

SIECUS PUBLIC POLICY OFFICE

STATE PROFILE

NORTH DAKOTA

North Dakota received \$88,991 in federal funds for abstinence-only-until-marriage programs in Fiscal Year 2006.¹

North Dakota Sexuality Education Law and Policy

North Dakota does not mandate sexuality education nor does it address what can or cannot be taught in sexuality education classes. The state also does not have a suggested curriculum.

North Dakota does not require parental permission for students to participate in sexuality or HIV/AIDS education nor does it say whether parents or guardians may remove their children from such classes.

Recent Legislation

SIECUS is not aware of any proposed legislation regarding sexuality education in North Dakota.

Events of Note

SIECUS is not aware of any recent events related to sexuality education in North Dakota.

North Dakota's Youth: Statistical Information of Note²

- In 2005, 41% of female high school students and 42% of male high school students in North Dakota reported ever having had sexual intercourse compared to 46% of female high school students and 48% of male high school students nationwide.
- In 2005, 2% of female high school students and 5% of male high school students in North Dakota reported having had sexual intercourse before age 13 compared to 4% of female high school students and 9% of male high school students nationwide.
- In 2005, 11% of female high school students and 12% of male high school students in North Dakota reported having had four or more lifetime sexual partners compared to 12% of female high school students and 17% of male high school students nationwide.
- In 2005, 33% of female high school students and 31% of male high school students in North Dakota reported being currently sexually active (defined as having had sexual intercourse in the three months prior to the survey) compared to 35% of female high school students and 33% of male high school students nationwide.

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- In 2005, among those high school students who reported being currently sexually active, 59% of females and 68% of males in North Dakota reported having used condoms the last time they had sexual intercourse compared to 56% of females and 70% of males nationwide.
- In 2005, among those high school students who reported being currently sexually active, 29% of females and 20% of males in North Dakota reported having used birth control pills the last time they had sexual intercourse compared to 21% of females and 15% of males nationwide.
- In 2005, among those high school students who reported being currently sexually active, 28% of females and 32% of males in North Dakota reported having used alcohol or drugs the last time they had sexual intercourse compared to 19% of females and 28% of males nationwide.
- In 2005, 90% of high school students in North Dakota reported having been taught about AIDS/HIV in school compared to 88% of high school students nationwide.
- In 2000, North Dakota's abortion rate was 8 per 1,000 women ages 15–19 compared to a teen abortion rate of 24 per 1,000 nationwide.³
- In 2004, North Dakota's birth rate was 27 per 1,000 women ages 15–19 compared to a teen birth rate of 41 per 1,000 nationwide.⁴

Title V Abstinence-Only-Until-Marriage Funding

North Dakota received \$88,991 in federal Title V funding in Fiscal Year 2006. 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 may be provided in part or in full by local groups. In North Dakota, sub-grantees provide the match and, in addition, the communities they serve provide a number of in-kind serves that are counted toward the match. The North Dakota Department of Health oversees the funding and retains 30% for the salary, benefits, and travel of the program coordinator.

Sub-grantees may not use more than 10 percent of the funding they receive for administration. They must use another 10 percent to conduct evaluations that follow participants through high school, and the remainder must be used for direct program activities. All information distributed by the programs must be approved by the North Dakota Department of Public Instruction.

There are four sub-grantees in North Dakota: Community Action Partnership, Dickinson School District, Make a Sound Choice, and the Northern Lights Youth Services. Their projects and target populations vary widely, and include Native American youth, high-risk youth, and youth in general from middle school to college age. The sub-grantees use a variety of curricula including *A.C. Greene's Game Plan, Navigator,* and *Postponing Sexual Involvement.*

SIECUS reviewed *Game Plan* and found that in order to convince high school students to remain abstinent until marriage, the curriculum relies on messages of fear and shame, inaccurate and misleading information, and biased views of marriage, sexual orientation, and family structure. In addition, *Game Plan* fails to provide important information on sexual health, including how students can seek testing and treatment if they suspect they have an STD. Finally, the format and underlying biases of the curriculum do not allow for cultural, community, and individual values, and discourage critical thinking and discussions of alternate points of view in the classroom. For example, *Game Plan*

states, "Even if you've been sexually active, it's never too late to say no. You can't go back, but you can go forward. You might feel guilty or untrustworthy, but you can start over again."⁵

SIECUS reviewed *Navigator* and found that it relies on messages of fear and shame, inaccurate and misleading information, and biased views of marriage, sexual orientation, and pregnancy options. *Navigator* fails to provide important information on sexual health, and the format and underlying biases of the curriculum dictate specific values and discourage critical thinking. For example, the authors explain that "*Navigator* does not promote the use of contraceptives for teens. No contraceptive device is guaranteed to prevent pregnancy. Besides, students who do not exercise self-control to remain abstinent are not likely to exercise self-control in the use of a contraceptive device."⁶

Make a Sound Choice is the abstinence-only-until-marriage arm of FirstChoice Clinic, a crisis pregnancy center.⁷ Crisis pregnancy centers typically advertise as providing medical services and then use anti-abortion propaganda, misinformation, and fear and shame tactics to dissuade women facing unintended pregnancy from exercising their right to choose. In an interview with *True Choices for Women*, an anti-choice blog focusing on crisis pregnancy centers, FirstChoice Clinic tells readers, "Yes, the clinic also has a prevention department called Make a Sound Choice (MSC) which teaches sexual integrity and abstinence until marriage programs to area youth. This program is designed to empower youth to live with sexual integrity for their entire life. In our culture, we have seen some breakdown where the body is viewed as an instrument, and sex is viewed as recreational...that attitude speaks a lie about how we are designed as male and female." It goes on to say, "The Clinic's Make a Sound Choice program presented to over 15,000 area youth in the last academic year—it is a dynamic program and is well received."⁸

FirstChoice Clinic gives misinformation about abortion on its website, including telling visitors that emergency contraception is a form of abortion, that abortion may cause breast cancer or infertility, and that abortion causes post-abortion stress syndrome. These assertions are all false. In fact, emergency contraception (EC), also referred to as "the morning-after pill," is a high dose of regular birth control pills that can reduce a woman's chance of becoming pregnant by 75 to 89 percent if taken within 72 hours of unprotected intercourse. Many people confuse EC with RU-486 or mifepristone, often called the "abortion pill." EC is not the same thing and cannot end a pregnancy. EC works by delaying or inhibiting ovulation or inhibiting implantation. If an egg has already implanted in a woman's uterus, EC will neither terminate the pregnancy nor harm the fetus. In fact, research suggests that the availability of EC has led to a decrease in abortions. According to the Guttmacher Institute, emergency contraceptives accounted for up to 43% of the decrease in total abortions between 1994 and 2000, and an estimated 51,000 abortions were averted by women's use of emergency contraceptives in 2000 alone.9 In February 2003, the National Cancer Institute convened a group of 100 experts on pregnancy and breast cancer risk who reviewed "existing population-based, clinical, and animal studies on the relationship between pregnancy and breast cancer risk, including studies of induced and spontaneous abortion" and concluded that induced abortion is not linked to an increase in the risk of breast cancer.¹⁰ Finally, there is no sound scientific evidence linking abortion to subsequent mental health problems, termed "post-abortion stress syndrome" by anti-abortion groups. Neither the American Psychological Association nor the American Psychiatric Association recognize "post-abortion stress syndrome" as a legitimate medical condition.¹¹

The website directly addresses young men in a section called "Guys—FirstChoice Clinic is Here for You, Too!" It explains, "As the father, you may not always have legal means of interfering with an abortion, but you can always encourage your girlfriend to talk with a consultant. Your strong support at this emotional time is crucial! FirstChoice Clinic has both nurses and consultants who are ready to assist you." It also tells young men that one of the differences between adoption and abortion is that "with adoption, your pregnancy ends with giving life. With abortion, your pregnancy ends with death."¹²

Northern Lights Youth Services is the abstinence-only-until-marriage project of North Dakota SADD (Student Again Destructive Decisions, formerly Students Against Drunk Driving).

Community-Based Abstinence Education (CBAE) and Adolescent Family Life Act (AFLA) Grantees

There are no CBAE or AFLA grantees in North Dakota.

Federal and State Funding for Abstinence-Only-Until-Marriage Programs in FY 2006

Abstinence-Only-Until- Marriage Grantee Length of Grant	Amount of Grant	Type of Grant (includes Title V, CBAE, AFLA, and other funds)
North Dakota Department of Health <u>www.health.state.nd.us</u>	\$88,991 federal	Title V
Community Action Partnership www.dickinsoncap.org	\$7,226	Title V sub-grantee
Dickinson School District www.dickinson.k12.nd.us	\$19,741	Title V sub-grantee
Make A Sound Choice <u>www.makeasoundchoice.com/</u> <u>content</u> Project of First Choice Clinic <u>www.firstchoiceclinic.com</u>	\$31,397	Title V sub-grantee
Northern Lights Youth Service A project of ND SADD <u>www.ndsadd.com</u>	\$16,574	Title V sub-grantee

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Title V Abstinence-Only-Until-Marriage Coordinator

Barb Schweitzer Abstinence-Only Education Program North Dakota Department of Health 600 East Boulevard Ave., Dept 301 Bismarck, ND 58505 Phone: (701) 328-4535

North Dakota Organizations that Support Comprehensive Sexuality Education

ACLU of the Dakotas 112 North University Dr., Suite 301 Manchester Building Fargo, ND 58102 Phone: (701) 461-7290 www.acludakotas.org Planned Parenthood Minnesota, North Dakota, South Dakota 1965 Ford Pkwy. St. Paul, MN 55116 Phone: (612) 825-2777 www.ppmns.org

The League of Women Voters of North Dakota P.O. Box 295 Fargo, ND 58107 Phone: (701) 232-6696 www.lwvnd.org

North Dakota Organizations that Oppose Comprehensive Sexuality Education

Diocese of Fargo 5201 Bishops Blvd., Suite A Fargo, ND 58102 Phone: (701) 356-7910 www.fargodiocese.org

North Dakota Right to Life 1102 South Washington St., #110 P.O. Box 551 Bismarck, ND 58502 Phone: (701) 258-3811 www.ndrl.org North Dakota Family Alliance P.O. Box 10367 Fargo, ND 58106 Phone: (701) 237-4218 www.ndfa.org

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Newspapers in North Dakota

Bismarck Tribune Sheena Dooley Medical/Health Reporter P.O. Box 5516 Bismarck, ND 58506 Phone: (701) 223-2500

Devils Lake Journal Michael Bellmore Journal Editor 516 4th St. Devils Lake, ND 58301 Phone: (701) 662-2127

The Forum

Bonnie Clarie Community News Columnist 101 5th St. N Fargo, ND 58102 Phone: (701) 235-7311

The Jamestown Sun 121 3rd St., NW Jamestown, ND 58401 Phone: (701) 252-3120

Valley City Times-Record Scarlet Gray Community News Reporter 146 3rd St. NE Valley City, ND 58072 Phone: (701) 845-0463 Daily News Assignment Editor P.O. Box 760 Wahpeton, ND 58075 Phone: (701) 642-8585

Dickinson Press Linda Sailer Medical/Health Editor 1815 1st St. W Dickinson, ND 58601 Phone: (701) 225-8141

Grand Forks Herald Paulette Tobin Medical/Health Reporter 375 2nd Ave. N Grand Forks, ND 58203 Phone: (701) 780-1134

Minot Daily News Jill Schramm Medical/Health Reporter 301 4th St. SE Minot, ND 58701 Phone: (701) 857-1943

Williston Daily Herald Assignment Editor 14 4th St. W Williston, ND 58801 Phone: (701) 572-2165

¹ This refers to the fiscal year for the federal government which begins on October 1 and ends on September 30. The fiscal year is designated by the calendar year in which it ends; for example, Fiscal Year 2006 begins on October 1, 2005 and ends on September 30, 2006.

² Unless otherwise cited, all statistical information comes from Danice K. Eaton, et al., "Youth Risk Behavior Surveillance— United States, 2005," *Surveillance Summaries, Morbidity and Mortality Weekly Report*, vol. 55, no. SS-5 (9 June 2006): 1-108, accessed 26 January 2007, <<u>http://www.cdc.gov/HealthyYouth/yrbs/index.htm</u>>.

³ U.S. Teenage Pregnancy Statistics: Overall Trends, Trends by Race and Ethnicity and State-by-State Information (New York: The Guttmacher Institute, February 2004), accessed 26 January 2007, <<u>http://www.guttmacher.org/pubs/2006/09/12/USTPstats.pdf</u>>.

⁴ National Vital Statistics Reports 55.01 (Hyattsville, MD: National Center for Health Statistics, 2006), 10, accessed 26 January 2006, <<u>http://www.cdc.gov/nchs/data/nvsr/nvsr55/nvsr55_01.pdf</u>>.

⁵ Scott Phelps and Libby Gray, *A.C. Green's Game Plan* (Golf, IL: Project Reality, 2001). For more information, see SIECUS' review of *A.C. Green's Game Plan* at <<u>http://www.communityactionkit.org/curricula_reviews.html</u>>.

⁶ Scott Phelps and Libby Gray, *Navigator: Finding Your Way to A Healthy and Successful Future* (Golf, IL: Project Reality, 2003). For more information, see SIECUS' review of *Navigator* at <<u>http://www.communityactionkit.org/curricula_reviews.html</u>>.

7 'Events," Make A Sound Choice, (2004-2005), accessed 12 February 2007,

<<u>http://www.makeasoundchoice.com/content/events.htm</u>>.

8 "True Choices For Women," First Choice Clinic, (7 August 2006), accessed 12 February 2007,

<http://truechoices.blogspot.com/2006/08/first-choice-clinic-fargo-north-dakota.html>.

⁹ Food and Drug Administration, "Prescription Drug Products; Certain Combined Oral Contraceptives for Use as Postcoital Emergency Contraception," *Federal Register* 62.37 (1997): 8609-8612; Rachel K. Jones, et al. "Contraceptive Use Among U.S. Women Having Abortions in 2000-2001," *Perspectives in Sexual and Reproductive Health* 34.6 (Nov./Dec. 2002): 294-303. ¹⁰ National Cancer Institute, "Abortion, Miscarriage, and Breast Cancer Risk," 30 May 2003, accessed 30 January 2007,

<http://www.cancer.gov/cancertopics/factsheet/Risk/abortion-miscarriage>.

¹¹ Susan Cohen, "Abortion and Mental Health: Myths and Realities," *Guttmacher Policy Review* vol. 9, no. 3 (Summer 2006), accessed 30 January 2007, <<u>http://www.guttmacher.org/pubs/gpr/09/3/gpr090308.html</u>>.

¹² "Guys—First Choice Clinic is Here For You, Tool," First Choice Clinic, (7 August 2006), accessed 12 February 2007, <<u>http://www.firstchoiceclinic.com/guys.asp</u>>.