



“Domestic Abstinence-Only Programs: Assessing the Evidence”

Testimony Presented by

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On behalf of NARAL Pro-Choice America and the pro-choice American majority we represent, I am honored to submit this testimony to the committee. I appreciate the efforts of the committee, and particularly Chairman Henry Waxman, for holding this oversight hearing to review and assess the federal government's ill-advised expenditures on risky and discredited abstinence-only-until-marriage programs.

Today's hearing could not be held at a more important time. Our nation is facing a crisis in adolescent reproductive health: The United States has the highest rate of teen pregnancy in the Western industrialized world. Nearly one-third of teenage girls become pregnant before reaching the age of 20 – and almost 750,000 pregnancies occur annually among teens aged 15 to 19. The teen-birth rate rose three percent in 2006 – the first increase in the last 15 years – and the CDC recently reported that one in four teenage girls has a sexually transmitted infection (STI).

Unfortunately, the Bush administration continues to turn a blind eye to the situation, letting ideology – not science – drive our public-policy response to these twin epidemics of teen pregnancy and STI/HIV infections. Not only does the president's FY'09 budget request yet another sharp increase in funding for discredited "abstinence-only" programs, but making matters even worse, he proposes deep cuts to HIV/AIDS and STI prevention programs as well.

Teaching teens about abstinence is a critical part of a well-rounded and effective sex-education program. But abstinence by itself is not sufficient. Young people deserve complete and accurate

information about their reproductive health, including abstinence, pregnancy prevention, and STD/HIV prevention. Only when teens have reliable information about their reproductive health can they make informed and appropriate decisions.

To date, the federal government has squandered more than \$1.5 billion in taxpayer dollars on “abstinence-only” programs. This huge expenditure conflicts with the vast preponderance of scientific and medical research, which clearly demonstrates that “abstinence-only” programs are not proven effective and may in fact result in riskier behavior by teenagers. In April 2007, the independent research firm Mathematica Policy Research Inc. released a study – commissioned by the U.S. Department of Health and Human Services – concluding that students in “abstinence-only” programs are no more likely to abstain from sex, delay initiation of sex, or have fewer sexual partners than students who did not participate. Moreover, at least 13 states have evaluated their federally funded “abstinence-only” programs and not a single one found positive, long-term impact. Even worse, due to the programs’ emphasis on contraceptive failure rates as opposed to proper and consistent use, the evaluations showed the programs had some negative effects on young people’s willingness to use contraception.

Not only do these programs not help our teens abstain from sex, many are rife with scientific inaccuracies, factual errors, and troubling biases that put our teens at greater risk for unintended pregnancy and sexually transmitted diseases. A 2004 House Government Reform Committee report found that more than two-thirds of Community-Based Abstinence Education programs used curricula that “contain false, misleading or distorted information about reproductive health,” such as that

condoms fail more often than they actually do, that sweat and tears can transmit HIV, and that women need “financial support” while men need “admiration.” (Please see attachment for a list of the most outrageous quotes being taught in “abstinence-only” classrooms.)

Furthermore, the programs likely do not comply with existing federal law. In October 2006, the U. S. Government Accountability Office (GAO) served notice to the Bush administration that literature distributed by federally funded “abstinence-only” programs is by law required to contain medically accurate information about the effectiveness of condoms in preventing STIs. In a letter to Michael Leavitt, Secretary of Health and Human Services (HHS), the GAO dismissed a baseless Bush administration claim that materials provided by such programs did not fall within the scope of the law, which was passed in 2000. The GAO recommended “that HHS reexamine its position and adopt measures to ensure that, where applicable, abstinence education materials comply with this requirement.” To our knowledge, HHS has simply ignored this recommendation.

Equally troubling are the findings of a second GAO report – released in November 2006 – concluding that HHS provides little oversight of federally funded “abstinence-only” programs. Assessing the accuracy and effectiveness of such programs, the GAO found that the Administration for Children and Families, which distributes the vast majority of “abstinence-only” dollars, “does not review its grantees’ education materials for scientific accuracy and does not require grantees of either program to review their own materials for scientific accuracy.” The GAO further concluded that, “because of these limitations, ACF cannot be assured that the materials used in its State and Community-Based Programs are accurate.” These are startling revelations about an utterly unacceptable state of affairs.

In sum, by denying adolescents complete information and by censoring teachers, “abstinence-only” programs endanger our youth. The programs can harm teens by putting them at risk of pregnancy and STIs. They fail to provide information about contraception beyond failure rates, and, in some cases, provide misinformation. Without complete and accurate information, some teens therefore may forgo contraceptive use, jeopardizing their health and exacerbating the public-health crisis we face today in adolescent health.

Responsible, age-appropriate sex education, on the other hand, does work – and research proves that more comprehensive programs that discuss both abstinence and contraception have positive effects. In 2001, the National Campaign to Prevent Teen Pregnancy concluded that sex- and HIV-education programs that discuss both abstinence and contraception delay the onset of sex, reduce the frequency of sex, and increase contraceptive use. Moreover, the organization’s research dispels many of the myths that opponents of responsible sex education frequently claim. The research proves that traditional sex-education programs do not hasten the onset of sex, do not increase the frequency of sex, and do not increase the number of partners. Furthermore, the National Academy of Sciences’ Institute of Medicine also has concluded that sex-education programs in schools do not increase sexual activity among teenagers. In sum, there is a clear scientific consensus on this point; claims to the contrary are simply untrue.

Given the evidence, our nation’s leading medical and public-health organizations all support responsible and comprehensive sex education, including the American Academy of Pediatrics, the

American Medical Association, the National Education Association, and the American Public Health Association, among others. Moreover, poll after poll indicates that the American public overwhelmingly supports honest and traditional sex education as well. In fact, a 2004 poll revealed that only seven percent of Americans believe teachers should not provide sex education in schools, and another survey found that seven in ten Americans oppose the use of federal funds to promote the “abstinence-only” approach and censor information about condoms and contraception.

Given the high stakes facing teens, the fact that almost half of all teens aged 15 to 19 in the United States have had sex, and the overwhelming evidence, it is clear that “abstinence-only” programs are misleading at best, and dangerous at worst. Congress should enact policies that effectively and responsibly address the current crisis in adolescent reproductive health. Federal funds should be directed to responsible sex-education programs that provide teens with the information and skills they need to protect themselves and that have demonstrated positive results. Our young people – and taxpayers – deserve programs that work, not ideology dressed up as pseudo-science.

Again, I commend Chairman Waxman for his leadership in holding today’s hearing, and I hope that the evidence reviewed and assessed here today will help us all – lawmakers, public-health leaders, parents, teachers, and researchers - chart a more responsible course to address our nation’s alarming crisis in adolescent-reproductive health.

