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“Abstinence-Only” Programs: Ideology Over Science

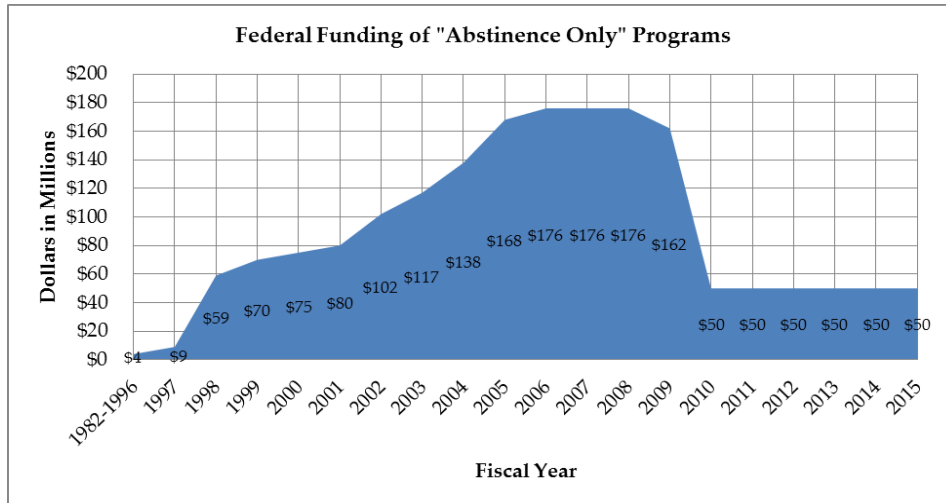
For more than 25 years, ideology, not science, drove America’s response to the twin epidemics of teen pregnancy and STD/HIV infections. Congress created the first “abstinence-only” program to promote family-centered solutions to problems associated with teen sexuality, such as unintended pregnancy. Unfortunately, federal grants were awarded that provided young people with medically inaccurate information and did nothing to ameliorate the problem of teen pregnancy.¹

Funding for “abstinence-only” programs increased dramatically during the Bush administration. All told, taxpayers have spent more than \$1.5 billion in federal dollars for “abstinence-only” programs.² This huge expenditure conflicts starkly with scientific and medical research: “abstinence-only” programs are not proven effective and may in fact result in riskier behavior by teenagers. Responsible sex-education programs, on the other hand, have demonstrated positive results such as delayed initiation of sex, reduced frequency of sex, and increased contraceptive use.

Thankfully, President Obama called for an end to the national “abstinence-only” policy and initiated a new investment in evidence-based sex-education programs to prevent teen pregnancy.³ Unfortunately, anti-choice lawmakers have succeeded in continuing one major remaining “abstinence-only” program.

Sources of Federal Abstinence-Only Funding

The federal government established three streams of funding for “abstinence-only” programs: the Adolescent Family Life Act (AFLA), the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA, commonly known as welfare law or Title V) and the Marriage and Healthy Family Development Initiative (MHFDI, formerly known as the Special Projects of Regional and National Significance – Community-Based Abstinence Education (CBAE)). The graph below represents the total expenditure of federal dollars under these three funding streams:⁴



The Adolescent Family Life Act

The Adolescent Family Life Act (AFLA, Title XX of the Public Health Service Act), enacted in 1981, was the first federal “abstinence-only” program. Primarily designed to provide support services to pregnant and parenting teenagers, AFLA also funded “abstinence-only” programs that encouraged “self discipline and responsibility” among teenagers.⁵

Initially, many religious organizations received AFLA funds and used sectarian messages to preach abstinence. As a result, a group of clergy and taxpayers filed suit in 1983, charging that AFLA violated the separation of church and state.⁷ The parties eventually reached a settlement in 1993 that required future grantees to provide medically accurate information, to refrain from teaching specific religious content, and to adhere to the “principle of self-determination” with respect to contraceptive referrals for adolescents. This settlement expired in 1998.⁸ With the expiration of the AFLA settlement agreement, Congress had required that AFLA programs comply with the restrictive eight-point definition contained in the welfare reform act (see below).⁹

Did You Know?⁶
<ul style="list-style-type: none"> ▪ A sexually active teen who does not use contraceptives has a 90-percent chance of becoming pregnant within a year. ▪ By their 19th birthday, seven in 10 teens have had sex. ▪ More than 750,000 pregnancies occur annually among U.S. teens under the age of 20. ▪ Nearly half of all new cases of STDs occur among teenagers.

Welfare Law

In 1996, “abstinence-only” proponents found a new vehicle in welfare law under Title V. Beginning in FY’98, the welfare program’s “abstinence-only” provision provided \$50 million each year for five years. Participating states must match every four dollars of federal funds with three dollars of non-federal funds, making a total of \$87.5 million in public funding available each year.¹⁰ This represented a dramatic increase over AFLA, which typically

provided about \$13 million per year.¹¹ As a direct appropriation, this program was automatically funded for five years and has been extended each year since.¹²

With the AFLA experience behind them, “abstinence-only” proponents inserted a strict definition of “abstinence-only” program in law. Under the federal definition, an “abstinence-only” program:

- “has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity”;
- “teaches abstinence from sexual activity outside marriage as the expected standard for all school age children”;
- “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”;
- “teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity”;
- “teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects”;
- “teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child’s parents, and society.”¹⁶

While a program receiving funds under this scheme need not address every element of this definition, it may not *contradict* any element of the definition. For example, programs may not contradict the “exclusive purpose” of teaching abstinence until marriage. Therefore, teachers are prohibited from providing youth with information about contraception beyond failure rates. However, this limited flexibility allows programs to pick and choose among the elements in the definition to avoid the more controversial ones.¹⁷

On June 30, 2009 the Title V program expired, ending one federal funding stream for ineffective “abstinence-only” programs. Unfortunately, anti-choice lawmakers succeeded in reviving the program in the health-care-reform law enacted in March 2010. In October 2012, the Department of Health and Human Services (HHS) announced that 37 states and Puerto Rico will receive grants totaling \$39 million under the revived program. In a slight improvement over past iterations, however, guidelines now require programs that receive funding in this program to be medically accurate and evidence-based.

**Should Your Tax Dollars Pay For This?
Quotes from Fear-Based “Abstinence-Only”
Curricula and Materials**

- “If premarital sex came in a bottle, it would probably have to carry a Surgeon General’s warning, something like the one on a package of cigarettes. There’s no way to have premarital sex without hurting someone.”¹³
-- from *Sex Respect*[®]
- “For condoms to be used properly, over 10 specific steps must be followed every time which tends to minimize the romance and spontaneity of the sex act.”¹⁴
-- from *Choosing the Best*[®]
- “What if I want to have sex before I get married? . . . Well I guess you just have to be prepared to die. And you’ll probably take with you your spouse and one or more of your children with you.”¹⁵
-- from *No Second Chance* video

Marriage and Healthy Family Development Initiative (MHFDI)

In 2000, “abstinence-only” supporters in Congress created a third source of funding that was even stricter than the other two programs. Originally funded through the Maternal and Child Health Block Grant, these funds were part of the Marriage and Healthy Family Development Initiative. The “abstinence-only” programs funded through this earmark differ from those funded under welfare law in at least three significant ways:

- The programs must target adolescents and adults aged 12 to 29;
- They must teach all components of the welfare law definition; and
- In most cases, they cannot provide information about contraception or safer sex.¹⁸

In addition, programs apply to and are funded by HHS directly, rather than passing through state agencies. With these additional restrictions, “abstinence-only” proponents embraced the MHFDI program most fervently.

“Abstinence-Only” Programs: Scientifically Unproven, Ideologically Driven

Ideologically driven groups, not scientific or public-health organizations, have pushed the proliferation of “abstinence-only” programs. In fact, current scientific research fails to show that such programs are effective.

- In 2008, an extensive academic evaluation of “abstinence-only” and comprehensive sex-education programs found that most “abstinence-only” programs do not delay the initiation of sex or reduce sexual risk behaviors among youth.²⁰
- In 2007, a study of federal “abstinence-only-until marriage” programs concluded that the classes neither delay the onset of sexual activity in young people nor reduce the number of partners of those who are sexually active. The report was conducted by Mathematica Policy Research, Inc., and was commissioned by the U.S. Department of Health and Human Services.²¹
- Evaluations of 11 “abstinence-only” programs showed that the programs had no lasting, positive effect on young people’s sexual behavior. What’s worse, due to the

Waxman Report Exposes “Abstinence-Only” Curricula as False, Misleading, or Distorted

In 2004, the U.S. House of Representatives released a report evaluating the content of federally funded “abstinence-only” programs. The report found that more than 80 percent of the curricula contained “false, misleading, or distorted information about reproductive health.” In addition, the report found that the curricula contained multiple scientific and medical inaccuracies. For example, they:

- Misrepresent the effectiveness of condoms;
- Contain false information about the risks of abortion; and
- Present religious views and stereotypes about girls and boys as if they were scientific fact.¹⁹

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.²²

- In 2007, the National Campaign to Prevent Teen Pregnancy found *no credible studies* of "abstinence-only" programs showing any significant impact on participants' initiation of or frequency of sex.²³

"Abstinence-Only" Programs Harm Young People

"Abstinence-only" programs can harm young people by putting them at risk of pregnancy and STDs. They fail to provide information about contraception beyond failure rates, and, in some cases, provide misinformation. Without complete and accurate information, some young people may forgo contraception use altogether. By denying adolescents such information and by censoring teachers, "abstinence-only" programs endanger the reproductive health of our youth.

- In 2008, an extensive academic evaluation of these programs reported that the number of young people receiving formal instruction about birth control in either a school or community-based program has substantially declined between 1995 and 2002. "In 1995, more than 80 percent of young males and females reported that they had learned about contraception, compared with 66 percent and 70 percent respectively in 2002. In 2002, only 62 percent of females and 54 percent of males reported that they had received instruction about birth control."³⁰
- In 2006, the U.S. General Accountability Office (GAO) served notice to the Bush administration that, per an existing law, literature distributed by federally funded "abstinence-only" programs must contain *medically accurate* information about the effectiveness of condoms in preventing sexually transmitted diseases. In a letter to Michael Leavitt, Secretary of Health and Human Services (HHS), the GAO dismissed

"Abstinence-Only" Programs Exacerbate Reproductive-Health Disparities

For a variety of reasons,²⁴ racial and ethnic disparities persist in the reproductive health of young Americans. The Centers for Disease Control and Prevention (CDC) recently reported that:

- Pregnancy rates for Hispanic²⁵ and non-Hispanic black teenage girls are much higher than their non-Hispanic white peers;
- Non-Hispanic black young people are more likely to be affected by HIV/AIDS; and
- Chlamydia, gonorrhea, and syphilis rates were highest among non-Hispanic black young people.²⁶

Instead of addressing these alarming disparities, "abstinence-only" programs exacerbate them.²⁷ These programs censor critical information about contraception and often reinforce harmful gender and racial stereotypes.²⁸

Unfortunately, studies show that young people of color are more likely to be enrolled in a school with an "abstinence-only" program than their white peers, leaving them disproportionately affected by the failed federal "abstinence-only" policy.²⁹

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.”³¹

- A study that compared an “abstinence-only” program with a more comprehensive “safer-sex” program found that “only the safer-sex intervention significantly reduced unprotected sexual intercourse.”³² This lack of responsible sex education puts young people at risk of pregnancy and STDs, including HIV.
- An evaluation of five “abstinence-only” programs being taught in over a dozen Texas schools revealed that “abstinence-only” messages are not altering young people’s patterns of sexual activity. In fact, students in virtually all high-school grades were *more* sexually active after taking the course.³³

Responsible, Age-Appropriate Sex Education Works

Research indicates that more comprehensive sex-education programs that discuss both abstinence and contraception have positive effects.

- In 2007, 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.³⁴
- Moreover, their review of studies dispelled many of the myths attached to responsible sex-education programs. In particular, the study showed that sex- and HIV-education programs that include discussion of condoms and contraception:
 - *do not* hasten the onset of sex;
 - *do not* increase the frequency of sex; and
 - *do not* increase the number of partners.³⁵

- The National Academy of Sciences' Institute of Medicine also concluded that sex education and condom availability programs in schools do not increase sexual activity among teenagers.³⁷
- And, more recently, an extensive academic comparison of "abstinence-only" programs to comprehensive sex education programs found that "much strong evidence supports the supposition that comprehensive sex education programs can both delay initiation of sex and increase condom or other contraceptive use among youth." Without strong evidence supporting the widespread use of abstinence-only curricula, the report concluded that comprehensive sex education programs should be disseminated widely, not "abstinence-only"

Medical Experts Support Responsible Sex Education, Not "Abstinence-Only" Programs

- American Academy of Pediatrics
- American College of Obstetricians and Gynecologists
- American Medical Association
- American Public Health Association
- National Institutes of Health
- National Education Association
- National Campaign to Prevent Teen Pregnancy
- National Academy of Sciences' Institute of Medicine
- Former U.S. Surgeon General David Satcher³⁶

New York City Improves Access to Comprehensive Sex Education in Schools

In 2011, the New York City Department of Education announced that beginning in the new school year, all public middle and high schools will be required to teach one semester of sex education. Students will take one semester of sex education in sixth or seventh grade, and again in ninth or 10th grade. The policy, which gives parents the opportunity to opt out their children out from the program, is more rigorous than the state's recommended sex-education curriculum.

programs.³⁸

Americans Overwhelmingly Oppose "Abstinence-Only" Programs

- Most Americans support comprehensive sex education over "abstinence-only" programs. Eighty-two percent support programs that cover both abstinence as well as ways to prevent pregnancy and STDs.³⁹
- Only 14 percent of Americans think that schools should teach "abstinence-only" programs and not provide information on how to obtain and use condoms and other types of contraception.⁴⁰
- Recent polling reports that nine out of 10 Latinos think it is important for sex education to be taught in middle and high schools. Latinos also believe a comprehensive range of topics should be included in sex education, including abstinence, birth control, healthy relationships, and sexual orientation.⁴¹

California Parents and Physicians Sue School District for Failing to Provide Comprehensive Sex Education

In 2012, two parents and a coalition of groups, including the American Academy of Pediatrics California District IX and the Gay-Straight Alliance Network, filed a lawsuit against the Clovis Unified School District for putting teens' health at risk by failing to provide comprehensive sex education. The lawsuit is the first of its kind since California passed a law in 2003 requiring comprehensive, medically accurate sex-education programs in public schools.

The textbooks that the school district uses for sex education do not discuss condoms at all, even in chapters that discuss STD prevention. Additional materials "compare a woman who is not a virgin to a dirty show and suggest that men are unable to stop themselves once they become sexually aroused."

Initial rulings have yet to be made regarding the lawsuit. Clovis Unified School District operates more than 40 schools, with nearly 40,000 students.¹

Conclusion: "Abstinence-Only" is Not the Answer!

Our nation is facing a crisis in adolescent reproductive health. We have the highest rate of teen pregnancy in the Western industrialized world.⁴² Nearly one-third of our teenage girls become pregnant before reaching the age of 20,⁴³ one in four teenage girls has a sexually transmitted disease,⁴⁴ and almost one-third of new reported cases of HIV infections occur in people under the age of 30.⁴⁵ Additionally, there are alarming disparities in the rates of unintended pregnancy, STD, and HIV/AIDS among young people.

Given the high stakes facing young people and the absence of research showing that "abstinence-only" programs are effective, "Just Say No" efforts are misleading at best, and dangerous at worst. These programs fail to provide young people with the information they need to protect themselves from unintended pregnancy and disease.

Young people deserve complete and accurate information so they can make informed and appropriate decisions about their reproductive health. Thankfully, 22 states and the District of Columbia provide comprehensive sex-education programs to students.⁴⁶ Congress should follow suit and enact policies that effectively address this crisis by directing federal funds to responsible sex-education programs that provide our youth with age-appropriate and medically accurate information.

January 1, 2017

Notes:

¹ Michael Young and William Bailey, *The Politics of Abstinence Education: From Reagan's Title XX to Welfare Reform's Title V*, 1 THE INTERNATIONAL ELECTRONIC JOURNAL OF HEALTH EDUCATION. 207-212 (1998).

² SIECUS. *State Profiles: A Portrait of Sexuality Education and Abstinence-Only-Until-Marriage Programs in the States (FY'10 Edition)*, at <http://www.siecus.org/index.cfm?fuseaction=page.viewPage&pageID=1340&nodeID=1> (last visited on November 9, 2015).

³ Office of Management & Budget, *FY 2010 Budget of the U.S. Government, Appendix, Department of Health & Human Services*, at 490 (2009).

⁴ Letter from Representatives Barbara Lee, James Greenwood and Lynn Woolsey to President George W. Bush (Jan. 31, 2002); Personal Responsibility & Work Opportunity Reconciliation Act of 1996, Pub. L. No. 104-193, 110 Stat. 2105 (1996); Welfare Reform Extension Act of 2003, Pub. L. No. 108-40, 117 Stat. 836 (2003); Welfare Reform Extension Act of 2004, Pub. L. No. 108-210, 118 Stat. 564 (2004); Military Construction Appropriations Act, FY 2001; 2000 Supplemental Appropriations, Pub. L. No. 106-246, 114 Stat. 511 (2000); Consolidated Appropriations Act, FY 2001, Pub. L. No. 106-554, 114 Stat. 2763 (2000); Consolidated Appropriations Resolution, 2003, Pub. L. No. 108-7, 117 Stat. 11 (2003); Consolidated Appropriations Act, 2004, Pub. L. No. 108-199, 118 Stat. 3 (2004); Dep'ts of Labor, Health & Human Services & Education & Related Agencies Appropriations Act, FY 2002, Pub. L. No. 107-116, 115 Stat. 2177 (2002); Welfare Reform Extension Act, Pub. L. No. 108-447 (2004); U.S. Dep't of Health & Human Services (HHS), *FY 2005 Budget in Brief*, at 82, 100-01 (2004); U.S. Dep't of Health & Human Services (HHS), *FY 2006 Budget in Brief*, at 88-89 (2005); U.S. Dep't of Health & Human Services (HHS), *FY 2007 Budget in Brief*, at 78-81 (2006); U.S. Dep't of Health and Human Services (HHS), *FY 2008 Budget in Brief*, at 77-81 (2007).

⁵ 42 U.S.C.A. §§ 300z – 300z-10.

⁶ Guttmacher Institute, *Facts on American Teens' Sexual and Reproductive Health* (February 2012) at <http://www.guttmacher.org/pubs/FB-ATSRH.html#n10> (last visited Aug. 28, 2012); Centers for Disease Control and Prevention (CDC), *Youth Risk Behavior Surveillance – United States, 2005, May 25, 2006*; Kirby, Douglas, Ph.D., *Emerging Answers; Research Findings on Programs To Reduce Teen Pregnancy*, THE NATIONAL CAMPAIGN TO PREVENT TEEN PREGNANCY (November 2007).

⁷ *Bowen v. Kendrick*, 487 U.S. 589 (1988).

⁸ Heather Boonstra, *Teen Pregnancy: Trends and Lessons Learned*, GUTTMACHER REP. ON PUB. POL'Y, Feb. 2002, at 10.

⁹ In addition, to earmarking these funds for abstinence-only programs that comply with the welfare reform abstinence-only definition, these appropriations also included a waiver of the statutory provision which requires that no more than one-third of the funds appropriated for demonstration projects be used for prevention demonstration projects. 64 C.F.R. 32051 (June 15, 1999); Emergency Supplemental Appropriations, FY 1999; Consolidated Appropriations Act, FY 2000; Consolidated Appropriations Act, FY 2001; Dep'ts of Labor, Health & Human Services, & Education & Related Agencies Appropriations Act, FY 2002.

- ¹⁰ 42 U.S.C.A. §§ 703(a), 710; Office of State and Community Health, Maternal and Child Health Bureau, U.S. Dep't of Health & Human Services, Application Guidance for The Abstinence Education Provision of the 1996 Welfare Law, P.L. 104-193: New Section 510 of Title V of the Social Security Act (May 1997), at 2.
- ¹¹ Omnibus Consolidated Appropriations Act, 1997, § 101(e) (WESTLAW through P.L. 104-208).
- ¹² U.S. Dep't of Health & Human Services (HHS), *FY 2006 Budget in Brief*, at 88-89 (2005).
- ¹³ Colleen Kelly Mast, *Sex Respect* ®: *The Option of True Sexual Freedom* (student workbook) (1999), at 35.
- ¹⁴ Bruce Cook, *Choosing the Best* ® (student manual) (1993), at 27.
- ¹⁵ SIECUS, *SIECUS Reviews of Fear-Based Programs and Videos: No Second Chance*, Community Action Kit to Support Comprehensive Sexuality Education (1997).
- ¹⁶ 42 U.S.C.A. § 710 (WESTLAW through P.L. 106-80). The other criteria contained in the definition include: "teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances;" and "teaches the importance of attaining self-sufficiency before engaging in sexual activity."
- ¹⁷ Cynthia Dailard, *Abstinence Promotion and Teen Family Planning: The Misguided Drive for Equal Funding*, GUTTMACHER REP. ON PUB. POL'Y, Feb. 2002, at 1-2.
- ¹⁸ Cynthia Dailard, *Abstinence Promotion and Teen Family Planning: The Misguided Drive for Equal Funding*, GUTTMACHER REP. ON PUB. POL'Y, Feb. 2002, at 1-2.; 65 Fed. Reg. 69562 (Nov. 17, 2000).
- ¹⁹ Special Investigations Division, U.S. House of Representatives, *The Content of Federally Funded Abstinence-Only Education Programs*, at i, ii (2004).
- ²⁰ National Sexuality Research Center, *Sexuality Research & Social Policy* (vol. 5, Issue 3, 2008).
- ²¹ Mathematica Policy Research, Inc., *Impacts of Four Title V, Section 510 Abstinence Education Programs*, at xxiii (Apr. 13, 2007).
- ²² Debra Hauser, *Five Years of Abstinence-Only-Until-Marriage Education: Assessing the Impact*, at 2, 4 (2004).
- ²³ Kirby, Douglas, Ph.D., *Emerging Answers; Research Findings on Programs To Reduce Teen Pregnancy*, THE NATIONAL CAMPAIGN TO PREVENT TEEN PREGNANCY (November 2007).
- ²⁴ See Advocates for Youth, *Young Women of color and Their Risk for HIV and Other STIs* (2003), at <http://www.amplifyyourvoice.org/images/FE/chain237siteType8/site206/client/ywoc%5B1%5D.pdf> (last visited on Oct. 1, 2009) (discussing the various factors that negatively affect the health of young women of color, such as poverty, access to care, communication, and cultural barriers); Advocates of Youth, *Youth of Color – At Disproportionate Risk of Negative Sexual Health Outcomes* (2004), at <http://www.advocatesforyouth.org/storage/advfy/documents/fsyouthcolor.pdf> (last visited on Oct. 2, 2009) (discussing differences in sexual risk behaviors among youth of color and the significant cultural, financial, and institutional barriers facing youth of color in accessing comprehensive, adolescent reproductive health services in the United States.); *Testimony of Center for Reproductive Rights, National Latina Institute for Reproductive Health, and National Asian Pacific American Women's Forum to the Ways and Means Committee on Concerns Regarding Wide Racial and Ethnic Disparities in Reproductive Health*, http://reproductiverights.org/sites/crr.civicaactions.net/files/documents/Written%20testimony%20Ways%20&%20Means_CRR_NAPAWF_NLIRH%20_I.pdf (last visited on Sept. 29, 2009) (discussing how the unintended pregnancy rate among Latinas is three to four times higher than other women because they

are less likely to use contraception, and that, since 2002, the overall rates of contraception use have declined due to the rising nonuse among low-income women, a disproportionate number of whom are women of color.); Cavazos-Rehg et al., *Summary of "Age of Sexual Debut Among U.S. Adolescents, Contraception* (Aug. 2009) (discussing the differences in sexual debut among four major ethnic groups in the U.S. – Caucasians, African-Americans, Hispanics, and Asians – with African Americans youth having sex earlier than all other groups, and Asian youth having sex later than all other groups).

²⁵ "Hispanics or Latinos are persons of Cuban, Mexican, Puerto Rican, South or Central-American, or other Spanish culture or origin, regardless of race. The federal government considers race and Hispanic origin to be two separate and distinct concepts; Hispanic Americans may be any race." Centers for Disease Control, *Demographics: Hispanic or Latino Populations*, Office of Minority Health & Health Disparities Web Site (2009), at <http://www.cdc.gov/omhd/populations/HL/HL.htm#1> (last visited on Oct. 2, 2009).

²⁶ Centers for Disease Control, *Sexual and Reproductive Health of Persons Aged 10--24 Years --- United States, 2002--2007*, Morbidity & Mortality Weekly Report, Surveillance Summaries (July 17, 2009), at <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5806a1.htm> (last visited on Oct. 2, 2009).

²⁷ Sarah Kuehnel, *Abstinence-Only Education Fails African American Youth*, 86 WASH. L. REV. 1241, 1251 (2009) (discussing how "abstinence-only" programs fail to address alarming rates of HIV/AIDS, teen pregnancy, and STDs in African American youth, and instead act contrary to correcting them.); *Testimony of Center for Reproductive Rights, National Latina Institute for Reproductive Health, and National Asian Pacific American Women's Forum to Ways & Means e on Wide Racial and Ethnic Disparities in Reproductive Health*, http://reproductiverights.org/sites/crr.civicactions.net/files/documents/Written%20testimony%20Ways%20&%20Means_CRR_NAPAWF_NLIRH%20_I.pdf (last visited on Sept. 29, 2009) (discussing how abstinence-only programs "exacerbate" disparities in unintended pregnancy and STIs by failing to provide young people the information they need to make healthy decisions.); SIECUS, Press Release: Committee Details Continued Racial Disparities in U.S. Reproductive Health Care (Feb. 2008), at <http://siecus.net/index.cfm?fuseaction=Feature.showFeature&featureid=1025&pageid=483&parentid=478> (last visited on Oct. 2, 2009) (discussing how U.S. policies regarding sex education have intensified disparities.)

²⁸ Julie Kay & Ashley Jackson, *Sex, Lies, Stereotypes: How Abstinence-Only Programs Harm Women and Girls*, at 19 & 20 (2008) (discussion of how these programs often contain harmful and outdated gender stereotypes, casting women as the gatekeepers of aggressive male sexuality and removing male responsibility; report also discussed how these programs are harmful for young women of color because they lack accurate information, which is particularly damaging given the high rates of STD/HIV infection among young people of color, and they contain gender stereotypes promoted by the programs exacerbate racial as well as sexual inequalities).

²⁹ "More young African-American females and Latinas than white women are given abstinence-only instruction in school. This means they aren't taught about contraceptive use to prevent pregnancy or protect against HIV and other sexually transmitted infections (STIs)." Katrina Anderson & Cynthia Soohoo, *U.S. Falls Short on Racial Disparities in Health*, The Reproductive Health Blog (2008), at <http://www.rhrealitycheck.org/blog/2008/03/10/on-racial-disparities-in-health-un-says-us-falls-short> (last visited on Sept. 29, 2009); Laura Duberstein Lindberg et al., *Changes in Formal Sex Education: 1995-2002*, 38 PERSP. ON SEXUAL & REPRODUCTIVE HEALTH No. 4, 182-88, 185-86 (Dec. 2006) (discussing the results of a study conducted from 1995 to 2000—years which marked an exponential growth in abstinence-only instruction—revealing that by 2000 the number of young black and Hispanic women

receiving abstinence-only instruction in lieu of other forms of sexuality education had significantly increased and was higher than young white women). Because many African American youth are in poverty and federally funded abstinence-only programs are often directed at low-income areas, black youth are more likely to receive “abstinence-only” instruction than white youth. Sarah Kuehmel, *Abstinence-Only Education Fails African American Youth*, 86 WASH. L. REV. 1241, 1251 (2009).

³⁰ Leslie Kantor et al., *Abstinence-Only Policies and Programs: An Overview*. 5 SEXUALITY RES. & SOC. POL’Y 6-17 (2008).

³¹ Letter from Gary L. Keppinger, General Counsel, United States General Accountability Office, to Michael O. Leavitt, Secretary, United States Department of Health and Human Services, *Abstinence Education: Applicability of Section 317P of the Public Health Service Act*, (Oct. 18, 2006).

³² John B. Jemmott III et al., *Abstinence and Safer Sex HIV Risk-Reduction Interventions for African-American Adolescents*, 279 JAMA 1535 (1998).

³³ Laura Beil, *Abstinence Programs: Lessons in Futility? Classes Aren’t Changing Texas Teens’ Sexual Habits, Researchers Say*, DALLAS MORNING NEWS, Jan. 30, 2005, at 1A.

³⁴ Kirby, Douglas, Ph.D., *Emerging Answers; Research Findings on Programs To Reduce Teen Pregnancy*, THE NATIONAL CAMPAIGN TO PREVENT TEEN PREGNANCY (November 2007).

³⁵ Kirby, Douglas, Ph.D., *Emerging Answers; Research Findings on Programs To Reduce Teen Pregnancy*, THE NATIONAL CAMPAIGN TO PREVENT TEEN PREGNANCY (November 2007).

³⁶ NARAL Pro-Choice America Foundation, *Who Supports Responsible Sex Education? Medical Experts, Health Leaders, Researchers, and Parents* (Mar. 2002).

³⁷ Committee on HIV Prevention Strategies in the United States, Institute of Medicine, *NO TIME TO LOSE: GETTING MORE FROM HIV PREVENTION* 118 (Monica S. Ruiz et al., eds. 2001).

³⁸ Leslie Kantor et al., *Abstinence-Only Policies and Programs: An Overview*. 5 SEXUALITY RES. & SOC. POL’Y 6-17 (2008).

³⁹ *Few Americans favor abstinence-only sex ed*, MSNBC at http://www.msnbc.msn.com/id/15603764/ns/health-sexual_health/t/few-americans-favor-abstinence-only-sex-ed/#.U1bjm-Hje0 (last visited November 9, 2015)

⁴⁰ Peter D. Hart Research Associates, Inc., *Memorandum: Application of Research Findings*, Planned Parenthood Federation of America and National Women’s Law Center (July 12, 2007).

⁴¹ Planned Parenthood Federation of America, the Center for Latino Adolescent and Family Health at the NYU Silver School of Social Work. (2013). “Latino Opinions on Teen Pregnancy Prevention.” Conducted by GfK Custom Research, LLC., March 22-April 2, 2013.

⁴² Guttmacher Institute, *Facts on American Teens’ Sexual and Reproductive Health* (February 2012) at <http://www.guttmacher.org/pubs/FB-ATSRH.html#n10> (last visited Oct. 23, 2012); Alan Guttmacher

Institute (AIG), *Teenage Sexual and Reproductive Behavior in Developed Countries: Occasional Report No. 3* (2001), at http://www.guttmacher.org/pubs/eurosynth_rpt.pdf (last visited on November 9, 2015).

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