



ALASKA

Alaska received \$752,346 in federal funds for abstinence-only-until-marriage programs in Fiscal Year 2006.¹

Alaska Sexuality Education Law and Policy

Alaska does not have a law that governs sexuality education; therefore, schools are not required to teach sexuality or sexually transmitted disease (STD) education. However, “the Alaska Department of Education & Early Development’s health education team is committed to providing teachers and school staff within the state of Alaska with current and scientifically sound research in health education and violence and disease prevention.”² The Department endorses “Programs that Work,”³ a list compiled by the Centers for Disease Control and Prevention (CDC), though it “does not endorse specific curricula, but seeks to provide districts with the most up-to-date materials and research-based programs so schools can evaluate what best meets the needs of their student population.”⁴

In addition, the Alaska content standards, *Skills for a Healthy Life*, states that students should, among other things:

- Understand the physical and behavioral characteristics of human sexual development and maturity;
- Develop an awareness of how personal life roles are affected by and contribute to the well-being of families, communities, and cultures;
- Understand how respect for the rights of self and others contributes to relationships; and
- Take responsible actions to create safe and healthy environments.

Alaska neither requires 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.

See *School Health: Health Education Program*, Alaska Department of Education and Early Development.

Recent Legislation

Legislation Includes Desired Results for Sex Education and Teen Health Outcomes

Senate Bill 279, introduced in February of 2006 and referred to the Senate Committees on Finance and State Affairs, aims to set the missions and desired results when departments within the state spend money. Desired results for the Department of Education and Early Development would include ensuring that parents have easy and ready access to all sexuality education materials taught at their schools, that parents are provided the opportunity to remove their children from sexuality education courses, and that all students attend mandatory classes that explain the benefits of sexual

abstinence. Desired results for the Department of Health and Social Services would include informing all minors of the benefits of delaying sexual activity and limiting the number of sexual partners, minimizing sexual intercourse by unmarried minors, and ensuring that sexual abstinence is taught to all minors. The Governor's office's desired outcomes would include reducing the number of teen pregnancies by seven percent per year until teen pregnancies represent not more than two percent of all pregnancies each year.

Events of Note

SIECUS is not aware of any events related to sexuality education in Alaska.

Alaska's Youth: Statistical Information of Note⁵

- In 2003, 40% of female high school students and 40% of male high school students in Alaska reported ever having had sexual intercourse compared to 45% of female high school students and 48% of male high school students nationwide.
- In 2003, 3% of female high school students and 6% of male high school students in Alaska reported having had sexual intercourse before age 13 compared to 4% of female high school students and 10% of male high school students nationwide.
- In 2003, 11% of female high school students and 13% of male high school students in Alaska reported having had four or more lifetime sexual partners compared to 11% of female high school students and 18% of male high school students nationwide.
- In 2003, 28% of female high school students and 27% of male high school students in Alaska 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 34% of male high school students nationwide.
- In 2003, among those high school students who reported being currently sexually active, 23% of females and 28% of males in Alaska reported having used alcohol or drugs the last time they had sexual intercourse compared to 21% of females and 30% of males nationwide.
- In 2003, among those high school students who reported being currently sexually active, 58% of females and 66% of males in Alaska reported having used condoms the last time they had sexual intercourse compared to 57% of females and 69% of males nationwide.
- In 2003, among those high school students who reported being currently sexually active, 28% of females and 22% of males in Alaska reported having used birth control pills the last time they had sexual intercourse compared to 21% of females and 13% of males nationwide.
- In 2003, 4% of female high school students and 2% of male high school students in Alaska reported ever having been pregnant or gotten someone pregnant compared to 5% of female high school students and 4% of male high school students nationwide.

- In 2003, 86% of high school students in Alaska reported having been taught about AIDS/HIV in school compared to 88% of high school students nationwide.
- In 2004, Alaska's birth rate was 39 per 1,000 women ages 15–19 compared to a teen birth rate of 41 per 1,000 nationwide.⁶

Title V Abstinence-Only-Until-Marriage Funding

Alaska received \$88,501 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 Alaska, the federal funds are matched with in-kind services and funds from Alaska's only Title V sub-grantee, Kids Are People (KAP).⁷ The Alaska Department of Health and Social Services oversees this funding.

The goal of Alaska's abstinence-only-until-marriage program is to increase the number of adolescents remaining abstinent from sexual activity, drugs, and alcohol. KAP's mission is to provide "prevention, intervention, and services to address the needs of youth at risk and their families."⁸ KAP implements abstinence-only-until-marriage programs for middle school students which incorporate developmental asset promotion as appropriate. According to KAP this model helps youth build 40 "developmental assets" or environmental factors and personal qualities into their lives. It is based on the premise that the more "assets" a young person has, the more likely he/she is to remain abstinent.

KAP uses the *Postponing Sexual Involvement* (PSI) curriculum with seventh and eighth grade students in at least six school districts. It also works with at-risk youth and their families, including young people who are currently in, or have been in, juvenile justice facilities.

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

There is one CBAE grantee in Alaska: the Crisis Pregnancy Center of Anchorage and Eagle River. There are no AFLA grantees in Alaska.

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.

The Crisis Pregnancy Center of Anchorage's website contains misinformation. For example, in the "considering abortion" section it lists emergency contraception as a "method of abortion" and states that "if you value the human life that begins at conception, you will want to avoid using EC." 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 not terminate the pregnancy nor will it harm the developing 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

This section of the Crisis Pregnancy Center of Anchorage's website also contains information about "Post Abortion Stress." 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.¹⁰ Nevertheless, abortion opponents often refer to studies that have been found to have severe methodological flaws or cite anecdotal evidence of this condition in an effort to scare women out of exercising their right to choose.

The Crisis Pregnancy Center of Anchorage offers free ultrasound exams as a client service.¹¹ According to Crisis Pregnancy Center of Anchorage, “As you explore your options, including abortion, an ultrasound will confirm your pregnancy and help you make an informed decision” and “This information is important, whether you are considering abortion or continuing your pregnancy.”¹² Its website explains, “Some may say the tiny baby in the early stages of life looks like an ‘alien.’ But this is far from the truth. Aliens are science fiction and not real. Tiny human beings are very real—with beating hearts, rapidly forming bodies, and individual personalities!”¹³ The American Institute of Ultrasound in Medicine (AIUM), Society for Diagnostic Medical Sonography (SDMS), American College of Radiology (ACR) and the U.S. Food and Drug Administration (FDA) all discourage the use of ultrasound machines for the non-medical, non-diagnostic purpose of manipulating a patient’s decision.¹⁴

Through its “Let’s Talk” presentations, the CPC of Anchorage claims to have reached over 30,000 teens in Alaska. The organization describes “Let’s Talk” as “a positive alternative to the ‘safe sex’ message.”¹⁵ “Let’s Talk” uses two popular abstinence-only-until-marriage curricula: *WAIT (Why Am I Tempted) Training* and *ASPIRE*. In October of 2006, the group held state-wide training for organizations in Alaska interested in using the curricula.

SIECUS reviewed *WAIT Training* and found that it contained 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 contains messages of fear and shame and biased views of gender, sexual orientation, and family type. For example, *WAIT Training* explains that “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.”¹⁶

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

Abstinence-Only-Until-Marriage Grantee	Amount of Grant	Type of Grant (includes Title V, CBAE, AFLA, and other funds)
Length of Grant		
The Alaska Department of Health and Social Services www.hss.state.ak.us	\$88,501 federal	Title V
Kids Are People (KAP)	\$88,501	Title V sub-grantee

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Abstinence-Only-Until-Marriage Grantee Length of Grant	Amount of Grant	Type of Grant (includes Title V, CBAE, AFLA, and other funds)
"Let's Talk" Abstinence Program/Crisis Pregnancy Center of Anchorage and Eagle River 2005–2008 www.cpcanchorage.com www.letstalkalaska.com	\$663,845	CBAE

Title V Abstinence-Only-Until-Marriage Coordinator

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Alaska Organizations that Support Comprehensive Sexuality Education

ACLU of Alaska
 P.O. Box 201844
 Anchorage, AK 99520
 Phone: (907) 276-2258
www.akclu.org

Alaska Pro-Choice Alliance
 P.O. Box 232676
 Anchorage, AK 99523
 Phone (907) 334-3055
www.alaskaprochoice.org

Juneau Pro-Choice Coalition
 P.O. Box 22860
 Juneau, AK 99802
 Phone: (907) 463-1548
<http://juneauchoice.com>

Planned Parenthood of Alaska
 4001 Lake Otis Parkway
 Anchorage, AK 99508
 Phone: (907) 563-2229
www.plannedparenthoodalaska.org

Alaska Organizations that Oppose Comprehensive Sexuality Education

Alaska Interior Right To Life
 P.O. Box 18566
 Fairbanks, AK 99708
 Phone: (907) 479-LIFE

Alaska Right To Life
 3400 Spenard Rd., Suite 4
 Anchorage, AK 99503
 Phone: (907) 276-1912
www.alaskarighttolife.org

Newspapers in Alaska*Anchorage Daily News*

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 P.O. Box 149001
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Anchorage Daily News

Lisa Demer
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Alaska Magazine

Andy Hall
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 Anchorage, AK 99518
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Daily Sitka Sentinel

Sandy Poulson
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 112 Barracks St.
 Sitka, AK 99835
 Phone: (907) 747-3219

Fairbanks Daily News-Miner

Robinson Duffy
 Education Writer
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 Fairbanks, AK 99701
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Juneau Empire

Ken Lewis
 Assistant City Editor
 3100 Channel Dr.
 Juneau, AK 99801
 Phone: (907) 586-3740 ext. 263

Ketchikan Daily News

Education Editor
 501 Dock St.
 Ketchikan, AK 99901
 Phone: (907) 225-3157

Kodiak Daily Mirror

Betsy Lund
 Editor
 1419 Selig St.
 Kodiak, AK 99615
 Phone: (907) 486-3227

Peninsula Clarion

Education Editor
 150 Trading Bay Dr.
 Kenai, AK 99611
 Phone: (907) 283-7551

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 State of Alaska Department of Education & Early Development, "School Health: Other Health Education Programs and Related Information," 31 October 2006, accessed 26 January 2007, <<http://www.eed.state.ak.us/tls/schoolhealth/otherhealthprograms.html>>.

³ The CDC no longer sponsors "Programs That Work." Although these programs were proven effective, information about them has been removed from the CDC website. For more information, contact the SIECUS Public Policy office.

⁴ State of Alaska Department of Education & Early Development, "School Health: Other Health Education Programs and Related Information."

⁵ Unless otherwise cited, all statistical information comes from Jo Anne Grunbaum, et al., "Youth Risk Behavior Surveillance—United States, 2003," *Surveillance Summaries, Morbidity and Mortality Weekly Report* 53.SS-2 (21 May 2004): 1-95, accessed 28 January 2005, <<http://www.cdc.gov/nccdphp/dash/yrbs/>>. Alaska did not participate in the 2005 YRBS.

⁶ *National Vital Statistics Reports 55.01* (Hyattsville, MD: National Center for Health Statistics, 2006), 10, accessed 26 January 2006, <http://www.cdc.gov/nchs/data/nvsr/nvsr55/nvsr55_01.pdf>.

⁷ KAP closed during FY 2007. The Alaska Department of Health and Social Services is in the process of determining future sub-grantees.

⁸ Kids Are People, accessed 17 January 2007, <<http://www.kidsarepeople.org/pages/who.htm>>.

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

¹¹ "Client Services," Crisis Pregnancy Center of Anchorage, accessed 6 February 2007, <http://www.cpcanchorage.com/client_services.html>.

¹² Ibid.

¹³ "Understanding Pregnancy," Crisis Pregnancy Center of Anchorage, accessed 21 March 2007, <http://www.cpcanchorage.com/understanding_pregnancy.html>.

¹⁴ "AIUM Discourages the Sale and Use of Ultrasound Equipment for Personal Use in the Home," Press Release published 28 November 2005, accessed 31 January 2007, <<http://www.aium.org/pressRoom/releasesContent.asp?id=106>>.

¹⁵ Ibid.

¹⁶ Joneen Krauth-Mackenzie, *WAIT (Why Am I Tempted) Training, Second Edition* (Greenwood Village, CO: WAIT Training, undated). For more information, see SIECUS' review of *WAIT Training* at <http://www.communityactionkit.org/curricula_reviews.html>.