The National Partnership for Women & Families is pleased to submit a statement for today’s hearing in the House Committee on Oversight and Government Reform, “Domestic Abstinence-Only Programs: Assessing the Evidence.” Our statement highlights a few of the reasons – practical, public health, and ethical – to question continuing the public investment in ideologically driven abstinence-only-until-marriage programs. These programs promote abstinence from sexual activity, often providing incomplete and/or misleading information about contraception and sexually transmitted infections (STIs). They also prescribe unrealistic, marriage-focused goals that run counter to the life choices of virtually all Americans.

Certainly, the National Partnership recognizes that abstinence, especially for young teens, is the healthiest choice. We strongly support encouraging teens to postpone sexual activity and we know that parents, health care providers, and other responsible adults have critical roles to play in instilling values and educating children and teens about sexual development and responsible behavior and decision-making.

At the same time, it is critical that Congress acknowledge the growing body of evidence that confirms that abstinence-only programs are not effective at delaying sexual initiation, preventing unwanted pregnancy, or reducing STIs. Federal and state governments have invested more than $1.3 billion in these programs since 1997 and evidence shows that they are at best, ineffective, and at worst, dangerous to America’s youth. Programs that refuse or fail to teach our
youth how to protect themselves against unwanted pregnancy and sexually transmitted infections leave them more vulnerable to unintended pregnancy, HIV/AIDS and other diseases. In addition, abstinence-only programs also offer little to teens who are already sexually active, encourage further stigmatization of those who may be gay, lesbian, bisexual, or transgender, and put health educators in the untenable and unethical position of having to withhold vital information.

**Program Requirements Are Not Evidence-Based.**

Federal abstinence-only programs must adhere to a stringent eight-point definition of education that requires funded programs to have the “exclusive purpose of teaching the social, psychological, and health gains to be realized by abstaining from sexual activity.” They must teach, among other things, that “sexual activity outside of marriage may have harmful psychological and physical effects” and that “a mutually faithful monogamous relationship in the context of marriage is the expected standard for all school-age children.”

This eight-point definition isn’t grounded in evidence-based, public health or social science research. Rather, it promotes a socially conservative “values” agenda put forward by members of Congress who were focused more on ideology than on what was best for young people. Program guidance explicitly prohibits any discussion of contraceptives, except for failure rates, even though there is no credible evidence for the premise that underlies that guidance -- that teaching young people about contraceptives encourages them to be sexually active. The administration chose to go even further in specifying that Section 510(b) abstinence grants to states target individuals up to age 29 – a policy which attempts to dictate the sexual behavior of adults.
Parents Don’t Support Abstinence-Only Education.

The vast majority of parents favor sex education that is comprehensive, medically accurate, and age-appropriate – with good reason. Parents see such courses and content as supplementing, not supplanting, their discussions at home. They want their children to be taught the benefits of delaying the onset of intimate sexual relationships until they are mature and responsible and to be given the information and skills they need to use condoms and contraception when they choose to become sexually active.

According to a poll conducted in 2003 by the Kaiser Family Foundation, National Public Radio, and Harvard University, only 15 percent of Americans believe that schools should only teach abstinence from sexual intercourse and should not provide information on condoms and other contraception. A March 2007 poll of registered voters conducted by the National Women’s Law Center and Planned Parenthood Federation of America yielded similar results, with more than three out of four respondents preferring comprehensive sex education curricula, while only 14 percent supported teaching “abstinence only” in public schools.

Most parents believe that teens are capable of absorbing a two-pronged message: abstinence from sexual activity is best until you are in a committed, loving relationship, but if and when you engage in sexual activity, be responsible and know how to protect yourself and your partner.

The abstinence until marriage agenda that abstinence-only programs promote runs counter to the life choices of almost all Americans.

- The present median age of sexual initiation is 17.
- 5 percent of teenagers become pregnant each year and by the time they turn 20, 30% of teens have become pregnant. The vast majority of those pregnancies were unintentional.
- 47 percent of all high schools students report having sex at least once and 63 percent saying they have engaged in sex by the spring semester of their senior year.
The average age of marriage is 25 to 26 for women and 27 to 28 for men, meaning that the length of time between sexual onset and marriage is eight to 10 years on average.\(^6\)

More than 90 percent of Americans have sex before marriage, according to the government’s own National Center for Health Statistics.\(^7\)

The gap between sexual onset and marriage has increased across time and premarital sex is an almost universal practice. Even among those who abstained from sex until age 20 or older, 81 percent have had premarital sex by age 44.\(^8\)

By age 30, about half of U.S. women have cohabited outside of marriage.\(^9\)

The number of Americans who are unmarried and single has been growing steadily in recent years, reaching 89.8 million in 2005, and including 41 percent of all U.S. residents age 18 and older. In 2005, 55 million households were headed by unmarried men or women -- 49 percent of households nationwide; and 12.9 million single parents lived with their children.\(^10\)

**Government-sponsored programs should fill the information gap, not make it worse.**

Given that so many students will not abstain from sex, programs have an obligation to help teens understand the risks and responsibilities that come with sexual activity. Survey after survey indicates that adolescents have a tremendous unmet need for information related to sexuality, contraception, STIs, and making sexual decisions.

A nationwide survey conducted by the Kaiser Family Foundation and *Seventeen Magazine* found considerable gaps in teens’ knowledge. The survey found that many teens hold misconceptions and harbor unnecessary and unfounded fears – such as the belief that contraception can cause infertility or birth defects. Nearly 20 percent of surveyed teens underestimated the effectiveness of the contraceptive patch or ring, and more than 25 percent said they believed that emergency contraception causes abortion. Few teens understood the effectiveness of the male condom in preventing STIs, including HIV. In addition, more than 25 percent of the teens did not know that oral contraception provides no protection against sexually transmitted diseases.\(^11\)

The government-sponsored abstinence evaluation conducted by Mathematica Policy Research confirmed that teens have important gaps in knowledge of STIs. The study found that
on average, youth got only about half the answers correct regarding the health consequences of
STIs.\textsuperscript{12}

\textit{The March 2008 CDC data on sexually transmitted infections reinforces the need for medically
accurate information and greater utilization of health service.}

CDC’s data on sexually transmitted infections is a sobering reminder that teenage girls
need better information, as well as more screening and treatment. The fact that at least one in four
teenage girls nationwide – more than three million teens – has a sexually transmitted infection is a
measure of our failure. We should be taking money from the abstinence-only programs that don’t
work, and instead putting it into sexuality and prevention programs that will reduce these
appalling numbers.

Given that the health effects of STIs for women – from infertility to cervical cancer – are
particularly severe, there is no time to waste. STI screening, vaccination and other prevention
strategies for sexually active women should be among our highest public health priorities,
especially since an estimated half of all new HIV infections occur in people under age 25.\textsuperscript{13}

\textit{For Health Care Providers, Withholding Information is Unethical.}

Health care providers and health educators have ethical obligations to provide accurate
health information. Patients and students have a right to the most accurate and complete
information – information that can help them young people achieve good health outcomes.
Current federal abstinence laws and guidelines are ethically problematic because they limit the
information – including accurate information about contraception and safer sex – available to
young people. So it is not surprising that many highly respected national organizations support
comprehensive sex education, including the American Academy of Pediatrics, American College
of Obstetricians and Gynecologists, American Medical Association, American Public Health
Association, National Campaign to Prevent Teen Pregnancy, National Education Association,
National Medical Association, National School Boards Association, and the Society for Adolescent Medicine, among many others.\textsuperscript{14}

\textit{Abstinence-only-until-marriage as an alternative to birth control is highly ineffective.}

Like other methods, abstinence-only-until-marriage works if 'used' consistently and correctly. Common sense as well as available research, suggests that in the real world, it can and does fail routinely.

Researchers in a recent study of teens who made a public pledge to abstain until marriage questioned the youth again six years after they made the pledge. They found that more than 60 percent had broken their vow to remain abstinent until marriage. They also found that teens who took virginity pledges begin engaging in vaginal intercourse later than non-pledging teens, but pledgers were more likely to engage in oral or anal sex than non-pledging virgin teens and less likely to use condoms once they become sexually active. Pledgers were much less likely than non-pledgers to use contraception the first time they had sex and also were less likely than other teens to have undergone STI testing and to know their STI status. As a result, the STI rates between pledgers and non-pledgers were statistically similar.\textsuperscript{15}

\textit{Recent drops in adolescent pregnancy are largely a function of contraceptive use rather than abstinence-only education.}

Improved contraceptive use is responsible for 86 percent of the decline in the U.S. adolescent pregnancy rate between 1995 and 2002.\textsuperscript{16} Only 14 percent of the change among 15- to 19-year-old women was attributable to a decrease in the percentage who were sexually active.\textsuperscript{17}

Even though the birth rate for teenagers fell to 40.4 births per 1,000 women aged 15-19 in 2005, the lowest in 65 years,\textsuperscript{18} the United States continues to have the highest teenage birth rate of any of the world’s developed nations.\textsuperscript{19}
The $1.3 billion in federal and state expenditures for abstinence-only programs is money poorly spent.

The claims made by abstinence-only proponents - that comprehensive sexuality education promotes promiscuity, hastens the initiation of sex or increases its frequency, and sends a confusing message to adolescents – are specious. A congressionally-mandated study conducted for the Department of Health and Human Services by Mathematic Policy Research and released last year reviewed four separate abstinence programs. Youth in the four programs were no more likely than other youth to have abstained from sex in the four to six years after they began participating in the study. Youth in both groups who reported having sex had similar numbers of sexual partners and had initiated sex at the same average age. 20

A review of federally funded programs by researcher Doug Kirby released in November of 2007 found that programs that focused exclusively on abstinence did not affect teen sexual behavior. The report found that, "At present there does not exist any strong evidence that any abstinence program delays the initiation of sex, hastens the return to abstinence or reduces the number of sexual partners" among teenagers. The study found that while abstinence-only efforts appear to have little positive impact, more comprehensive sex education programs were having "positive outcomes" including teenagers "delaying the initiation of sex, reducing the frequency of sex, reducing the number of sexual partners and increasing condom or contraceptive use." "Two-thirds of the 48 comprehensive programs that supported both abstinence and the use of condoms and contraceptives for sexually active teens had positive behavior effect," the report found. Such programs improved teens' knowledge about the risks and consequences of pregnancy and sexually transmitted diseases, and gave them greater "confidence in their ability to say 'no' to unwanted sex." Just this month, a report in the Journal of Adolescent Health concluded that abstinence-only programs have “no significant effect” on "delaying the initiation of sexual
activity or in reducing the risk for teen pregnancy" and STIs. Authors added that comprehensive sexuality education programs significantly reduced the risk of pregnancy when compared with abstinence-only education or no sexuality education at all. Comprehensive sex education also was associated with a marginally reduced likelihood of a teen becoming sexually active, when compared with no sex education. Researchers note that, because their findings indicated a decreased likelihood of pregnancy among teens who received comprehensive sex education, adolescents who received abstinence-only education might "engage in higher risk behaviors once they initiate sexual activity." Although further research is needed to examine the effects of formal sex education, the study's findings "suggest that formal comprehensive sex education programs reduce the risk for teen pregnancy without increasing the likelihood that adolescents will engage in sexual activity," and these findings "confirm results from randomized controlled trials that abstinence-only programs have minimal effect on sexual risk behavior."

An earlier report issued in December of 2004 by the Minority Staff of the House Committee on Government Reform found that more than two-thirds of abstinence-programs funded under Title V are using curricula with multiple scientific and medical inaccuracies. These curricula contained misinformation about condoms, abortion, and basic scientific facts, such as:

- "tears" and "sweat" can transmit HIV;
- condoms do not help prevent the spread of STDs;
- 5% to 10% of women, who have legal abortions will become sterile;
- a 43-day-old fetus is a "thinking person".

Many also blurred religion and science and presented gender stereotypes as fact. 21

Many states and well-regarded researchers have conducted evaluations and arrived at similar conclusions. Scott Frank of Case Western Reserve University School of Medicine in Cleveland found that the curricula used in Ohio's abstinence-only programs – offered in 85 out of 88 counties – contained false and misleading information about abortion and contraception. It also found that the curricula reinforced gender stereotypes and notions about sex that are not
based in science. One program told teens they should "be prepared to die" if they use condoms because they are likely to fall off or break, according to Frank's study.\textsuperscript{22}

**States Are Turning Down Funding.**

The most compelling verdict on the program comes from the states – 17 of which have turned down Title V abstinence funds even in the face of economic downturns that have left them scrambling for resources. Many have based their decisions on the growing number of state and national evaluations that call into question the efficacy and accuracy of abstinence-only programs.

It is past time for the federal government to stop funding ideologically-based abstinence-only programs that are failing our young people, and instead use those resources to fund comprehensive sexuality education programs that will help reduce unintended pregnancy, reduce the spread of sexually transmitted infections including HIV/AIDS, and help young people make responsible choices.

**References:**


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