



Sexuality Information and Education
Council of the United States

ABSTINENCE-ONLY-UNTIL-MARRIAGE PROGRAMS IN ALABAMA

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INTRODUCTION

Beginning in 1981 under the Reagan Administration, the federal government has increasingly put its support and money behind abstinence-only-until-marriage programs. Today, there are three funding streams supporting these programs: the Adolescent Family Life Act (AFLA), Title V, and Community-Based Abstinence Education (CBAE).

Funding for these unproven abstinence-only-until-marriage programs has grown exponentially since 1996. Between 1996 and federal Fiscal Year 2006, Congress funneled over \$1.5 billion dollars (through both federal and state matching funds) to abstinence-only-until-marriage programs. For the Fiscal Year 2007, the federal government allocated \$176 million through the three separate funding streams, and, the President has proposed increasing this funding level to \$204 million for Fiscal Year 2009.

In Fiscal Year 2007, the Alabama Department of Public Health and several community-based organizations in the state received \$3,994,551 in federal funds for abstinence-only-until-marriage programs through these three separate funding streams. Because Alabama participates in the Title V abstinence-only-until-marriage program, which requires states to match every four federal dollars with three state-raised dollars, an additional \$966,015 of in-kind funds was dedicated to abstinence-only-until-marriage programs in FY 2007. This amount far exceeded the required minimum match of \$714,879.

The ever-increasing pot of money available on the national and state levels is, at least in part, responsible for the growth of the full-fledge abstinence-only-until-marriage industry that exists today providing schools and communities across the country with curricula, books, videos, speakers, and even novelty items. These organizations have worked to create programs that are compliant with the federal government's eight-point definition of "abstinence education."

Section 510(b) of Title V of the Social Security Act, P.L. 104-193
For the purposes of this section, the term "abstinence education" means an educational or motivational program which:
A. has as its exclusive purpose teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
B. teaches abstinence from sexual activity outside marriage as the expected standard for all school-age children;
C. teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;
D. teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of sexual activity;
E. teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;
F. teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society;
G. teaches young people how to reject sexual advances and how alcohol and drug use increase vulnerability to sexual advances, and
H. teaches the importance of attaining self-sufficiency before engaging in sexual activity.

Today, grantees must “meaningfully” represent all of the points of this “abstinence education.” All programs that receive abstinence-only-until-marriage funds must adhere to this definition which specifies, in part, that “a mutually faithful monogamous relationship in the context of marriage is the expected standard of all human sexual activity” and that “sexual activity outside the context of marriage is likely to have harmful psychological and physical effects.”¹

A 2004 report released by Representative Henry Waxman (D-CA), *The Content of Federally Funded Abstinence-Only Education Programs*, showed that 11 of the 13 curricula most commonly used in federally funded abstinence-only-until-marriage programs contain medical misinformation, use fear and shame, blur religion and science, and perpetuate stereotypes about gender roles.² Disturbing as the findings are, many of the curricula continue to be used across the country, and Alabama is no exception. In fact, four of these curricula are used in Alabama and are funded with both federal and state taxpayer dollars.

In order to help advocates understand the status of sexuality education in Alabama, The Sexuality Information and Education Council of the United States (SIECUS) has conducted an in-depth review of these and several other curricula used in the state. With this information advocates for comprehensive sexuality education can support proactive policies in Alabama. Also included in this report are current funding levels, statistics on adolescent sexual health, and a brief review of current law and policy in Alabama.

The curricula covered in this report and being used in Alabama are:

- *ASPIRE: Live your life. Be free.*
- *Choosing the Best LIFE*
- *Choosing the Best PATH*
- *Everyone’s NOT Doing It*
- *WAIT (Why Am I Tempted) Training*
- *Why kNOW*

This report provides an in-depth look at six common characteristics of the above curricula. These characteristics are:

- Relying on messages of fear and shame
- Providing misinformation about HIV/AIDS, other STDS, condoms, and contraception
- Mandating marriage and ignoring lesbian, gay, bisexual, transgender, gay and questioning (LGBTQ) students and families
- Fostering gender myths and stereotypes
- Encouraging teens to take virginity pledges
- Promoting religion

Young people in Alabama face decisions about their health every day. Alabama has some of the highest teen pregnancy, HIV, and sexually transmitted disease (STD) rates in the nation.³ Yet, the information included in abstinence-only-until-marriage programs undermines health-promotion and disease-prevention efforts. These programs provide misinformation and censor vital, life saving information, harming youth. Alabama needs sexuality education based on evidence: public health strategies proven to reduce teen pregnancy and HIV and STDs infections among young people. Alabama’s youth deserve complete and

accurate information free from bias so they can make healthy and responsible decisions about their sexual health throughout their lives.

THE STATUS OF SEXUALITY EDUCATION IN ALABAMA

In order to successfully advocate for comprehensive sexuality education in any state or community, it is important to understand the current situation. Statistics related to adolescent sexual health, for example can help generate media attention and create momentum for policy change. And, information regarding the current law and policy is vital in order to educate policy makers and help them move towards more proactive policy. This first section provides Alabama advocates with some of the necessary statistics and information they will need for moving comprehensive sexuality education forward in their state.

ADOLESCENT SEXUAL HEALTH IN ALABAMA

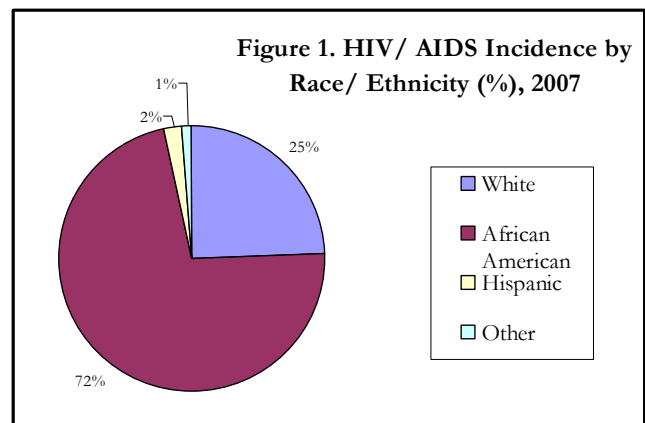
In the state of Alabama, adolescents experience adverse sexual health outcomes at alarmingly high rates. In 2005, 25.8 percent of all births in the state were to teenagers.⁴ Statewide, the prevalence of teen pregnancy is much higher than the national average. The teen birth rate nationwide is 41.1 per 1,000 teenagers while in Alabama the rate is 52.4 per 1,000 women. This is 27.5 percent higher than the national average. In fact, each day in Alabama, there are an average of 21.7 births to teenagers.⁵

The problem is not improving: in a single year between 2005 and 2006, the Alabama teenage pregnancy rate rose 5.3 percent according to the Centers for Disease Control and Prevention (CDC).⁶ The nationwide teen pregnancy rate rose just 3 percent in the same year.⁷

Alabama high school students report having had sexual intercourse at a higher rate than the national average. In 2005, 47 percent of female high school students and 55 percent of male high school students in Alabama reported ever having had sexual intercourse. Nationally, 46 percent of female high school students and 48 percent of male high school students report sexual intercourse experience.⁸ Clearly, a large number of Alabama youth are engaging in sexual activity.

People of color, men, and young people have been particularly affected by the HIV/AIDS epidemic in Alabama. In 2007, African Americans represented 72 percent of new cases (see Figure 1) and men over 70 percent. In the same year, individuals under the age of 34 represented 43 percent of new HIV/AIDS cases.⁹

These statistics serve as a call to action for Alabama's policy makers, educators, and parents to create a healthier state for its young people.



CURRENT LAW AND POLICY IN ALABAMA

Alabama law does not require that sexuality education be taught in public schools. If a school chooses to teach sexuality education, however, the law does set ceilings on what can be taught. Among other things, classes must teach that abstinence from sexual intercourse is the only completely effective protection against unwanted pregnancy, sexually transmitted diseases, and acquired immune deficiency syndrome (AIDS) when transmitted sexually. Classes must also teach that abstinence from sexual intercourse outside of lawful marriage is the expected social standard for unmarried school-age persons.

Alabama code further requires that course materials and instruction related to sexuality education be age-appropriate; emphasize the importance of self-control and ethical conduct pertaining to sexual behavior;

and emphasize, in a factual manner and from a public health perspective, that homosexuality is not a lifestyle acceptable to the general public and that homosexual conduct is a criminal offense under the laws of the state.¹⁰ Furthermore, statistics used in sexuality education must be based on the latest medical information that indicates both the degree of reliability and unreliability of various forms of contraception. The code stipulates sexuality education must emphasize the increase in protection against pregnancy and sexually transmitted diseases, including HIV and AIDS infection, gained from the use of various contraceptive measures.¹¹

ABSTINENCE-ONLY-UNTIL-MARRIAGE FUNDING IN ALABAMA

As explained earlier, in Fiscal Year 2007, the Alabama Department of Public Health and several community-based organizations in the state received a total of \$3,994,551 in federal funds for abstinence-only-until-marriage programs.

Alabama received \$953,172 in federal Title V funds in Fiscal Year 2007. These funds are controlled by the Alabama Department of Public Health (ADPH) through the Alabama Abstinence-Until-Marriage Education Program (AAEP). The Title V abstinence-only-until-marriage grant requires states to provide three state-raised dollars or the equivalent in services for every four federal dollars received. The state match can be provided in part or in full by local groups. In Alabama, local groups provide the entire match, totaling \$966,015 and exceeding the required amount of \$714,879. The AAEP distributes Title V abstinence-only-until-marriage funding to nine sub-grantees: the Alabama Cooperative Extension System, Circle of Care Center for Families, Crittenton Youth Services, Dale County Abstinence Advocacy Council, Huntsville City Schools, Lee County Youth Development Center, Sex and Family Education (S.A.f.E.), Inc., and Wright & Associates, Inc. (For more information on where these programs operate, see Appendix A).

The Community-Based Abstinence Education (CBAE) funding stream was created by the federal government in 2000 to support strict abstinence-only-until-marriage programs. Under this funding stream, the Department of Health and Human Services awards grants directly to community-based organizations. Programs funded under CBAE are required to teach all eight points in the federal government's definition of "abstinence education."

In Fiscal Year 2007, there were five CBAE grantees in Alabama: Alabama State University, Charles Henderson Memorial Association, Crittenton Youth Services, New Hope Baptist Church, and Teens Empowerment Awareness with ResolutionS (TEARS), Inc.. Combined, these grantees received \$2,816,379 in CBAE funding in Fiscal Year 2007.

There is one AFLA grantee in Alabama: Alabama State University which receives \$225,000.

CURRICULA IN ALABAMA

In recent years there has been a proliferation of abstinence-only-until-marriage curricula and materials designed to control young people's sexual behavior by instilling fear, shame, and guilt. As the federal government continues to pour funding into abstinence-only-until-marriage programs, more and more states and communities must decide whether these curricula are appropriate for their young people. Although they vary, these curricula share a number of characteristics: they are based on religious beliefs, rely on fear and shame, omit important information, include inaccurate information, and present stereotypes and biases as fact.

Title V sub-grantees and CBAE grantees in Alabama use a variety of curricula including *Abstinence the Better Choice*, *Aspire: Live your life. Be free, Baby Think It Over*, *Choosing the Best LIFE*, *Choosing the Best PATH*, *Everyone is Not Doing It*, *Fetal Development: A Nine Month Journey*, *Love U2: Increasing Your Relationship Smarts*, *Reasonable Reasons to Wait*, *WAIT (Why Am I Tempted) Training*, and *Why kNOW*.

Of the curricula used in Alabama, this report will focus on six, carefully reviewed by SIECUS: ***ASPIRE: Live your life. Be free, Choosing the Best LIFE, Choosing the Best PATH, WAIT (Why Am I Tempted) Training***, and ***Why kNOW***. We provide snapshots of these curricula below, followed by an in-depth analysis of the disturbing themes we found in our reviews.

SNAPSHOTS OF CURRICULA USED IN ALABAMA

A 2004 report released by Representative Henry Waxman (D-CA), *The Content of Federally Funded Abstinence-Only Education Programs*, showed that 11 of the 13 abstinence-only-until-marriage curricula most commonly used in federally funded programs contain medical misinformation, use fear and shame, blur religion and science, and perpetuate stereotypes about gender roles.¹² (For information on NGO and government reports calling abstinence-only-until-marriage programs into question, see Appendix B). Despite this report, many of these curricula, and others that share similar characteristics, are still used in Alabama with federal and state taxpayer money.

ASPIRE: Live your life. Be free. *ASPIRE: Live your life. Be free.* is based on one set of values and opinions—that marriage should be everyone's ultimate goal and that sex outside of marriage is wrong—which it tries to pass off as universally held truths. In an effort to convince students that these opinions are facts, the curriculum provides incomplete and biased information, promotes fear and shame, and undermines young people's confidence in their own decision-making abilities.

Choosing the Best LIFE. *Choosing the Best LIFE* names numerous physical and psychological consequences of premarital sexual activity, suggests that sexually active teens will never have happy futures, and implies that only teens with low self-esteem and poor judgment become sexually active. For example, *Choosing the Best LIFE* states that “Relationships often lower the self-respect of both partners—one feeling used, the other feeling like the user. Emotional pain can cause a downward spiral leading to intense feelings or lack of worthlessness.”¹³

Choosing the Best PATH. *Choosing the Best PATH* provides endless information on the negative consequences of premarital sexual activity and utilizes a variety of tactics to suggest that teens should feel guilty, embarrassed, and ashamed of sexual behavior. For example, *Choosing the Best PATH* asks students: “How does being sexually active as a teen affect how a person feels about himself or herself?” The suggested answer is: “Can feel sad about losing virginity, loss of self-respect, blames self for getting pregnant or

contracting an STD.” It goes on to say, “Sexual activity also can lead to the trashing of a person’s reputation, resulting in the loss of friends.”¹⁴

Mike Long, *Everyone’s Not Doing IT*: In his presentation to students, Mike Long, a self-described pioneer in the abstinence movement lectures, preaches, and tells young people in no uncertain terms that premarital sex is morally wrong, that they are incapable of making decisions for themselves, and that everyone should aspire to marry and raise children in a “traditional” family setting. In a style that falls somewhere between that of an infomercial spokesperson and a televangelist, Long relays messages of fear and shame and provides medically inaccurate information.

WAIT Training: *WAIT Training* contains little medical or biological information and almost no information about STDs, including HIV/AIDS. Instead, it contains information and statistics about marriage, many of which are outdated and not supported by scientific research. It also relies on messages of fear and shame and biased views of gender, sexual orientation, and family type. For example, *WAIT Training* explains, “men sexually are like microwaves and women sexually are like crockpots. . . . A woman is stimulated more by touch and romantic words. She is far more attracted by a man’s personality while a man is stimulated by sight. A man is usually less discriminating about those to whom he is physically attracted.”¹⁵

Why kNOW: *Why kNOW* offers limited information about important topics in human sexuality such as puberty, anatomy, and human reproduction, and no information about sexual orientation and gender identity. The information that is included is outdated, inaccurate, and misleading. In addition, *Why kNOW* relies on negative messages, distorts information, and presents biased views on gender, marriage, family structure, sexual orientation, and pregnancy options. For example, the curriculum tells students that the tradition of lifting the veil shows that “the groom [is] the only man allowed to uncover the bride,” and demonstrates “her respect for him by illustrating that she [has] not allowed any other man to lay claim to her.”¹⁶

IN-DEPTH REVIEW OF CURRICULA BY CATEGORY

I. Relying on Messages of Fear and Shame

Many curricula used by abstinence-only-until-marriage programs in Alabama rely on messages of fear and shame. Specifically, the programs heavily focus on the negative consequences of premarital sex, attempt to make students feel shameful or embarrassed, and stigmatize certain groups of youth.

In each of the six curricula reviewed for this report, young people are given incorrect and exaggerated information about the possible outcomes of sexual activity. For example, *Choosing the Best LIFE*, which is used throughout Alabama, states, “we’ve seen how sexual relationships before marriage often lower self-respect in both people. The emotional pain can cause a downward spiral of feelings.”¹⁷ In fact, the curriculum suggests teachers inform their students that “one study showed that girls who had been sexually active were six times more likely to attempt suicide than those who were virgins.”¹⁸ *ASPIRE* goes as far as to suggest that sexual behavior shares addictive qualities with illicit drugs: “In the same way a person becomes addicted to drugs, sexual images trigger biochemical response that cause increased heartbeat, sweaty palms, and dilated pupils, all of which indicate the release of adrenaline in the body, causing a biological rush. This creates a powerful cycle of dependency.”¹⁹

Why kNOW is based on the assumption that sexual activity outside of marriage is inevitably harmful. Rather than allow young people to explore the values of their families and communities, the curriculum presents this as fact and uses it as a starting point for further conversations. It asks sixth grade students: “How many of you know that sex outside a faithful marriage relationship can cause out-of-wedlock pregnancy, sexually transmitted diseases,

broken hearts, and shattered dreams and goals? Yet people continue to have sex out-of-wedlock and think that nothing will happen to them.”²⁰

The curriculum promotes message of fear and shame throughout. For example, it compares premarital sex to an amusement park ride and states, “WARNING! Going on this ride could change your life forever; result in poverty, heartache, disease, and even DEATH.” It goes on to say that many “will board this ride and come out losers.”²¹

This focus on the potential negative consequences of premarital sex is clearly designed to scare students rather than educate them. There is no scientific evidence, for example, to support the assertions that premarital sexual intercourse leads to everything from ruined relationships to broken emotional bonds. Yet, these curricula tell young people that sex outside of marriage can cause guilt, depression, suicide, and damage to all future relationships. It is inappropriate to use scare tactics in an attempt to create behavior change among young people.

Other programs go on to make students feel guilty, embarrassed, and ashamed of sexual behavior.

For example, *Choosing the Best PATH* includes an activity called “A Mint for Marriage.” A peppermint patty is unwrapped and passed around so that each member of the class has a chance to hold it. Once returned, the teacher asks if a student would like to eat it. The teacher is instructed to ask, “Why is this patty no longer appealing?” The answer: “No one wants food that has been passed around. Neither would you want your future husband or wife to have been passed around.”²²

WAIT Training also relies on messages of shame. The curriculum provides students with a list of “freedoms” that are gained by abstaining including the “freedom from:” a “damaged reputation,” “losing respect from others and for yourself,” “losing trust and support,” “gossip (having people talk about your behavior),” and “your dating partner bragging about ‘scoring’ with you.”²³ The curriculum warns those teens who are not sexually active to “Only date those who share your values—If someone has earned a reputation, avoid dating them!”²⁴

Statements such as these suggest sexually active teens lack self-respect and moral values. It is important to remember that 47 percent of all high school students and 61 percent of high school seniors have had sexual intercourse.²⁵ It is unacceptable for programs to stigmatize these teens or suggest that they are in any way less worthy of love, trust, and respect than their peers who have not yet had sexual intercourse. Moreover, it is immoral for programs to stigmatize teens in this way while simultaneously providing them with no useful information on how to protect themselves.

Still, many of the abstinence-only-until-marriage curricula used in Alabama to set up a dichotomy between students who abstain, who are portray as having high moral values and self-esteem, and their peers who are sexually active, who are not. The *ASPIRE* program focuses on this theme. Students are told that “Character comes from an ancient Greek word referring to ‘a stamping tool.’ Character is the mark or stamp that sets a person apart. Character generally refers to ‘moral or ethical strength.’” The curriculum goes on to explain, “Growing in character is about knowing when to apply the brakes—when to use self-control. It’s about successfully transitioning out of childhood into adulthood. A person of character doesn’t make foolish choices and then hope to avoid the consequences, but rather avoids the activity that leads to those consequences by the use of self-control. Exercising self-control in the choices you face builds your character—which in turn strengthens your ability to exercise self-control.”²⁶

The underlying assertion here is that those individuals who choose to follow the curriculum’s advice and remain

abstinent until marriage have exercised self-control and built their character, but moreover that people (adults or teens) who have chosen otherwise lack character and self-control.

These messages of fear and shame are a central tenet of the abstinence-only-until-marriage curricula used in Alabama. Instead of providing accurate information and an opportunity for young people to think critically about the consequences of sexual activity and the ways to avoid them, these programs distort the truth in an effort to scare young people and make them feel bad about themselves. There is no evidence to suggest that this approach will have a positive impact on their sexual behavior.

II. Misinformation about HIV/AIDS, STDs, Condoms, and Contraception

In order to make healthy and responsible decisions about their sexual health throughout their lives, youth must have a complete understanding of how to avoid unintended pregnancy and STDs. Yet, abstinence-only-until-marriage curricula give little or no information about condoms and contraception or prevention, testing, and treatment of STDs, including HIV/AIDS. When they do discuss these topics, the curricula are often scientifically and medically inaccurate; exaggerate the failure rates of condoms and birth control; discourage the use of condoms or contraception; and include misleading or partial information about the transmission of STDs, including HIV/AIDS, and no information on prevention, testing, or treatment.

The abstinence-only-until-marriage curricula used in Alabama spend a great deal of time discussing condoms in an obvious attempt to undermine young people's faith in this important method of pregnancy and disease prevention. *Choosing the Best LIFE* states "because condoms are made of latex (rubber): condoms can break during intercourse, condoms can slip off after intercourse, condoms are heat and cold sensitive and can weaken and disintegrate.¹ In reality, a study in *Consumer Reports* asserts, "with correct use, a condom will break as little as 2 percent of the time, authorities believe, and will slip off as little as 1 percent of the time."¹

Other curricula use complicated and illogical explanations to further damage the reputation of condoms. *Choosing the Best PATH* explains that "couples who use condoms for birth control experience a first-year failure rate of about 15 percent in preventing pregnancies. This means that over a period of five years, there could be a 50 percent chance or higher of getting pregnant with condoms used as the birth control method."²⁷ This statement inaccurately suggests that failure rates are cumulative. Following this logic it could be said that if you have a 10 percent chance of getting hit by lightning in one year, your chances of getting hit by lightning are 50 percent over five years, and practically inevitable (100 percent) over 10 years. Obviously, this is not true.

The curricula rely on similarly unsound logic in an attempt to convince young people that condoms provide no protection against STDs. For example, *Why kNOW* explains that women are only fertile for "6 days each cycle," then states: "since the HIV virus is smaller than a sperm and can infect you any day of the month, the failure rate of the condom to prevent AIDS is logically much worse than its failure rate to prevent pregnancy."²⁸ There is nothing logical about this statement—it is simply inaccurate to imply that failure rates change depending on whether couples are trying to prevent pregnancy or disease. Research shows that when used consistently and correctly latex condoms are highly effective in preventing pregnancy and reducing the risk of STDs, including HIV. To state otherwise is in direct conflict with the laws of probability and scientific research.

Nonetheless, *Why kNOW*' expands on this idea by using Speedy the Sperm ©. This lesson plan instructs teachers to construct an eighteen-foot long Speedy the Sperm © out of a pillow and a piece of rope. Speedy © is designed to be exactly 450 times the size of a penny, because "the HIV virus is 450 times smaller than a human sperm."²⁹ The teacher is told to stretch Speedy © out to his full length, then hold up a penny and ask the students: "If the condom has a failure rate of 14 percent in preventing Speedy © from getting through to create a new life, what happens if this guy (the penny) gets through? You have a death: your own."³⁰

Other curricula target HPV when trying to convince students that condoms don't work. *Choosing the Best LIFE* inaccurately explains, "HPV (human papillomavirus, which can cause genital warts and cervical cancer) is spread by direct, intimate, skin-to-skin contact. Many experts report that condoms provide little, if any, protection against HPV."³¹

A report by the CDC explains that condoms cannot provide complete protection from HPV, in part because infections may occur on sites not covered by the condom. However, the report says "laboratory studies have demonstrated that latex condoms provide an essentially impermeable barrier to particles the size of HPV" and that "studies of HPV infection in men demonstrate that most HPV infections are located on parts of the penis that would be covered by a condom." In addition, the use of latex condoms has been associated with a reduction of HPV-associated diseases such as cervical cancer.³² More recently, researchers at the University of Washington published a study in the *New England Journal of Medicine*, showing consistent condom use can cut a woman's risk of infection by 70 percent and protect her from developing precancerous cervical changes.³³

Unfortunately, students in these programs are getting equally inaccurate information about STDs. The programs frequently exaggerate both the risks of acquiring an STD and the health consequences of these diseases. *WAIT Training* uses an exercise called the STD Game to dramatize the risk of STDs. The teacher is told to line up seven volunteers and hand each a sign. The signs read: HPV, Chlamydia, Herpes, HIV/AIDS, Gonorrhea, Syphilis, and Virgin. The first volunteer is given a plastic cup and told to spit in it and pass it to the next. This is continued until everyone but the "virgin" has spit in the cup. The teacher then tells the virgin that she wants him to drink it (teachers are instructed to stop students who actually agree to do so). When the virgin says "no thanks" to the cup, the teacher says "Now isn't he smart?" The purpose is to draw attention to the nature of mixed body fluids. This dramatization, however, seems to suggest that every act of sexual intercourse will inevitably result in the transmission of one (or all) STDs.³⁴

Though it includes very little information, Mike Long's presentation is resplendent with inaccurate statements about STDs. He describes gonorrhea by saying "this highly painful disease is all too common among teenagers and can affect your throat, your joints, and other portions of your body, as well as your sexual organs;" explain syphilis by saying "over one million teenagers (ages 15-18) were infected last year with this dangerous and potentially fatal disease, which can eventually drive you insane;" and tells young people that genital warts "are a leading cause of cervical cancer among women."³⁵

Each of these statements is inaccurate. Gonorrhea is caused by a bacteria which most often infects the cervix and/or urethra, and is curable with antibiotics. Syphilis is also curable and while at one point in the distant past prior to effective treatment, people did go insane and die from this disease, with today's modern medicine this is quite rare. And, although genital warts and cervical cancer are caused by the same virus (HPV) they are caused by different strains and as such warts do not cause cervical cancer.

The curricula used in Alabama often distort information and rely on innuendo and implication instead of sound public health evidence when talking to students about STDs, including HIV/ AIDS. Young people need medically accurate sexuality education that includes discussion of unintended pregnancy and STDs as well as methods to protect themselves. This means teaching students about condoms and other forms of contraceptives. The programs used in Alabama fail to provide this information, except to distort their effectiveness. This not only undermines the students' sexuality education but also fails to give them the proper tools to protect themselves.

III. Mandating Marriage; Ignoring LGBT Students and Families

Another disturbing characteristic in Alabama’s sexuality curriculum is the marriage mandate—the programs essentially tell young people that the ultimate life goal and the only appropriate adult relationship is a heterosexual marriage. This undermines the diverse array of family types that exist in Alabama including: single-parent households, divorced and LGBTQ individuals. The state of Alabama should not allow programs which demean any family form or serve to promote marriage.

Choosing the Best LIFE discusses sexual behavior exclusively in terms of marital status; sexual activity is either premarital, extramarital, or within the context of marriage. Marriage is presented as the only positive venue for sexual activity. For example, the curriculum suggests that sex is a natural act designed for married people. “Hormones cause a progression, because sex is designed for growing intimacy, to bring a married couple closer.”³⁶

Choosing the Best PATH also discusses sexual behavior exclusively in terms of marital status and marriage is presented as the only acceptable venue for sexual activity. According to the curriculum, individuals who have engaged in premarital sex will be unable to bond with a spouse. Students engage in the following activity, called A Bonding Experience: Two volunteers (one male and one female) are called to the front of the room. Each has a long piece of clear packing tape placed on one arm. The teacher explains that “this tape represents a relationship between two people who have never had sex before this bonding.” The teacher then asks the class if this relationship will last until marriage. Students are encouraged to say no. The tape is ripped off the students’ arms to emphasize breaking up. The boy’s tape is then placed on another girl’s arm and vice versa and the tape is again ripped off. This process is done two more times.

After the last couple has the tape ripped off, the teacher asks the students if they “notice anything different about the tape.” Suggested answers include “it’s no longer sticky” and “it has lost a lot of its bonding ability.” The two pieces of dirty tape are then stuck together to symbolize marriage. The teacher then pulls the two pieces of tape apart and says, “although there is a bond, it’s not very strong. A relationship that begins with a weak bonding may not survive the normal pressures that occur in any married relationship.” The teacher then sticks two fresh pieces of tape together and shows students how hard they are to separate. Students are told that “this represents the greater bonding potential of young people who wait until marriage to have sex.” According to the author, this exercise illustrates “how repeated sexual encounters make it difficult to begin and maintain lasting relationships because the ability to bond emotionally is destroyed.”³⁷

Why kNOW emphasizes the importance of marriage by discussing family formation, ““Two parent households produce the greatest sense of stability and security for children.”³⁸ In addition, the curriculum states, “single women are trying to be both mother and father. The absentee dad has become a norm in many communities. It is interesting that domestic violence, child abuse and increased poverty have also increased in proportion to the decline in the sanctity of marriage.”³⁹

The emphasis that these curricula place on marriage as the only appropriate relationship limits everyone options for the future and shows a clear bias against gay and lesbian individuals who cannot legally marry in this country.

These programs further maintain their emphasis on heterosexuality by using male and female pairs in every scenario and example, and by discussing sexuality only in terms of heterosexual individuals and relationships. Students in the *WAIT Training* course, for example, will never hear the terms gay and lesbian or discuss the possibility that some people may have same sex relationships. Though its authors argue otherwise⁴⁰, such a program is not, in fact, appropriate for gay and lesbian students who are essentially ignored, nor is it appropriate for heterosexual students who also need to learn honest and complete information about sexual orientation.

By promoting heterosexual marriage, these curricula used in Alabama are reinforcing the cultural invisibility and bias that LGBT young people, as well as the children of same-sex parents, already face in their schools and communities. These young people deserve sexuality education programs that do not perpetuate myths and biases but instead seek to redress them.

IV. Fostering Gender Myths and Stereotypes

The curricula used in Alabama reinforce societal myths and double standards that imply that young women who are interested in sex lack self-respect. They suggest that a girl's life will be ruined by premarital sex while a young man will have few, if any consequences. These messages place all of the responsibility for refusing sexual activity on the shoulders of young women and are detrimental to all students by limiting their options and tainting their opinions for future relationships. In effect, these curricula do not teach young people that men and women have equal responsibility in making decisions regarding sexual activity.

Choosing the Best LIFE presents the stereotypical view that men desire casual sexual activity from any and all women while women only agree to sexual activity to get love. In a section entitled, "Males vs. Females," the curriculum asks students, "how do guys and girls view sex differently?" The suggested answers include:

- "Guys say sex is more physical, that they are driven by hormones and peer pressure. Girls say sex is an emotional experience, involving strong feelings."⁴¹
- "Guys can focus more easily on the physical side of sex without necessarily being in a relationship. Girls tend to have a broader view of sex that emphasizes the total relationship rather than the physical aspect alone."⁴²
- "Guys think about sex so much more than girls do because of testosterone."⁴³

WAIT Training contains an entire unit devoted to "The Differences Between Men and Women," which begins with the explanation "Let's face it, men and women are different. Not just in terms of anatomy, but even in the ways they typically think and act in various situations."⁴⁴ The section then enumerates physical differences such as the fact that women have larger kidneys, livers, stomachs and attachments than men, but smaller lungs; that women's blood contains more water and 20 percent fewer red blood cells; and that a woman's heart beats more rapidly.⁴⁵ The lesson follows this factual information with numerous generalizations about how men and women think and feel based on the best selling book *Men are from Mars, Women are from Venus*, by John Gray.

Gray portrays men as strong, silent providers and women as dependent, over-emotional, and irrational subjects. *WAIT Training* perpetuates this when it describes the five major needs of men and women as distinctly different. Women need affection while men need sexual fulfillment; women need conversation while men need recreational companionship; women need honesty and openness while men need physical attractiveness; women need financial support while men need admiration, and women need family commitment while men need domestic support.⁴⁶

The curriculum's detailed discussions of the innate physical and emotional differences between men and women appear to serve primarily to underscore the differences between genders when it comes to sexuality. The curriculum consistently presents the idea that men are more sexual and sexually aggressive than women, and that men are more interested in sex while women are more interested in love: "It has been said that women will give sex to get love while men will give love to get sex."⁴⁷

Students are not challenged to question the nature, validity, or origin of these gender stereotypes, or to explore how stereotypes affect communication within friendships or other intimate relationships. Students need to learn

that both men and women are sexual beings and are equally responsible for making decisions regarding sexual activity but by falling back on age-old stereotypes, these curricula fail to do that.

V. Encouraging Virginity Pledges

Virginity pledges—promises that young people sign to remain abstinent until marriage—were once the sole province of religious institutions. In recent years, however, they have become the cornerstone of most abstinence-only-until-marriage programs, and many of the programs used in Alabama ask students to make similar promises.

Like many abstinence-only-until-marriage curricula, *WAIT Training* includes a virginity pledge for its students. *WAIT Training*'s pledge states:

- **Because I want** to protect the stability of my future marriage...
- **Because I want** to have fun and not worry...
- **Because I am** smart and know how to set boundaries...
- **Because I want** to build my relationship in a healthy way...
- **Because I don't** want to compromise my values...
- **Because I don't** want to disappoint my parents...
- **Because I don't** want to be disappointed,

I _____ pledge to myself and my friend _____ to not get involved in drug and alcohol use, and in premarital sexual activity.

Many of the negative messages already included in the *WAIT Training* curriculum about premarital sexual activity are also prominent in this virginity pledge.

Another curriculum used in Alabama, *Choosing the Best LIFE*, also includes a virginity pledge, in which students vow to remain abstinent until they marry. The pledge in the student workbook reads: “Recognizing that abstinence enables me to experience freedom from: worry, guilt, pregnancy, pressures to marry before I am ready, abortion, sexually transmitted diseases, being used by others, and the bother and worry of contraceptives, and freedom to: be in control of my life, develop self-respect, focus my energy on establishing and realizing life goals, experience more healthy and long-term relationships, and enjoy being a teenager.... I make a commitment to myself, my family, my friends, my future spouse and my future children to be sexually abstinent from this day forward until I enter into a marriage relationship.”⁴⁸

The teacher is instructed to say, “we’d like to give you an opportunity to make a pledge today to remain abstinent until marriage. If you choose to do so, you can sign the pledge on page 44. You can also list several people to whom you can be accountable.”⁴⁹ Teachers are also encouraged to make copies of the pledge and print them on card stock so that students could have them as “reminders.”

In presenting these pledges and asking students to sign (or not sign) such a promise in front of their classmates and peers, these abstinence-only-until-marriage seem to underscore the idea that students who do not vow to remain abstinent are damaging future relationships, compromising their values, and disappointing their parents and themselves.

Recent research found that virginity pledges may help a select group of young people delay intercourse under certain circumstances. However, pledges taken by an entire class as part of a lesson or presentation

were not effective. Even when they work, pledges help this select group of adolescents delay the onset of intercourse for an average of 18 months—far short of the goal of marriage.⁵⁰ Further research has confirmed that although some students who take pledges delay intercourse, ultimately they are equally as likely to contract an STD as their non-pledging peers.⁵¹

The study also found that those young people who took a pledge were one third less likely to use contraception when they did become sexually active than their peers who had not pledged. These teens are, therefore, more vulnerable to HIV, other sexually transmitted diseases (STDs), and unintended pregnancy. Further research has confirmed that young people who have taken a pledge are equally as likely to contract an STD as their non-pledging peers. The data also shows that in communities where “too many” adolescents (20%) take a virginity pledge, overall STD rates were significantly higher than in other settings.⁵²

VI. Promoting Religion

Chastity education clearly has its roots in religious beliefs. In fact, many of the abstinence-only-until-marriage curricula used today were originally written for a religious audience and many providers continue to create faith-based versions of their materials. These themes are still present in the abstinence-only-until-marriage curricula used in Alabama schools today. However, the programs have reduced the use of religious text in fear of litigation demanding a separation of church and state. The programs, after all, are financed by the federal government.

Why kNOW, however, is unique in that it makes no attempts to conceal its religious references. This program refers to sex as a “gift from God,” includes numerous references to religion and religious organizations, and directly quotes the Bible.

In the “Real Love/False Love” lesson of *Why kNOW*, intended for students in eighth grade or higher, the curriculum tells students that the “best guideline about love ever written” is from 56 AD, and then hands out a direct paraphrase of 1 Corinthians 13:4: “Real Love: is patient; is kind; does not envy; does not boast; is not proud; is not rude; is not self-seeking; is not easily angered; keeps no record of wrongs; does not delight in evil; rejoices with the truth; always protects; always trusts; always hopes; always lasts; [and] never fails.”⁵³

These messages are not appropriate for public schools as they promote a explicit religious view with taxpayer dollars and in a public institution. Clearly the federal government should not support programs which violate the separation of church of state, a central tenet part of our society.

CONCLUSION

Alabama teens continue to experience some of the highest rates of teen pregnancy and STDs in the country.⁵⁴ Delaying sexual initiation and increasing abstinence among young people in the state is an admirable goal. But abstinence-only-until-marriage programs are not the answer.

The curricula used by programs operating with federal and state abstinence-only-until-marriage funding, across the country and in Alabama, contain false and medically inaccurate information, present religious beliefs as scientific fact, promote gender bias, and are based on messages of fear and shame (for additional reports that confirm this, see Appendix B).

Perhaps most importantly, however, numerous reports have found that these programs simply do not work. In April 2007, a federally supported evaluation of Title V funded abstinence-only-until-marriage programs showed that the programs were ineffective in changing teens' sexual behavior.⁵⁵ The report, conducted by Mathematica Policy Research Inc. on behalf of the U.S. Department of Health and Human Services, found no evidence that abstinence-only-until-marriage programs increased rates of sexual abstinence.⁵⁶ Students in the abstinence-only programs had a similar number of sexual partners and a similar age of first sex as their peers not in the programs.⁵⁷ Out of 700 programs, the four programs studied weren't selected randomly—they were hand picked and they still failed. As prominent researcher Dr. Doug Kirby has said, "This was a very rigorous study with very clear results."⁵⁸

Alabama's youth deserve accurate, honest information about their sexual health *and* programs that actually help them make healthy decisions. Numerous studies indicate that providing comprehensive information about abstinence, contraception, and condoms will not increase young people's sexual activity or lead them to engage in sex at an earlier age. In fact, a more comprehensive approach to sex education has been shown to delay sexual initiation while also providing young people who are or will be sexually active at some point with the information and skills they need to protect themselves.⁵⁹ This form of sexuality education increases the likelihood that young people will use condoms or contraception, protecting themselves when they choose to become sexually active.

The authors of this report recommend the following policy actions for the state of Alabama:

1. Join 17 other states across the country no longer participating in the Title V abstinence-only-until-marriage program by refusing to accept these harmful monies. In this, Alabama will save state resources and can re-direct those monies to comprehensive sexuality education.
2. Change Alabama law and policy to require medical accuracy in all sexuality education courses.
3. Request the *Governor of Alabama's HIV Commission for Children, Youth, and Adults* review abstinence-only-until-marriage curricula used in the state and create recommendations for expanding sexuality education towards a comprehensive approach.

Using this report as evidence for change, Alabama must act to prevent teen pregnancy and STDs, including HIV/ AIDS. The problem is public policy has not followed the evidence and has instead taken a detour into a failed abstinence-only-until-marriage approach. Alabama can create a brighter and healthier future for its youth by funding a comprehensive approach to sexuality education.

**Appendix A: Counties in Alabama with
Abstinence-Only-Until-Marriage Grantees in Fiscal Year 2007**
Total counties with grantees: 40



Yellow = Counties with Title V abstinence-only-until-marriage grantees

Green = Counties with both Title V abstinence-only-until-marriage grantees and Community-Based Abstinence Education grantees

Purple = Counties with both Community-Based Abstinence Education grantees and Adolescent Family Life Act abstinence-only-until-marriage

Clear = Counties without abstinence-only-until-marriage programs

Appendix B: Reports on Abstinence-Only Until-Marriage Programs

Report	Description of findings
<p><i>The Content of Federally Funded Abstinence-Only Education Programs</i></p> <p>released by Representative Henry Waxman (D-CA)</p>	<p>11 of the 13 most commonly used abstinence-only-until-marriage curricula in federal funded programs contain medical misinformation, use fear and shame, blur religion and science, and perpetuate stereotypes about gender roles. (December 2004)</p>
<p><i>Abstinence-only education policies and programs: A position paper of the Society for Adolescent Medicine (SAM)</i></p>	<p>An examination of the federal abstinence-only-until-marriage policy. SAM determined that such programs are an infringement on young people's basic human right to the highest attainable standard of health. The authors concluded that these programs, which withhold information about contraception in an attempt to coerce young people into abstinence, may actually "cause teenagers to use ineffective (or no) protection against pregnancy and STIs." The authors recommended that federal funding for the programs be redirected to comprehensive, medically accurate sexuality education. (January 2006)</p>
<p><i>False and Misleading Health Information Provided by Federally Funded Pregnancy Resource Centers</i></p> <p>released by Representative Henry Waxman (D-CA)</p>	<p>CPCs have received over \$30 million in federal funding and virtually all of that funding has been funneled through federal abstinence -only-until-marriage funding streams. (July 2006)</p>
<p>GAO letter to HHS Secretary Michael Leavitt</p> <p>October 2006</p>	<p>Letter finds that HHS was in violation of federal law by failing to enforce a requirement that the federally funded grantees working to address the prevention of sexually transmitted diseases (STDs), including abstinence-only-until-marriage programs, must provide medically accurate information about the effectiveness of condoms. (October 2006)</p>
<p>GAO Report</p> <p>November 2006</p>	<p>In response to concerns about HHS spending of millions of taxpayer dollars on these programs raised by several members of Congress, the GAO released a report outlining evidence that the federal government failed to provide effective oversight for abstinence-only-until-marriage programs. (November 2006)</p>
<p><i>Impacts of Four Title V, Section 510 Abstinence Education Programs (Mathematica Report)</i></p> <p>April 2007</p>	<p>The report, conducted by Mathematica Policy Research Inc. on behalf of the Department of Health and Human Services, found no evidence that abstinence-only-until-marriage programs increased rates of sexual abstinence. Students in the abstinence-only programs had a similar number of sexual partners and a similar age first sex as their peers not in the programs. (April 2007)</p>

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- ³⁶ *Choosing the Best LIFE*, Leader Guide, p. 48
- ³⁷ *Choosing the Best PATH*, Leader Guide, p. 6
- ³⁸ *Why kNOw*, introduction
- ³⁹ *Why kNOw*, 8th grade and high school, p. 88
- ⁴⁰ On the Frequently Asked Questions section of its website, *WAIT Training* insists that this curriculum is appropriate for use with gay and lesbian students stating "they need to be abstinent, learn about healthy relationships and how to love well." *WAIT Training's* focus on marriage as the only appropriate context for sexual behavior, however, essentially tells lesbian and gay students—who cannot legally marry in this country¹⁶ —that they can never have a sexual relationship. The organization attempts to address this criticism on its website when it answers the questions "But gays and lesbians don't marry" by saying "Who says they don't? The marriages that are performed for gays and lesbians are not legal. That is a political issue and is not our issue."
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