Balln.d.)

## CHAPTER II: AOUM PROGRAM EVALUATIONS

#### 2.1 PREFACE

There are multiple pereviewed reviews of AOUM curriculums published in the past several years. The purpose of this guide is not to duplicate such material, but rather to expand upon the evaluations and present a nuanced guide with a greater focus on macro-level issues with the curriculum. As such, the curriculums noted in this chapter have been imited; however I do consider it important to highlight a selection of curriculums before addressing macrolevel critique of AOUM.

#### 2.2 EVALUATION MEASURES

Evaluations of AOUM programs of ten assess participants € knowledge, attitudes, or beliefs about sexual activity and abstine notes evaluation method measuring changes in selfeported beliefs. is questionable A more reasonable measure of efficacy would be hebehavior of adolescents such as contraceptive use at sexual debut or reduction in teenage sexual activity AOUM programs have consistently been shown to be ineffective in changing ehavioral measur (Kirby, 2001)

#### 2.3 WEAKNESSES IN AOUM E/ALUATIONS

Several published evaluations AOUM suffer from limitations including participants lost to followup, nongeneralizable intervention effects, small or convenient sample population, and inadequate control groups some interventions (e.g., the Reasons of the Heaetvaluation), the control groups were provided little or no alternative

<sup>&</sup>lt;sup>4</sup> I posit that reduction of adolescent sexalativity is an ill-suited evaluation measure exuality should not be discouraged, rather curriculums should teach safety (see Chapter 5). Nevertheless, because this is commonly used measure, it will be included in program evaluations discussed in this.se

sexuality educatioand thus were, destined to fail, (Sexuality Information and Education Council of the United States (SIECUS), n.d.)

Other evaluations reach conclusions that are not consistent with the results of their research. For example, one evaluation of Nobe Me, Not Nowprogram in New York measured changes in attitudes about sexual activity and pregnancy among a convenience sample of teens that were the target of a media camp Eightowing the intervention, the sample population showed an increase in knowledge of the risks of sexual activity and decrease in selfeported levels of sexual activity. That horsconclude that becase these measures changed at a rate different than national trends, that the intervention was effective (Doniger, Adams, Utter, & Riley, 2001) conclusion that cannot be logically supported without controlling for nitiple other factors.

Finally, some of the evaluations were-authored by authors of the intervention curriculum. Whileit does not necessarily follow that these evaluations are bitasted sprovide contextwhen reviewing them and such involvement has en noted herein.

#### 2.4 SELECTEDPROGRAMEVALUATIONS

An early evaluation of abstinence education or grams studied the California based Postponing Sexual Involvement riculum part of the Education Now and Babies Later, program In the study, participant were enrolled in one of three groups: the Postponing Sexual Involvement DUM program taught by adults, the stponing Sexual Involvement AOUM program taught by peers the adult supervision or a neintervention control-group. The evaluations howed no stastically significant long term difference between treatment and control groups in multiple evaluation measures. Participants in the treatment group showed some changes in attitudes and beliefs about sexual activity during a shorterm follow-up; the difference between groups was not observed in a 17

month follow-up. Participants in the program alsowed no significant difference in STI incidence or pregnancy rates are compared to the control group. There was exception to these finding participants in a treatment group led by peers had a higher rate of pregnancy than the control group. Korpi, Barth, & Cagampang, 1997)

The Sex Can Waitcurriculum was reviewed btpenny & Young(2006) Their evaluation, cowritten by one of the author of the curriculum measure deffects of the five-week program amonothree different groupsupper elementary, middle school, and high school They reported long-term changein middle school participants € knowledge of sexual risks and a decrease their self-reported intentions of engaging insexual activity. The high school cohort showed a small stoement benefit but no statistically significant effects at longerm follow-up. However, the study had a large sample lost to follow-up, the treatment anchor of groups attended the same school, and there were logical problems in reporting (e.g., responses weere ded that indicated a participant had never had intercourse, but had engaged incinutes within the last 30 day. The initial results of program efficacy on middle school participants suggests that earlier interventions may be more effective (e.g., programs designed to discourage sexual activity before most teens are reasonable able to engage in it); howevertase of the

The Life €s Wallprogram, based in rural Missouri, was evaluated in a pre test/posttest design to measure participants € knowledge and attitudes toward sexual activity. In two evaluations by Barnett & Hur (£2003), there were some changes in knowledge about sexual behaviand risk as well as communication abilities. There were no significant changes in regards to attitudes about sexual activity. Interestingly, the

evaluation noted an increase in sexual behavior from state postest Due to limitations from school administration, the definition of sexual behavior study sague because they were not allowed to ask if partitist pand engaged in •intercourse A critique of their study noted that there was no control group iprotogram, and the evaluation did not control for changes in participant mature.

The Virginia-basedReasons of the Hearturriculum was evaluated by Weed et al (2008) Their research indicates the program, which is prod/toe? In graders in a nine unit, 20 session course, is effective in reducing the rate of sexual initiation among participants. Participants in the program were 46% less likely to engage in sexual activithan participants in the control group. While thessaults are positive, further analysis discredits many of the findings. As noted by SIEC(td.St.), the program was administered to younger adolescents (182 years old), and not evaluated for letter efficacy, the Centes for Disease Control and Prevention (CDE) orts that only 6.2% of adolescents report engaging in sexual intercourse the the age of 1 (Eaton, Danice K., et. al., 2006) thus, efficacy of a program that seeks to delay initiation of aleactivity must be evaluated for lorterm results.

The evaluation also used controversial control group for the progration intervention group received 20 hoursotals sroom based, interactive ontent from instructors specifically trained in the program. The control group was shown a series of three short films about HIV/AIDS, STs, and abstinend a school faculty that received no additional trainin  $\frac{\delta}{2}$ 

<sup>&</sup>lt;sup>5</sup> In addition to the previously mentioned limitations, research team lead, Dr. Stan Weed has provided research for other abstinence programs directly, and spoken at conferences promoting these events (SIECUS, n.d.).

## CHAPTER III: ABSTINENCE PLEDGE PROGRAMS

## 3.1 PREFACE

Abstinence pledges are public or private promises to abstain from sexual activity until a predetermined databstinence pledges may be made as part of a formal public commitment (e.g.The Silver Ring Thin)gor as an informal private pledges by an individual (Bersamin et al., 2005)

In reviewing abstinence pledge programs, idifficult to ignore the effect of religiosity on sexual behavioRostosky & Wright(2003) found that religiosity may have a significant restrictive effect on sexual activity in some populations, including age of first sexual encounter and number of lifetimeusexpartners. The protective effects of religiosity may be moderated by other factors and there is some evidence that it is not generalizable between various denominations (see Rotosky et al. 2004).

Uecker(2008) further noted that abstinence pledging was reasonably more effective in religious individuals and the efficacy of abstinence pledging illy dependent on factors intricately tied religiosity. The salience of the program messaging, while potentially organic, is more likely a result of internalization of religious beliefs. a process that could occur with regular participation in religious activities. In other wordsparticipants be more inclined to participate in these prografts bey identify with the values and beliefs of the programmong religious youth, pledge behavior and the efficacy of pledge programs also varies between denominations. In other words, the efficacy of abstinence pledges is not generalizable and there is no

evidence that abstinence pledging as part of a school sexual education program would have any effect on patterns of teenage sexual activity.

## 3.2 INFORMAL ABSTINENCE PLEDGES

Informal purity pledges are personal commitments that one will abstain from sexual activity until a predetermined date or event (suschige of mjørity or marriage).

The informal pledges reviewed in literature were credited as occurring prior to sexual debut(Bersamin et al., 2005)Presexual debut pledges must betidiguished from more common postdebut pledges;ometimes eferred to as •born again virgin[ity], or •secondary virgin[ity], .the act of reclaiming ones€ virgin[ity] religious or moral purposes(Carpenter, 2011)

Informal virginity pledges made prior to sexual debut were shown to correlate with a laterage of sexual debut among younger adolescents in a samable study (Bersamin et al., 2005)

## 3.3 FORMAL ABSTINENCE PLEDGES

Formal abstinence pledges are made as part of a public ceremony, such as participation in the True Love Waitsprogram. Formal pledges are often signified with some sort of tangible object or symbal ring or charm bracelet, for example.

In an initial review of datafrom the ADD Healthstudy, Bearman & Brückner (2001) found that teens that had participated in a formal virginity pledge were less likely to use a condom at sexual initiation. However, later, they reversed this find in the pledge was a condom at sexual initiation. However, later, they reversed this find in the pledge was a condom at sexual initiation. However, later, they reversed this find in the pledge was a condom at sexual initiation. However, later, they reversed this find in the pledge was a condom at sexual initiation. However, later, they reversed this find in the pledge was a condom at sexual initiation. However, later, they reversed this find in the pledge was a condom at sexual initiation. However, later, they reversed this find in the pledge was a condom at sexual initiation. However, later, they reversed this find in the pledge was a condom at sexual initiation. However, later, they reversed this find in the pledge was a condom at sexual initiation. However, later, they reversed this find in the pledge was a condom was a condom

17

<sup>&</sup>lt;sup>6</sup> I make this point because, detecthe previously mentioned evidence, abstinence pledge participation is considered a measure of efficacy of some abstinence education programs.

abstinence education programs do not indicate a statistically significant difference in use of condoms between participatints the program and control groups renholm et al., 2007) Further studies have suggested that the rate of condom usage is related to other confounding factors, which, while not a direct result of AOUM programmay be related to acceptance of the programs.

Martino et al.(2008) found that formal abstinence pledges weeffective in delaying sexual initiation among adolescents pressly inclined to make shoca pledge. Propensity to make alpodge associated with older age, higher parental involvement, increased religiosity, perception of parental disapproval of sex, and perception of lower peer approval of sex. The results indictatatindividuals that are mordikely to make an abstinence pledgere also more likely to keep their pledge. Howefort individuals not inclined to make a pledge (i.e., those that did not have the high levels of parental involvement, etc.), virginity pledges are not effective. The authors are also careful to note that their study does not provide evidence that formal abstinence pledges should be imposed on students even if students are ore likely to make such pledges voluntarily. Rather, they advocatinclusion of abstinence pledges in addition to comprehensive sex education schools and inclusion of provide contraception and sexual risk.

# CHAPTER IV: CRITIQUE OF AOUM AND ABSTINENCE PLEDGES

## 4.1 INEFFECTIVE IN REDUCING SEXUAL RISK BEHAVIOR

Somelimited research has suggested tablastinence pledges may be more likely to engage in sexualctivity other tharcoitusin the belief that they ameaintaining their virginity (Brückner & Bearman, 2005)AOUM and abstinence pledge programs often describe •abstinence, and •virginity, in vague term? here is dack of consensus (among the general population of just adolescents) the definition of abstinence and virginity which may contribute to inconstancies in the data about actual efficacy of abstinence pledge Bersamin et al., 2007; Fantasia, Fontenot, Harris, Hurd, & Chui, 2011) For example, in a representative samples tradolescents (99.5%) greed that penilevaginal intercours consult in virginity loss far fewer (60%) equated or all sex (giving or receiving) with loss of virginity (Sanders, 1999) Other research has correlated these findings, suggesting at some adolescents consider anal sex to not be sexual activity (Haglund, 2003) or that anal sex is fear than coitus because it cannot result in pregnancy (Werner Wilson, 1998)

In a study by Strayhorn and Strayhop (2009), regionally higher scores of religiosity also entailed regionally higher rates of teen pregnancy. Strayhorn posits that conservative states (traditionally higher in religiosity scores) are effective aching adolescents not to use contraceptives (with the intention, of course, being that they are to abstain). These beliefs are commonly included in state level policies and programs the form of abstinencenty education program (SIECUS, 2009) These variables

complicate program evaluations, because it is difficult to control for things such as religiosity, especially when many evaluations examine the efficacroograms compared to a control group in a geographically close school. Messages that children receive at home, from other peers, and adults in these regions would certainly interact with their likelihood to use a condom at first sexual encounter.

#### 4.2 •SEX-AS-RISK, PARADIGM

AOUM curriculums create a •sexs-risk, paradigm that limits educational efficacy. This paradigm suggests that sexual activity outside the confines of a monogamous, heterosexual marriage is •risky., \*\*Tstex-as-risk, paradigm does not equip adolescents to navigate varied sexual experie(Scatsalet, 2011)) or does it permit discussion of sexuality that differs frometheteronormative narrative that is central to AOUM programs(Hess, 2010)

AOUM generally ignoreshe positive and pleasurable aspects of sexual activity. This exclusion is not unintentional AOUM programs goal is to encourage senty within the confines of heterosexual marriagehus, any discussion of positive elements of sex (e.g., outside of the \*sexerisk, paradigm) could be seen as counteracting that goal (GresléFavier, 2010) In the rare instance that curriculum does discuss pleasure, it is almost certainly in a negative contextor example, in the inveview of four AOUM programs Lamb, Graling, & Lustig (2011) noted that sexual pleasure as portrayed as \*, dangerous and addictive when outside the context of heterosexual marriage,.

<sup>7</sup> As noted by Hess (2010), in many programs, sexuality outside of the strict heterosexual AOUM model (e.g., honosexuality) is the literal and symbolic embodiment of immorality, danger, and perhaps even death,,

20

## 4.3 FAILURE TO EXPLAIN ABSTRACT CONCEPTS

Abstinence education and purity pledges programague and largely undefined or abstact concepts (such as \*puritya)sthe expected norms for and the provided society in this view, adolescent sexualities nearly always dangerous. This ary categorization does not provide teens the necessary skills other the arching them the just say no, to penis vaginal intercours (Schalet, 2011) Adolescents are also expected to act on the information obtained in these cours (Seesearch suggests that is not the castlern (2001), for example noted that teens may be more skeptical of the information tained in AOUM (and therefore not act on it), because the way it as failing to coverreal information, such as pleasure, emotions, and communications are underlying belief (both in curriculum writers and in many evaluators) is generally that the way in which the message is delivered impacts the efficancy on & Ellingson, 2006) thus, some promoters of AOUM programs have tried to adopt the message is delivered, rather than focusing on problems with other than the message is delivered, rather than focusing on problems with other than the message is delivered.

## 4.4 INACCURATE MEDICAL CLAIMS

AOUM curriculumshave been criticized for multiple storted or untrue statements about sexual rishoth the Teen Aichrogram (Roach & Benn, 1998) and the Why know (Swearingen & Sulser, 2002) urriculumsteach that condom usage not an effective means of preventing ST seen Aich teaches that condoms have been shown to break, and even with proper usage to allow the transmission of HIV, (p. 214). Why knows a class demonstration to imply that because HIV is smaller than human sperm, it is possible for it to pass through a condom? (pT se WAIT curriculum teaches the possible to sweat and tears can lead to infection with (bIII 19) which

has beendisproven in multiple studie(se.g., ACLU, 2007; Panlilio, Cardo, Grohskopf, Heneine, & Ross, 2005)

The Why kNOw Abstinence Education gram teaches that 24 chromosomes each from a mother and father join during fertilization 166). There are actually 23 chromosome (Committee on Government Reform Minority Staff, 2004) The program also incorrectly cites a pliminary study on coolom usage and claims that this study showed that condoms have ailure rate of 31% (ACLU, 2007) The study actually showed 269% risk reduction of HIV transmission when condoms were used other words, those that used condoms were 69% less likely to contract HIV. The curriculum implied that because the risk reduction was not 100%, that there was a 31% failure rate, when in fact, no such conclusion can be made (in addition; there study has been criticized for methodology problems).

The TeenAid curriculum, as with several other curriculum contrays condoms as not effective in preventing STIsIn onesection it compares condom usage to a game of Russian Roulette,, implying that if one uses ondom regularly, an STI or pregnancy will not be prevented, only delayed (p. 215, 258). The implication herein is that STI or pregnancy is unavoidable (and deadly) rife engages in sexual activity outside of marriage.

In another example, the Aidcurriculum includes an example to ryabout an artificial insemination clinicand implies that the risk of contracting HIV after a single sexual encounter with and V-positive individualis as high as 50% p. 21415). The

22

<sup>&</sup>lt;sup>8</sup> Statements that condoms are not •always, effective are technically true, however, the context in which many of the curriculums present these statements downplay the role of condom usage in safe sexual practices, and promote abstinence as the best alternative.

actual riskis approximately .08%14% (seee.g: Anderson, Wilson, Doll, Jones, & Barker, 1998)

The Teen Aidcurriculum further states he failure rates of condoms among homosexual men as •7.3%, 8% and 25.5%,,214) a figure which is taken out of contextfrom astudy examining elf-reported failure rates of a few, specific condothat were not commercially available. The referenced study also outdated (see.g: Griensven, Vroome, Tielman, & Coutinho, 1988) he curriculum also implies that adolescents are less able to properly use contraceptives and experience higher failure rates for unspecified reason (ASCLU, 2007).

## 4.5 REINFORCEMENT OF GENDER ROLE STEREOTYPES

Static gender roles are heavily enforce the messaging fabstinence education and purity pledges. Brownin (2010) noted in an observational study noted that many abstinence oriented programs poratyed men as repeatedly referencing sexual •conquests, and •needs., Women, on the other hand, were portrayed as using sex to obtain love. The messages to promote abstinence where then modified on gender lines men were encouraged to abstain from sex todavegative consequences such as STIs and unplanned pregnancies; women were encouraged to remain virgins in order to be more attractive to their future husband

The portrayal of women as seductive and men as unable to refuse an advance is another theme reforced in many abstinence related programs. The Biblical tale of Eve, known for tempting Adam with the fruit of the Forbidden Tree, is thematically tied into many abstinence curriculumshe Heritage Keepersurriculum(Badgley, Musselman, Casale, & Badgley Raymond, 2008) eaches that men are •aroused by sight, and instructs women to •dress modestly, to prevent •lustful thoughts, (p. 46). It also teaches that co

habitation leads to weakerlateonships (p. 26) and that more than one sexual partner results in an inability to build a lasting relationship (p..56)

The Why kNOwcurriculum states, women need to realize what they may be communicating. Asking herself what signals she is sending seave boths exes a lot of heartache (p. 121). It further enforces gender roles by having students participate in a quiz that divides common household tasks between a mother and with the expectation that tasks are assigned around traditional gender (Strats, 2008)

Other curriculums further this themeteaching that women require •finarial support, and hinge their personal happiness on their romantic relationships; men require •admiration, and hinge their happiness on •accomplishme(Cs),mmittee on Government Reform-Minority Staff, 2004) Stated differently, women are taught that their value is dependent on others; men are given the opportunity to prove their value through accomplishments.

## CHAPTER V: CONCLUSION AND RECOMMENDATIONS

## 5.1 AOUM PROGRAMS AND ABSTINENCE PLEDGING ARE INEFFECTIVE

There isoverwhelming evidence that AOUM education and abstinence orgrams are ineffective in producing their intended results programs have been noted to include inaccurate information, promote outdated gender roles, and ignore sexual experiences that are outside of a narrow ideological scope. There is no evidence that continued funding of these programs will change the translute combat the public health risks of teenage pregnancy and STIs, sexual eduquation and interventions must be designed that comprehensive, appropriate, and evidence based.

## 5.2 ADOLESCENTS SHOUD BE PROVIDED A COMPREHENSIVE EDUCATION

Comprehensive sex education programs have been extensively researched and shown to be effective in reducing risky sexual behavior among adolescents. Adolescents should be taught information that is unbiased, accurate, and evildance. Failure to provide addescents with a balanced curriculuror worse, providing information that is factually incorrect may put teens at higher risk for risky sexual behavior.

#### 5.3 VARIATION SHOULD BE PRESERVED

A one-standard curriculum is not appropriate comprehensive sexual ducation programs because it does not acknowledge the regional and cultural variations across the country. Local school district and state education board sould continue texercise some control over curriculum with the requirement that independent alerations occur regularly and modifications be made when neces any powering local leaders to adapt programs to regional variations is essential to create-in the temperature of the programs to regional variations is essential to create-in the temperature of the temperat

#### 5.4 RECOMMNEDED PROGRAMGUIDELINES

A list of recommended guidelines of comprehensive sexual education courses is included in Table 4. These guidelines are adapted part, from recommendations developed by SIECUS hey are, in many respects, the antithesis of the Federal, • A guidelines for AOUM programs.

## Table 4: Proposed Guidelines for Comprehensive Sex Education Programs A comprehensive sex education program should:

- 1. Educate teens about sexuality, including biological aspects of development and reproduction, human sexual behaviors, se**heal**th, and social and cultural influences and expectations on sexuality.
- 2. Encourage diversity and incorporate topics about diversity into curriculum. Many education programs are exclusionary to lesbian, gay, bisexual, and transgender queer (LGBTQ)youth. An effective comprehensive program must respect individuality and be accessible to all students.
- 3. Equip teens to navigate varied sexual experiences. Some may choose to be ab others may choose to be sexually active. The role of an educator in a comprehe program is to help teens navigate varied experiences, while providing comprehe education and information. In addition, comprehensive programs must convey the importance of personal responsibility to teens.
- 4. Engage students in open, honest, conversation about sexuality and sexual heal Programs should allow teens to seek answers provides with resources specific their needs.

### 5.5 SUGGESTED TOPICS

Suggested topics are included in Table 5. This list is not exhaustive and is provided as a general outline of course top Tobese topics are not intended to be included in all levels of a comprehensive program. Rather, they are to be introduced in an incremental and agappropriate manner. For example, puberty (and associated biological changes) is stable for younger audiens, while STIs may be too advanced. Similarly, high school students would likely find puberty to be less relevant, but discussion of contraceptives and reproductive health to be pertinent.

Table 5: Suggested Topics for Comprehense/Sex Education Programs

Biological aspects of sexuality		
Anatomyandphysiology	Contraception	Abstinence
STIs, including HIV infection	Reproductive health, pregnancy, childbirth & abortion	Sexual dysfunction
Sexuality and the person		
Body image	Fantasy	Friendship
Families	Dating	Love
Marriage and lifetime commitments		
Diversity in expressions of sexuality		
Sexual orientation	Sexual identity	Diversity of sexual expression and experience
Communication		
Decisionmaking	Negotiation	Assertiveness
Looking for help		
Sexuality and society		
Gender roles	Diversity	Sexuality and religion
Sexuality and the law	Sexuality and the arts	Sexuality and the media
Sexuality across the lifespan		
Puberty	Sexual abuse	Aging

## REFERENCES

- ACLU. Declaration of John S. Santelli, MD, MPH (2007).
- ACLU of Louisiana v. Gov. Foster., No. 4240 (United States District Court of Eastern District of Louisiana July 24, 2002).
- Allen, L. (2001). Closig sex education€s knowledge/practice gap: the reconeptualisation of young people€s sexual knowledgex Education1(2), 109.122.
- Anderson, J., Wilson, R., Doll, L., Jones, S., & Barker, P. (1998). Condom Use and HIV Risk Behaviors Among U.S. Adults: Dafta a National SurveyFamily Pla, 31(1).
- Badgley, A., Musselman, C., Casale, T., & BadgReymond, S. (2008)Heritage

  Keepers Abstinence Educationharleston: Heritage Community Services.
- Bailey, S. (2011). The rhetoric of chasting hristianity today, 55, 38.41.
- Barnett, J., & Hurst, C. (2003). Abstinence education for rural youth: an evaluation of the Life€s Walk programlournal of School Health 3(7), 264 268.
- Baumgardner, J. (2007). Would you pledge your virginity to your fat@earnour, 226... 237.
- Bersamin, M., Walker, S., Waiters, E., Fisher, D., & Grube, J. (2005). Promising to wait:

  Virginity pledges and adolescent sexual behaviournal of Adolescent Health

  36, 428 436.
- Bersamin, M., Walker, S., Waiters, E., Fisher, D., & Grube, ೨೧೧/20 Defining Virginity and Abstinence: Adolescents€ Interpretations of Sexual Behalviorsal of Adolescent Health 1, 182.188.

- Browning, M. D. (2010). Acting out abstinence, acting out gender: adolescent moral agency and abstinence educationeology & Sexuality 143.162.
- Brückner, H., & Bearman, P. (2001). Promising the future: virginity pledges and first intercourseAmerican Journal of Sociolog \$156, 859.912.
- Brückner, H., & Bearman, P. (2005). After the promise: the STD consequences of adolescenVirginity pledges Journal of Adolescent Healt 271.8.
- Carpenter, L. (2011). Like a Virgin...Again?: Secondary Virginity as an Ongoing Gendered Social Construction & Culture 15(2), 115.140.
- Committee on Government Reform Minority Staff. (2004). The content of federally funded abstinencently education programs Washington, DC: United States House of Representative.
- Denny, G., & Young, M. (2006). An evaluation of an abstine order sex education curriculum: an 18month follow-up. Journal of School Health 76(8), 414.422.
- Doniger, A. S., Adams, E., Utter, C. A., & Riley, J. S. (2001). Impact Evaluation of the
   Not Me, Not Now, AbstinenceOriented, Adolescent Pregnancy Prevention
   Communications Program, Monroe County, New Yolkurnal of Health
   Communication6(1), 45.60.
- Eaton, Danice K., et. al. (2006). Youth Risk Behavior Surveillar deited States, 2011.

  Surveillance Summaries, Morbidity and Mortality Weekly Rep5(SSF), 1...

  108.
- Fahs, B. (2010). Daddy€s little girls: on the perilshafstity clubs, purity balls and ritualized abstinence. 116.144.

- Fantasia, H., Fontenot, H., Harris, A., Hurd, L., & Chui, E. (2011). Ambiguity in Defining Adolescent Sexual Activity. The Journal for Nurse Practitioners, 486.491.
- FatherDaughter Purity Ball 2012. (n.d.). Retrieved February 17, 2013, from http://www.purityball.com/purityBall.html
- Gibbs, N., Silver, A., & Sayre, C. (2008). The Pursuit of Pullitime 172.
- Gillis, C. (2007). AN OATH OF PURITY: America€s evangelical core reinsviberet father-daughter dance with the purity ball, where dads swear to love and protect their little girls. InMACLEANS(Vol. 120, pp. 6668).
- Gordon, L., & Ellingson, L. (2006). In the eyes of the beholder: student interpretations of sexuality lessonsSexE, 6(3), 251.264.
- Government Accountability Office. (2006) betinence Education: Efforts to Assess the Accuracy and Effectiveness of Feder (2006) betinence Education: Efforts to Assess the Accuracy and Effectiveness of Feder (2006) betinence Education: Efforts to Assess the Accuracy and Effectiveness of Feder (2006) betinence Education: Efforts to Assess the Accuracy and Effectiveness of Feder (2006) betinence Education: Efforts to Assess the Accuracy and Effectiveness of Feder (2006) betinence Education: Efforts to Assess the Accuracy and Effectiveness of Feder (2006) betinence Education: Efforts to Assess the Accuracy and Effectiveness of Feder (2006) betinence Education: Efforts to Assess the Accuracy and Effectiveness of Feder (2006) betinence Education: Efforts to Assess the Accuracy and Effectiveness of Feder (2006) betinence Education: Efforts to Assess the Accuracy and Effectiveness of Feder (2006) between (2006) betwe
- Greenblatt, J. L. (2008). •If You Don,t Aim to Please, Don€t Dress to Teade∰hær

  Public School Sex Education Lessons Subsidized by You, the Federal Taxpayer.

  Texas Journal on Civil Liberties & Civil Right\$4, 1.
- GresléFavier, C. (2010). The legacy of abstine to discources and the place of pleasure in US discourses on the great sexuality Sex Education 10, 413.422.
- Griensven, G., Vroome, E., Tielman, R., & Coutinho, R. (1988). Failure rate of condoms during anogenital intercourse in homosexual n@mitourin Med. 64(5), 344..

- Harris, K. (2009).The National Longitudial Study of Adolescent Health (Add Health)

  Waves I & II Chapel Hill, NC: Carolina Population Center, University of North

  Carolina at Chapel Hill.
- Hess, A. (2010). Hold the sex, please: the discursive politics between national and local abstinence educatin providers Sex Education 10(3), 251.266.
- Howell, M. (2007). The History of Federal Abstinen@nly Funding Washing:

  Advocates for Youth.
- Kirby, D. (2001). Emerging answers: Research findings on programs to reduce teen pregnancy. Washington, DC.
- Kirby, D., Korpi, M., Barth, R., & Cagampang, H. (1997). The impact of the Postponing Sexual Involvement curriculum among youths in Califor Fiamily Planning Perspective № 9(3), 100.108.
- Lamb, S., Graling, K., & Lustig, K. (2011). Stereotypes in Four Cura@tt/M

  Sexuality Education Curricula: Good Girls, Good Boys, and the New Gender

  Equality.American Journal of Sexuality Education (4), 360.380.
- Martino, S., Elliott, M., Collins, R., Kanouse, D., & Berry, S. (2008). Virginity Pledges

  Among the Willing: Deays in First Intercourse and Consistency of Condom Use.

  Journal of Adolescent Healt 43, 341.348.
- Moran, J. (2000)Teaching sex: The shaping of adolescence in the 20th century Cambridge, MA: Harvard University Press.
- Oppenheimer, M. (2012, July 20) urity Balls- Local Tradition or National Trend?

  Retrieved January 28, 2013, from

- Panlilio, A., Cardo, D., Grohskopf, L., Heneine, W., & Ross, C. (2005). Updated U.S.

  Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaking WR, 1..17.
- Reed, B. (2008) Commitment to purit(Article). Gazette, The (Colorado Springs, CO).
- Roach, N., & Benn, L. (1998Me, My World, My Future Junior High Curriculum een Aid Inc.
- Rosenbaum, J. (£2009). Patient teenagers? A comparison of the sexual behavior of virginity pledgers and matched nonpledgers diatrics 123(1), e11020.
- Rostosky, S., & Wright, M. (2003). Coital debut: the role of religiosity and sex attitudes in the add health surve vhe Journal of Sex Resear (40), 358.367.
- Sanders, S. R. (1999). Would you say you had selouifinal of the American Medical Association 281, 275.77.
- Schalet, A. (2011). Ambiguity in Defining Adolescent Sexual Activityomen€s Health Issueş21, S5.S7.
- Sexuality Information and Education Council of the United States (SIECUS). (n.d.).

  Marginally Successful Results of Abstine Order Program Erased by Dangerous

  Errors in Curriculum
- Shatz, N. (2008). Unconstitutional Entanglements: The Religious RinghEederal Government, and abstinence Education in the Schools. Journal of Law & Feminism, 528, 495.
- SIECUS. (2009)Religious States and High Teen Birth Rates: Researchers Uncover a Strong Correlation

- SIECUS. (2010)A Portrait of sexuality educatin and abstinencently-until-marriage programs in the States
- Strayhorn, J., & Strayhorn, J. (2009). Religiosity and Teen Birth Rate in the United StatesReproductive Health6(14).
- Swearingen, M., & Sulser, P. (eds. . (200/2/hy kNOw Abstinence Educati Programs:

  Curriculum for Sixth Grade Through High Scho6hattanooga, TN: Why kNOw.
- Trenholm, C., Devaney, B., Fortson, K., Quay, L., Wheeler, J., & Clark, M. (2007).

  Impacts of four title V section 510 abstinence education programs final report

  Mathematica Policy Research, Inc.
- Uecker, J. E. (2008). Religion, Pledging, and the Premarital Sexual Behavior of Married Young Adults. Journal of Marriage and Family 70(3), 728.744.
- Weed, S., Ericksen, I., Lewis, A., Grant, G., Wabberly, K. (2008). An Abstinence

  Program€s Impact on Cognitive Mediators and Sexual Initiationerican

  Journal of Health Behavio 82(1), 60.73.

# APPENDIX: REFERENCEMATERIALS FOR STAKEHOLDERS

### **INTRODUCTION**

This section provides information fpolicymakers, concerned community members, parents, and educators on effective sex education for stutters.been designed to provide accessible information for use in advocating for comprehensive sex education programs.

### GLOSSARY OF COMMONLY USED T ERMS

Abstinence The practice of restraining from participating in

something.

AbstinenceBasedPrograms School or community programs that discuss or stre

abstinence as a method of preventing pregnancy a STIs. Abstinencebased programs (sometimes led •abstinence plus programs,) include some discussion

on other methods of contraceptives and-sæfe

practices.

AbstinenceOnly Until Someonic Marriage (AOUM) Programs at

School or community based programs that teach abstinence as the only way to prevent pregnand

STIs. AOUM programs often teach that abstinence

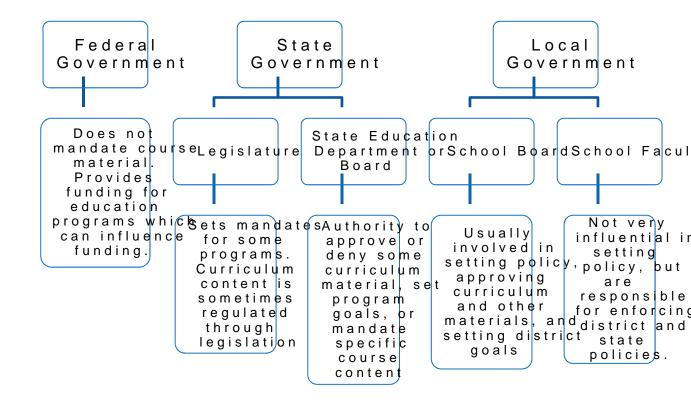
the expected social or moral norm.

Comprehensive Sex Education Programs

School or community based programs that teach a broad overview of sexuality. Comprehensive programs include discussion of contraceptives, pregnancy, and

individual responsibilities in sexual behavior.

# FACT SHEET: WHO MAKES DECISIONS ON SCHOOL POLICIES?



# FACT SHEET: SEX EDUCATION REQUIREMENTS BY STATE

#### ALABAMA

Sex education is not required by state statute. However, when taught, curriculums are required to emphasize abstinence as the expected social norm. In addition, curriculums are required to stress that homosexuality is not an acceptable lifestyle and that it is a criminal offense.

STIs: A health-based course on HIV/AIDS is required from grades-5 12.

Opt-Out: Parents may opt-out from sex education courses.

#### **ALASKA**

There are no laws governing sex education in Alaska. The state€s Department of Education provides a reference list of evidencebased programs,but it does not officially endorse any of them.

STIs: There are no requirements for instruction on STIs.

Opt-Out: There are no state laws governing parental opbut.

#### ARIZONA

Sex education is not required by state statute. However, when taught, curriculums are required to emphasize abstinence as the expected social norm. Schools may choose to offer the course as part of the health curriculum, or as an elective (supplemental) course. In addition, curriculums are not allowed to discuss homosexualit in a positive manner.

STIs: There are no requirements for instruction on STIs.

Opt-Out: Parents may opt-out from sex education courses. In addition, parents must •opt-in, if the supplemental course is offered.

### **ARKANSAS**

Sex education is not required bystate statute. However, when taught, curriculums are required to emphasize abstinence as the expected social norm.

STIs: A health-based course on HIV/AIDS is required from grades-5 12.

Opt-Out: There are no state laws governing parental opbut.

CALIFORNI A
Sex education is not required by state statute. However, when taught, curriculums are required to be comprehensive in nature, including both abstinence and contraceptives.
Curriculums are also required to be inclusive of all races, genders, and sexual oientations.

STIs: A health-based course on HIV/AIDS is required at least once in middle school and once in high school.

Opt-Out: Parents may opt-out from sex education courses.

#### **COLORADO**

Sex education is not required by state statute. However, when taught curriculums are required to be comprehensive in nature, including both abstinence and contraceptives, although abstinence is required to be emphasized.

STIs: There are no state laws governing STI instruction.

Opt-Out: Varies depending on the program. Some allow parental op but while others require parental opt-in.

CONNECTICUT
Sex education is not required by state statute.

STIs: There are no state laws governing STI instruction.

Opt-Out: Parents may opt-out from sex education courses.

DELAWARE
Sex edvation is
required by state statute.
The programs are
required to emphasize
abstinence, but there is
no statute governing
whether contraceptives
can be discussed or not.

STIs: An HIV prevention course is required.

Opt-Out: There are no state laws governing parental optout.

DISTRICT OF
COLUMBIA
Sex education is
required by statute. The
programs are required to
be comprehensive in
nature.

STIs: Instruction on STIs is included in the comprehensive program.

Opt-Out: Parentsmay opt-out from sex education courses.

#### **FLORIDA**

Sex education is not required by state statute. A comprehensive sex education course was previously required; however, school districts have the option of substituting it with other health courses.

STIs: There are no state laws governing STI instruction.

Opt-Out: Parents may opt-out from sex education courses.

#### GEORGIA Sex educa

Sex education is required by state statute. The programs are required to emphasize abstinence, but there is no statute governing whether contaceptives can be discussed or not.

STIs: Instruction on STIs is included in the required course.

Opt-Out: Parents may opt-out from sex education courses.

### **HAWAII**

Sex education is required by statute. The programs are required to be comprehensive in nature

STIs: Instruction on STIs is included in the comprehensive program.

Opt-Out: There are no state laws governing parental optout.

#### **IDAHO**

Sex education is not required by state statute. However, when taught, curriculums are required to emphasize abstinence as the expected social norm.

STIs: There are no state laws governing STI instruction.

Opt-Out: Parents may opt-out from sex education courses.

#### **ILLINOIS**

Sex education is not required by state statute. However, when taught, curriculums are required to emphasize abstinence as the expected social norm.

STIs: Instruction on STIs is required.

Opt-Out: Parents may opt-out from sex education courses.

#### **INDIANA**

Sex education is not required by state statute. However, when taught, curriculums are required to emphaize abstinence as the expected social norm.

STIs: Instruction on STIs is required.

Opt-Out: There are no state laws governing parental optout.

IOWA
Sex education is
required by state statute.
The programs are
required to be
comprehensive in
nature.

STIs: Instruction on STIs is included in the comprehensive program.

Opt-Out: Parents may opt-out from sex education courses.

KANSAS
Sex education is required by state statute. The programs are required to be comprehensive in nature.

STIs: Instruction on STIs is included in the comprehensive program.

Opt-Out: There are no state laws governing parental opbut.

#### KENTUCKY

There are no state laws regarding sex education; however, the state school board€s guidelines include a sex education coure that stresses abstinence.

STIs: There are no state laws on STI instruction.

Opt-Out: There are no state laws governing parental opbut.

LOUISIANA
Sex education is not required by state statute.
Statutes allow classes to be taught after sixth grade (except in Orleans Parish where they may be taught after third grade). When taught, programs are prohibited from providing

portraying homosexuality in a positive manner.

STIs: There are no state laws on STI instruction.

contraceptives and from

Opt-Out: Paents may opt-out from sex education courses.

MAINE
Sex education is
required by state statute.
The programs are
required to be
comprehensive in nature
and are taught from
kindergarten through
12<sup>th</sup> grade.

STIs: Instruction on STIs is included in the comprehensive program.

Opt-Out: Parents may opt-out from sex education courses.

MARYLAND
Sex education is not required by state statute. However, comprehensive health education courses are required by the state school board. In units dealing with sexuality, the content is comprehensive. Local school boards can also opt to provide a supplemental (elective) course.

STIs: Instruction on HIV/AIDS is required at least once in elementary school, once in middle school,and once in high school.

Opt-Out: Parents may opt-out from sex education courses. In addition, parents must •opt-in, if the supplemental course is offered.

MASSACHUSETTS
Sex education is not required by state statute. If such programs are offered, they æ required to include content on STIs and pregnancy prevention.

STIs: Instruction on STIs is strongly encouraged by the state school board.

Opt-Out: Parents may opt-out from sex education courses.

**MICHIGAN** 

Sex education is not required by state statute. However, when taught, curriculums are required to emphasize abstinence as the expected social norm.

STIs: Instruction on STIs is required.

Opt-Out: Parents may opt-out from sex education courses.

MINNESOTA
Sex education is
required by state statute.
Theprograms are
required to emphasize
abstinence as the
expected social norm.

STIs: Instruction on STIs is required.

Opt-Out: Parents may opt-out from sex education courses.

MISSISSIPPI
Sex education is
required by state statute.
The programs are
required be either
AOUM or abstinence
plus.

STIs: Instruction on STIs is required.

Opt-Out: Parents must opt-in to sex education courses.

MISSOURI
Sex education is not required by state statute.

However, when taught, curriculums are required to emphasize absence as the expected social norm.

STIs: Instruction on HIV/AIDS prevent is required.

Opt-Out: Parents may opt-out from sex education courses.

**MONTANA** 

Sex education is not required by state statute. However, a general course in health is required and mitted content on HIV/AIDS is included.

STIs: Instruction on HIV/AIDS is included in the general health course.

Opt-Out: There are no state laws governing parental opbut.

NEBRASKA
Sex education is not required by state statute. However, the state school board has adopted a framework that encourages the teaching of abstinence in school programs.

STIs: There are no requirements for instruction on STIs.

Opt-Out: There are no laws regarding parental opt-out.

NEVADA

Sex education is required by statetatute. The specific content of the course is set by a local school board advisory committee.

STIs: Instruction on STIs is required.

Opt-Out: Parents must opt-in to sex education courses.

NEW HAMPSHIRE
Sex education is
required by state statute.
The programs are
required to be
comprehensive in
nature.

STIs: Instruction on STIs is included in the comprehensive program.

Opt-Out: Parents may opt-out from sex education courses.

NEW JERSEY
Sex education is
required by state statute.
The programs are
required to be
comprehensive in nature
although abstinence is
emphasized as the
expected social norm.

STIs: Instruction on STIs is included in the comprehensive program.

Opt-Out: Parents may opt-out from sex education courses.

NEW MEXICO Sex education is not required by state statute.

STIs: Instruction on HIV/AIDS is required.

Opt-Out: Parents may opt-out from sex education courses.

NEW YORK
Sex education is not required by state statute.

STIs: Instruction on HIV/AIDS is required.

Opt-Out: Parents may opt-out from sex education courses.

NORTH CAROLINA
Sex education is
required as part of a
broad health education
program. The content of
the programs vary,
although they are
required to emphasize
abstinence as the
expected social norm.

STIs: Instruction on HIV/AIDS is required as part of the general health education program.

Opt-Out: Varies depending on the program.

NORTH DAKOTA There are no state laws regarding sex education. STIs: There are no state laws on STI instruction.

Opt-Out: Thereare no state laws governing parental optout.

OHIO

Sex education is not required by state statute. However, the state school board requires local school districts to include some limited sex education as part of their health education courses. These coess are required to emphasize abstinence as the expected social norm.

STIs: Instruction on STIs is required.

Opt-Out: Parents may opt-out from sex education courses.

OKLAHOMA
Sex education is not required by state statute. However, when taught, curriculums are required to emphasize abstinence as the expected social norm.

STIs: Instruction on HIV/AIDS is required at least once in elementary school, once in middle school, and once in high school.

Opt-Out: Parents may opt-out from sex education courses.

OREGON
Sex education is required by state statute. The programs are required to be comprehensive in nature.

STIs: Instruction on STIs is included in the comprehensive program.

Opt-Out: Parents may opt-out from sex education courses.

PENNSYLVANIA
Sex education is not required by state statute.

STIs: Instruction on HIV/AIDS is required.

Opt-Out: Parents may

opt-out from sex
education courses.

RHODE ISLAND
Sex education is
required by state statute.
The progams are
required to be
comprehensive in nature
although abstinence is
emphasized as the

STIs: Instruction on STIs is included in the comprehensive program.

expected social norm.

Opt-Out: Parents may opt-out from sex education courses.

SOUTH CAROLINA Sex education is required as part of a broad health education

program. The programs are allowed to discuss contraception only in the context of future family planning.

STIs: Instruction on STIs is required; instruction on HIV/AIDS is not required.

Opt-Out: Parents may opt-out from sex education courses.

SOUTH DAKOTA
Sex education is not required by state statute. However, the state school board requires limited sex education as part of a broad health education program.

STIs: There are no state laws on STinstruction.

Opt-Out: There are no state laws governing parental optout.

TENNESSEE
Sex education is not required by state statute unless teenage pregnancy rates reach a specific level. However, when taught, the programs are required to emphasize abstemice as the expected social norm.

STIs: Instruction on STIs is required as part of a broad health education program.

Opt-Out: Parents may opt-out from sex education courses.

#### **TEXAS**

Sex education is not required by state statute. However, when taught, curriculums are required to emphasize abstinence as the expected social norm.

STIs: There are no state laws on STI instruction.

Opt-Out: Parents may opt-out from sex education courses.

#### UTAH

Sex education is required by state statute. The programs are required be AOUM. In addition, instructors are prohibited from discussing any material that may facilitate or encourage criminal behavior (premarital sex is illegal in Utah).

STIs: There are no state laws on STI instruction.

Opt-Out: Parents must opt-in to sex education courses.

### **VERMONT**

Sex education is required by state statute. The programs are required to be comprehensive in nature.

STIs: Instruction on STIs is included in the comprehensive program.

Opt-Out: Parents may opt-out from sex education courses.

VIRGINIA
Sex education is not required by state statute. However, when offered, the programs are required to emphasize abstinence as the expected social norm.

STIs: There are no state laws on STI instruction.

Opt-Out: Parents may opt-out from sex education courses; however they are required to justify their requests.

WASHINGTON
Sex education is not required by state statute. However, when offered, the programs are required to be comprehensive in nature and are specifically prohibited from teaching abstirence in lieu of comprehensive content.

STIs: Instruction on STIs is required; instruction on HIV/AIDS must be provided annually.

Opt-Out: Parents may opt-out from sex education courses.

WEST VIRGINIA Sex education is not required by state statute.

STIs: Instruction on HIV/AIDS is required from 6<sup>th</sup> through 1<sup>th</sup> grade.

Opt-Out: Parents may opt-out from sex education courses.

WISCONSIN Sex education is encouraged, but not required by state statute. However, when offered, the programs are required to enphasize abstinence as the expected social norm.

STIs: Instruction on STIs is encouraged, but not required.

Opt-Out: Parents may opt-out from sex education courses.

WYOMING Sex education is not required by state statute.

STIs: Instruction on HIV/AIDS is required by the state school board.

Opt-Out: Parents may opt-out from sex education courses.

# FACT SHEET: MYTHS ABOUT COMPRE HENSIVE SEX EDUCATION PROGRAMS

# Providing comprehensive sex education ourses is like telling students not to smoke--but if they do, to use filtered cigarettes.

This statement improperly characterizes the nature and content of comprehensive sex education programs. Comprehensives education is about much more than justrigu a condom"--the programs provide students with knowledge and skills to navigate diverse sexual experience throughdateir lifespan.

### Comprehensive **s**x education programs encourage teens to have sex.

There are many factors that affect teenage sexutarity, but there is no evidence that comprehensive sexual education courses encourage students to be more sexually active. Providing students with information about sexual behavior (including abstinence and contraceptives) has been shown to be reforetive in reducing teen sexual activity and risk behaviors.

### Comprehensive sex education and abstinence are mutually exclusive.

Comprehensive sex education can include abstinence as one of many ways for teens to make responsible choices. The probletin abstinence only education is that it does not provide realistic information for students outside of abstinence as the expected behavior an expectation that is naïve.

# The government already funds comprehensive sex education under Title X of the Public Health Service act.

The appropriations for funds from Title X of the Public Health Service Act can be confusing. According to DHS: •Title X is the only Federal grant program dedicated solely to providing individuals with comprehensive family planning extracted preventive health services., These services are not settlesseld education programs though, they are primarily services rendered to income individuals at public health clinics, hospitals, tribal health centers, and other facilities.

# FACT SHEET: WHAT,S WRONG WIT HABSTINENCE PLEDGES?

### Abstinence pledges set kids up for failure.

Abstinence pledges encourage kids to pledge their virginity (itself an abstract concept) to better their future. The programs don€t teach teens how to navigate sexual communication other than to just •say no, (an idealistic but na†ve approach). They also usually invoke messages of shame, physical or emotional harm, or even death as results of not maintaining abstinence. Teens that have engaged in sexual activity nasuden actions, hindering interventions of healthcare providers or parents to assess risk behavior and provide education and treatment.

# Abstinence pledging puts a narrow focus on virginity while ignoring other sexual risk behavior

Putting a heavy emphasion preserving one€s •virginity, may make teens more likely to engage in other sexual behavior. Research has not found a consensus among what teens consider •sex, and thus, whether a teen has maintained their pledge or not is up to individual interpretation.² This focus may prevent pregnancy, but it doesn€t always mean that teens will abstain from therforms of •sex., Sexual activity other than coitus also carries risks of STIs and unless teens are provided accurate information, the programs could put then at higher risk.

# Abstinence pledges use fear tactics to encourage adolescents to participate.

Take, for example, verbiage from the state Texas Abstinence Program community based program that provides AOUM education and promotes pledging:

I am notready to become a mom or dad; I do not want the emotional or physical risk of casual sex.

The message here is clearly ou engage in sexual activity outside of marriage, you will become pregnant or risk serious emotional or physical harms risks of sexual activity should be explained to teens in a realistic, apper opriate manner.

<sup>&</sup>lt;sup>1</sup> Fantasia et al. (2011) for example note problems in assessing whether teens are sexually active because of differing interpretations of \*sexand \*virginity., Using fear tactics to further adherence to a message in this case could lead to underreporting of sexual activity and increased risk.

<sup>&</sup>lt;sup>2</sup> Bersamin et al. (2007), for example, noted problems with trying to define virginity among a sample of teens.

# SUGGESTED PROGRAM GUIDELINES: EDUCATE, ENCOURAGE, EQUIP, & ENGAGE

The following suggested prograguidelines are adopted, in part, from recommendations developed by the Sexuality Information and Education Council of the United States nationally recognized advocacy group to be provided framework for a comprehensive education program and the basic principles that should be observed.

A comprehensive sex education prangrshould:

Educate teens about sexuality, including biological aspects of development and reproduction, human sexual behaviors, sexual health, and social and cultural influences and expectations on sexuality.

Encouragediversity and incorporate topics attodiversity into curriculum. Many sex education programs are exclusionary to lesbian, gay, bisexual, and transgender, or queer (LGBTQ) youth. An effective comprehensive program must respect individuality and be accessible to all students.

Equip teens to avigate varied sexual experiences me may choose to be abstinent; others may choose to be sexually active role of an educator in a comprehensive program is to help teens navigate varied experiences, while providing comprehensive education and information. In addition, comprehensive programs must convey the importance of personal responsibility teens.

Engagestudents in open, honest, conversation about sexuality and sexual health. Programs should allow teens to seek answers provide teensessothrees specific to their needs.

# QUESTIONS AND ANSWERS FOR POLICY MAKERS

### What is comprehensive sex education?

Comprehensive sex education schoolbased education progratinat provides incremental, agappropriate, lessons about human sexuality and behavior, reproduction, and contraceptive curriculum topic c

### Shouldn,t parents be the ones that teach their children about sex?

Parents should be encouraged to provide sexual education at home that conforms to their own moral, religious, and cultural beliefs and standards. However, some content within sex education (for example, contraception use) may be difficult for parediscuss with their children. Parents may also not be able to provide the most current-tand up date information to their children. For that reason, it is important that students receive a comprehensive, evidendased sex education curriculum

## Does providing comprehensive sex education encourage children to be sexually active?

No. In fact, this is one of the most dangerous myths propagated land strict ence groups. There is no evidence that comprehensive sex education programs result in higher levels of sexual activity among adolescents.

# As a policymaker, will parents be upset about proposals to implement a comprehensive sexual education program?

While it is impossible to predict the potential outcome of every situation, research suggests that parents annere open to the idea of comprehensive sexuality education when presented with data the programs, recommendations of health professionals, and information on the failings of current programs, a majority of parents support a comprehensive approach to sakity education. There will always be people that disagree with a position, but presenting facts on the failings of AOUM programs and findings on comprehensive programs will help assuage the fears of some parents.

## What if parents object to their child receiving comprehensive sex education for religious or cultural reasons?

Many states allow parents to exput of sex education programs if it interferes with their religious or cultural beliefs. Ithese cases, it is best to discuss the objections with the parent, and then withdraw the student from the class if the parent requests it

### QUESTIONS AND ANSWERS FOR PARENTS

### What is comprehensive sex education?

Comprehensive sex education schools seed ducation prograthat provides incremental, agappropriate, lessons about human sexuality and sexual behavior, reproduction, and contraceptive curriculum topic curriculum t

## If schools teach comprehensive sex education, what is my role in teaching kids about this topi?

Comprehensive sexual exation programs are no substitute for parents engaging their children and addressing their individual needs. In fact, this policy guideline encourages you to provide exual education at home that conforms on who moral, religious, and cultural belief and standards. However, some content within sex education (for example, contraception use) may be difficult discus and you may not have the most current information, which is why it is key that teens receive complete, accurate, and age appropriate information in an educational setting

## Will providing comprehensive sex education encouragely child to be sexually active?

No. In fact, this is one of the most dangerous myths propagated land stinence groups. There is no evidence support that comprehsive sex education programs result in higher levels of sexual activity among adolescents.

## Why is this so important? I thought abstinence education programs were effective.

There is no scientific evidence at abstinence nly education programs have appositive effects. Because the programs have been shown to be ineffective, it is important that parents demand accurate, evidebased educational programs in schools.

# What if I object to my child receiving comprehensive sex education for religious or cultural reasons?

Many states allow parents to exput of sex education programs if it interferes with their religious or cultural beliefs you have concerns about the content of your child€s curriculum, you are encouraged to speak with school administration your concerns. If necessary, you may request withdrawal from the program.

# NEXT STEPS FOR PARENTS: HOW TO GET INVOLVED

### Talk to other parents

Advocating for comprehensive sex education grams is not a task that can be completed alone. Successfully changing public policy will require a strong community coalition of parents, educators, and school board members. Engaging other parents to advocate for comprehensive sex education is the step, as school boards will be more willing to listen to parental concerns if there are multiple parents involved.

#### Talk to the school board

Do you know the names of your local school board officials? If not, get to know them. Introduce yourself, and present at school board meeting fective advocacy requires being able to navigate the existing power structures. If school board officials see you as an outsider, this is likely to be more difficult.

Engaging the school board to discuss comprehessiveducation will take time, but it is more effective to broach the subjecte you have introduced yourself to them and given them a chance to see that you are committed to being involved

## Work with local leaders to advocate for comprehensive sex eduction in public schools.

While national organizations have been advocating for comprehensive programs for many years, abstinenceducation and abstinence pledging still receive funding. addition to talking to other parents, work with other local and comity leaders that may be influential in bringing attention to the need for comprehensive sex education.

Contact groups that advocate for comprehensive sexual education Groups like the Sexuality Information and Education Council of the United States (SIECUS- <a href="www.siecus.or">www.siecus.or</a>) and Advocates for Youth</a> Youth <a href="www.advocatesforyouth.o">www.advocatesforyouth.o</a>) ghave extensive policy guidelines, fact sheets, and information on how to advocate for better sexuality education for teens.