

Illinois Abstinence-Only Programs— Disseminating Inaccurate and Biased Information

- Illinois' teenage pregnancy rate ranks 20th nationally.
- In 2000, there were 37,480 teen pregnancies in Illinois. Of the teen pregnancies each year in Illinois, 55% result in live births and 31% result in abortions.
- In 2002, there were 18,546 births to teenagers in Illinois. 10.3% percent of all Illinois births were to teens.
- Reported cases of chlamydia increased 10% (43,716 to 48,101) in Illinois between 2001 and 2002. The chlamydia rate was 260.7 per 100,000. Adolescents and young adults aged 15-24 years accounted for 71% (33,872) of reported cases where age was known during 2002.
- In 2002, the Gonorrhea rate in Illinois was 193.5 per 100,000. Adolescents and young adults aged 15-24 years accounted for 60% (14,667) of reported gonorrhea cases where age was known during 2002.

Abstinence-Only Programs in Illinois

In Fiscal Year 2005, Illinois received more than \$7.3 million in federal funding for abstinence-only-until-marriage programming. These funds came from three sources of federal funding—Welfare Reform Act (Title V, Section 510); the Adolescent Family Life Act (AFLA); and the Community-Based Abstinence Education Program (CBAE). The Administration for Children and Families at the U.S. Department of Health and Human Services administers each of these programs.

Illinois received \$1,834,583 in federal Title V funding in Fiscal Year 2005. These funds were administered by the Bureau of Child and Adolescent Health of the Illinois Department of Human Services. The program was implemented by 29 sub-grantees across the state, reaching nearly 300 public schools. The Bureau of Child and Adolescent Health also contracted with Project Reality to provide abstinence education in an additional 311 schools.

In that same year, there were nine CBAE grantees in Illinois: Abstinence and Marriage Education Partnership; Carefirst Pregnancy Center; Carenet Pregnancy Services of DuPage; Committee on the Status of Women/ Project Reality; the Confederation of Spanish American Workers; the Family Centered Educational Agency; Lawndale Christian Health Center; Rend Lake College; and Roseland Christian Ministries. There was also one AFLA grantee, Lake County Health Department Community Health Center. [SIECUS, 2006]

In recent years, there has been a growing body of evidence that abstinence-only-until marriage programs do not work. In April 2007, the Department of Health and Human Services published an evaluation, *Impacts of Four Title V, Section 510 Abstinence Education Programs*. The report showed that these programs had no impact on delaying age of sexual debut or in helping young people to remain abstinent.

* Throughout this document, Advocates for Youth cites the findings of this study: *The Content of Federally Funded Abstinence-Only Education Programs*, prepared for Rep. Henry A. Waxman by the United States House of Representatives Committee on Government Reform, Minority Staff, Special Investigations Division, 2004.

Further, a review of 10 state evaluations of abstinence-only programs conducted by Advocates for Youth, *Five Years of Abstinence-Only-Until-Marriage Education: Assessing the Impact*, also shows little evidence of sustained, long-term impact on adolescents' attitudes favoring abstinence or on teens' intentions to abstain. Importantly, in only one of the 10 states did any program demonstrate short-term success in delaying the initiation of sex, and none showed long-term success in impacting teen sexual behavior.

Finally, a 2004, Congressional report demonstrated that many abstinence-only curricula provide inaccurate, incomplete, or biased information, leaving young people vulnerable to sexually transmitted infections (STIs), HIV, and teenage pregnancy. [United States House of Representatives, Committee on Government Reform, Minority Staff, 2004]

Given the extent of abstinence-only programs in the state, many young people in Illinois are exposed to the dangerous short-comings of these programs. This report reviews four popular abstinence-only curricula used in Illinois—*Sex Respect*, *the Choosing the Best series*, *Navigator* and *A.C. Green's Game Plan*—for inaccuracies, misinformation, and biases that put the state's youth at risk.

INACCURACY I. Condoms Don't Afford Protection Against HIV Transmission.

While delaying teens' initiation of sex is a worthy objective for those who teach sex education, most teens will have sex before they reach their twenties. As such, young people need honest, accurate information about condoms for the prevention of HIV. At least two abstinence-only curricula used in Illinois provide inaccurate information about the effectiveness of condoms for the prevention of HIV:

- *Choosing the Best Life* states on page 25, "Studies that have investigated condom effectiveness against HIV/AIDS have shown a risk reduction of between 69-90 percent."
- On page 18 of *Choosing the Best Path*, the authors similarly state, "HIV is reduced by 69-90 percent" with condom use.

The Facts: Condoms are Highly Effective Against HIV

These inaccuracies appear to be based, in whole or in part, upon a 1993 study by Dr. Susan Weller. [Weller 1993] Weller's analysis concluded, erroneously, that condoms reduce transmission by 69 percent. However, the Department of Health and Human Services itself issued a statement in 1997 informing the public that Weller's analysis was seriously flawed and should **not** be used as a basis for teaching about condom effectiveness. Numerous methodological problems including the mixing of data on consistent and inconsistent condom use meant that Weller's conclusions were based on "serious error." [Dept. of Health & Human Services, 1997]

Further, the Centers for Disease Control and Prevention (CDC) issued a statement in December 2002, stating that latex condoms, when used consistently and correctly, are highly effective in preventing the sexual transmission of HIV, the virus that causes AIDS. [CDC, 2002]

Refereed literature reviews provide comparative analyses of the outcomes of such studies. A number of carefully conducted studies, employing rigorous methods and measures, have demonstrated that consistent condom use is *highly effective* in preventing HIV transmission. For example,

- In a two-year study of sero-discordant couples (in which one partner was HIV-positive and one was HIV-negative), no uninfected partner became infected among couples using condoms correctly and consistently at every act of sexual intercourse (vaginal or anal). Among couples who reported using condoms inconsistently, 10 percent of individuals who had initially been HIV-negative sero-converted. Studied couples reported about 15,000 episodes of sexual intercourse during the study. [de Vincenzi, 1994; cited by CDC, 1999]
- In another study, two percent of uninfected partners among couples became infected with HIV after using condoms consistently over two years. Among couples who used condoms inconsistently, 12 percent of uninfected partners became infected. [Saracco *et al*, 1993; cited by CDC, 1999.]

[For a complete list of references see: *Condom Effectiveness and HIV* at the end of this report]

INACCURACY II. Condom Use Won't Help Reduce the Risk of Acquiring an STI

The Centers for Disease Control and Prevention estimate that each year young people suffer from more than nine million cases of a sexually transmitted infection. Sex education should provide young people with accurate information about STIs, including information about the effectiveness of abstinence *and* condoms in the prevention of sexually transmitted infections. Both *A.C. Green's Game Plan* and *Navigator* distort public health data on this issue.

A.C. Green's Game Plan states on page 34 of the teacher's manual that, "[T]he popular claim that 'condoms help prevent the spread of STDs,' is not supported by the data."

Navigator Teacher Guide on page 47 claims that "if condoms were effective against STDs, it would be reasonable to expect that an increase in condom usage would correlate to a decrease in STDs overall—which is not the case. Rather, as condom usage has increased, so have rates of STDs".

The Facts: Condom Use Can Help Reduce the Risk of Many STDs

"Since 2000, important new evidence (from prospective observational studies, one couple randomized trial, and additional multicomponent STI prevention trials that included condom promotion components) has come to light to support the effectiveness of condoms in preventing STIs in men and women." [Holmes *et al*, 2004]

"Gonorrhea, chlamydia, and trichomoniasis are transmitted when infected semen or vaginal or other body fluids contact mucosal surfaces. Condoms provide a great level of protection against these STIs because they protect both partners against exposure to the other's body fluids." [CDC, 2002a and CDC, 2002b; citing Cates and Stone, 1992a; Cates and Stone 1992b; d'Oro *et al*, 1994; and other studies] "Condoms also provide protection against STIs—such as genital herpes, syphilis, chancroid, and human papillomavirus (HPV)—which are transmitted primarily through contact with infected skin or with mucosal surfaces. Because these STIs may be transmitted across surfaces not covered or protected by the condom, condoms provide a lesser degree of protection against them." [CDC, 2002a; citing Cates and Stone, 1992a; Cates and Stone, 1992b; d'Oro *et al*, 1994; and other studies]

Further STI trend data do not bear out the claim that STIs are climbing. Trend data reported by CDC include the following:

- "The rate of primary and secondary syphilis reported in the United States decreased during the 1990s and in 2000 was the lowest since reporting began in 1941." [CDC, 2002b, page 25]
- "Since 1987, reported cases of chancroid have declined steadily." [CDC, 2002b, page 35]
- "Following a 73.8 percent decline in the reported rate of gonorrhea from 1975 to 1997, in 1998 the gonorrhea rate increased by 7.8 percent and has remained essentially unchanged through 2001." [CDC, 2002b, page 15]
- Visits to physicians' offices for first-time treatment regarding genital warts have gone up and down, but have generally declined since a high in 1987. [CDC, 2002b, page 37]
- "The continuing increase in chlamydia case reports most likely represents an . . . increase in screening for this infection and also increased use of more sensitive (better) chlamydia screening tests than used in prior years." [CDC, 2002b, page 7]

[For complete list of references see *Condom Effectiveness and STIs* at the end of this report]

INACCURACY III. Condoms Don't Afford Good Protection Against Pregnancy.

Not one of the abstinence-only curricula used in Illinois and reviewed for this report includes information about how to select a birth control method or use it effectively. However, several of the curricula exaggerate condoms' failure rates with regard to pregnancy.

Choosing the Best in its parent book, *The Big Talk*, understates condoms' effectiveness in preventing pregnancy, claiming that, "14 percent of women who use condoms scrupulously for birth control become pregnant within one year." *Choosing the Best Way Leader's Guide* (page 13) also provides incomplete information about condoms' effectiveness. The curriculum states, "couples who use condoms to avoid a pregnancy have a failure rate of 15%."

The Facts: When Used Consistently and Correctly, Condoms Are Very Effective in Preventing Pregnancy.

The Big Talk misleads and confuses parents by obfuscating the difference between "scrupulous" and typical use of condoms. "Scrupulous," is defined as "painstakingly exact." (Merriam-Webster, 2003) *The Big Talk*, however, erroneously links "scrupulous use" with the failure rates associated with "typical use." In most studies, typical use includes inconsistent and incorrect use of condoms. Inconsistent and incorrect use is associated with 15 percent of users' experiencing pregnancy within a year. [Trussell, 2004; Spruyt *et al*, 1998; Warner *et al*, 1998] Scrupulous use is properly correlated to "perfect use," which research shows to result in less than two percent of users' experiencing pregnancy within one year. [Trussell, 2004; Spruyt *et al*, 1998; Warner L *et al*, 1998]

Choosing the Best Way Leader's Guide also misleads students into believing that condoms are less effective in preventing pregnancy than they are. The curriculum omits the important information that failure rates correspond to couples' use of condoms over an entire year. Instead, the curriculum states that there is a 14 percent or 15 percent chance of pregnancy with condom use, omitting any reference to time period. This omission misleads students into believing that they have a 14 or 15 percent chance of getting pregnant from each act of protected intercourse—instead of over an entire year of inconsistent or incorrect condom use. Further, students are led to believe that condom failure rates are due to flaws in the condom itself.

[See references: *Condom Effectiveness and Pregnancy* at end of this report]

INACCURACY IV. Cervical Cancer is a Common Consequence of Premarital Sex

Cervical cancer is an important topic that should be covered completely and accurately in sex education. Yet, many abstinence-only curricula provide distorted information about the risk of cervical cancer, suggesting that it is a common consequence of premarital sex.

Some curricula greatly overstate the risk of cervical cancer. For example, *Navigator* states in its teaching manual, "It is critical that students understand that if they choose to be sexually active, they are at risk for cervical cancer. The curriculum's authors fail to mention that although cervical cancer is strongly associated with HPV infection, it is a rare consequence of HPV. The curriculum fails to mention that cervical cancer is highly preventable if women get regular Pap smears. *Choosing the Best Life*, *Choosing the Best Way*, *Choosing the Best Path*, and *A.C. Green's Game Plan* also fail to discuss the role of Pap smears in the prevention of cervical cancer.

Choosing the Best Way tells students that condoms have not been proven effective in blocking the transmission of HPV and that "no evidence" demonstrates condoms' effectiveness against HPV transmission. (p.51 and 33 respectively) The curriculum omits information that condoms have been proven to reduce the risk of cervical cancer itself.

The Facts: Cervical Cancer Is Rare and Highly Preventable.

"There are over 80 types of human papillomavirus (HPV). Approximately 30 types are transmitted sexually and can infect the cervix. About half of these have been linked to cervical cancer. Cervical infection with HPV is the primary risk factor for cervical cancer. However, HPV infection is very common and *only a very small percentage of women infected with untreated HPV will develop cervical cancer.*" [Italics added; National Cancer Institutes, 2004] "Based

on a study in which people without a history of genital warts were tested for the DNA of the virus in the genital area, it is estimated that between 40 and 70 percent of sexually active adults have the genital warts virus.” [Marr, 1998] This would mean that, of the nearly 50 million women in the United States ages 20 through 44, between 20 million and 35 million have been infected with HPV. [U.S. Census Bureau, 2002] At the same time, about 10,500 women are diagnosed each year with invasive cervical cancer, and about 3,900 women died of this disease in 2004. [American Cancer Society, 2004] Finally, recent research indicates the very positive impact of condoms in helping prevent cervical cancer in HPV-infected young women. [Hogewoning *et al*, 2003]

Leading medical authorities, including the National Cancer Institute and the American Medical Association concur that “If all women had pelvic exams and Pap tests regularly, most precancerous conditions would be detected and treated before cancer develops... A Pap test is a simple, painless test to detect abnormal cells in and around the cervix... Women should have regular checkups, including a pelvic exam and a Pap test, if they are or have been sexually active or if they are age 18 or older.” [American Medical Association, 2004].

Further, research indicates that consistent use of condoms can help prevent cervical cancer. “We investigated the effect of condom use on regression of CIN lesions and on clearance of HPV... The 2-year cumulative rates of HPV clearance were 23% vs. 4%, respectively ($p = 0.02$) among condom users versus non-users of condoms. Although lower regression rates were found if women were HPV-positive and had CIN2 lesions at baseline, effects of condom use were found both in women with CIN1 and in women with CIN2 lesions. Condom use promotes regression of CIN lesions and clearance of HPV.” [Hogewoning *et al*, 2003]

Finally, in 2006 the FDA approved Gardasil, a vaccine which protects against the two types of HPV (16 and 18) which cause 70 percent of cervical cancer. In clinical trials on young women ages 16-26 Gardasil was nearly 100 percent effective in preventing cervical, vulvar, and vaginal precancers caused by HPV types 16 and 18. In trials on young women ages 9-15, 99 percent of vaccinated girls developed antibodies, indicating they were also protected from cancers caused by types 16 and 18. [FDA, 2006] The CDC recommends Gardasil for girls and women ages 11-26. [CDC, 2006] More than 10 million doses of Gardasil have already been distributed worldwide, considerably reducing those young women’s chances of getting cervical cancer.

[For a complete list of references see: [Pap Smears and Cervical Cancer at the end of report](#)]

INACCURACY V. Gender Stereotyping—Girls are Controlled by Emotion, Boys by Hormones

In addition to the inaccuracies included in many of Illinois’ abstinence-only programs, many of the curricula also present stereotypes of girls and boys as scientific fact. These curricula reinforce old stereotypes that girls should be seen more than heard and should defer to men to solve problems. They also continue to imply that boys are driven by hormones and girls are responsible for warding off sexual advances.

For example, the *Sex Respect* Student Workbook (page 10) includes information for young women that puberty “is when girls need to start acting as well-mannered ladies, instead of uncontrolled children, since they are physically capable of having a child and need to protect this potential gift by respecting the power to help give life to a child.”

Choosing the Best Life, Leaders Guide (p. 7) depicts emotions as limiting girls’ ability to focus and reinforces the stereotype that boys do not feel emotions. It states, “Generally, guys are able to focus better on one activity at a time and may not connect feelings with actions. Girls access both sides of the brain at once, so they often experience feelings and emotions as part of every situation.

Sex Respect suggests that young men and women have assigned gender roles related to dating. Page 131 of the teacher’s manual outlines that while on a date, the young man is responsible for providing transportation and having enough money while the young woman is responsible for being ready on time, telling her date about her curfew, and helping him get her home on time.

The curriculum’s student workbook goes on to state that “a young man’s natural desire for sex” is already strong due to testosterone (p. 11). The curriculum then puts the responsibility for controlling sexual behavior squarely on young women: “yet because they generally become physically aroused less easily, girls are still in a good position to slow down the young man and help him learn balance in the relationship.” (p. 12)

Finally, these curricula also lead young women to believe that they should be seen more than heard and should leave the problem solving to their male partners. For example, *Choosing the Best Soul Mate* includes a story on page 51 about a knight who saves a princess from a dragon. The next time the dragon arrives, the princess advises the knight to kill the dragon with a noose, and the following time with poison, both of which work but leave the knight feeling “ashamed.” The knight eventually decides to marry a village maiden, but does so “only after making sure she knew nothing about nooses or poison.” The curriculum concludes, “Moral of the story: Occasional suggestions and assistance may be alright, but too much of it will lessen a man’s confidence or even turn him away from his princess.”

The Facts: Gender Stereotypes Are Fictitious—Most Women Are Not Helpless, Nor Are Most Men Aggressive and Unemotional.

By 2008, women will make up 48 percent of the workforce. Currently, 12 percent of corporate directors are female, five percent of top earning executives are women and little over one percent of Fortune 500 companies are led by female CEOs; [Lindell, 2003] At the same time, many studies show that men share with women the full spectrum of emotions and emotional needs. [Resnick et al, 1997; Borowsky *et al*, 1997; Cummins J *et al*, 1999; Wolman C, 1994; Stephens T, 1986; Kotler *et al*, 1988]

It is stunning that, in this day and age, stereotyped and absurd assertions about males and females are being taught as fact in *any* school in the United States. The reality is that most gender-related differences between males and females are the results of culture and societal pressures (including stereotyped education) and not of nature. The widespread depression suffered among women in Afghanistan after the Taliban curtailed their freedoms and limited their future prospects is a powerful example of the stresses that cultural stereotypes cause. [Najman JM *et al*, 2004; Cardozo *et al*, 2004; Scholte *et al*, 2004]

[For a complete list of references see: *Gender Stereotyping*, at the end of this paper]

INACCURACY VI. Abstaining From Sexual Activity Will Cure Mental Health Problems

A primary premise of abstinence-only-until-marriage programs are that 1) sexual activity outside of marriage is likely to cause physical and emotional harm and 2) abstinence can cure serious mental health issues. For example, *Choosing the Best Path* tells young people that a long list of personal problems—including isolation, jealousy, poverty, heartbreak, substance abuse, unstable long-term commitments, sexual violence, embarrassment, depression, personal disappointment, feelings of being used, loss of honesty, loneliness, and suicide— “can be eliminated by being abstinent until marriage” (p. 19).

The Facts: Mental Health Problems Are Complex and Not Caused by Sexual Activity

There is no research that supports such an assertion. On the contrary, even small children can suffer embarrassment, loneliness, jealousy, and heartbreak. Anyone, abstinent or not, can tell lies. People who are abstinent can be raped. Anyone can suffer depression. Given the right circumstances in life, almost anyone might consider suicide. Sex doesn’t *cause* jealousy, poverty, heartbreak, isolation, embarrassment, depression, personal disappointment, dishonesty, loneliness, or suicide. So, how can sexual abstinence *prevent* them?

Mental health can be affected by external factors such as job loss, family break-up, living in a violent neighborhood, or having little hope for the future. It can also be affected by chemical imbalance, physical disability, or other physically related problems. Some research shows that people who are depressed are more likely than non-depressed people to take sexual risks, such as unprotected sex (that is, the depression may be causally linked to the sexual behaviors, not the other way around). [Resnick *et al*, 1997; Cummins J *et al*, 1999; Resnick *et al*, 1997; Brooks, 2001; Irwin CE *et al*, 2002]

[For a complete list of references see: *Mental Health* at the end of this paper]

Conclusion

Illinois teens continue to suffer from sexually transmitted diseases, including HIV and unwanted pregnancy. Delaying sexual debut and increasing abstinence among young people in the state is an admirable goal. But abstinence-only-until-marriage programs are not the answer. They simply do not work for most teens. The recent Congressionally mandated evaluation of abstinence-only-until-marriage programs failed to demonstrate any positive impact of these programs on young people's sexual behavior. Further, as this report demonstrates, these programs can be dangerous. Many contain inaccurate, false, and misleading information that leave Illinois youth vulnerable and ill informed.

Young people in Illinois deserve accurate, honest information about their sexual health. Numerous studies indicate that providing such information will not increase young people's sexual activity nor lessen the age of sexual initiation. Further, 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. [Baldo M *et al*, 1993; Kirby D, 2001; Alford S *et al*, 2003]

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[Note: this list represents only a very small proportion of recent articles showing no significant psychological and developmental differences between male and female adolescents.]

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