

Toward a Sexually Healthy America

**Abstinence-Only-Until-Marriage Programs
that Try to Keep Our Youth “Scared Chaste”**

MARTHA E. KEMPNER, M.A.

**Sexuality Information
and Education Council
of the United States
(SIECUS)**

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Sexuality Information and Education
Council of the United States
(SIECUS)
130 West 42nd Street
Suite 350
New York, NY 10036-7802

KEEPING OUR YOUTH “SCARED CHASTE”

EXECUTIVE SUMMARY

In recent years, a proliferation of abstinence-only-until-marriage education materials has surfaced, designed to control young people’s sexual behavior by instilling fear, shame, and guilt. These curricula are often rooted in specific religious beliefs and portray premarital sexual activity as immoral and universally harmful.

This resource will help educators, parents, and community members understand the common characteristics and the potential harm of these curricula.

Fear-based, abstinence-only-until-marriage curricula:

- Omit information about important topics such as reproductive health, body image, sexual identity, and finding help
- Rely on fear and shame and portray premarital sexual activity as inevitably harmful
- Include misinformation about sexually transmitted diseases (STDs); exaggerate their incidence and prevalence; and present worst-case scenarios as commonplace
- Include biased and often inaccurate information about HIV/AIDS
- Present condoms and contraception only in terms of failure rates; often exaggerate condom failure rates
- Idealize one family structure that consists of a married couple raising children; portray families living within other structures as troubled
- Foster myths and stereotypes about gender differences; place responsibility for setting sexual limits on women/girls
- Omit discussion of sexual orientation; discuss homosexuality only in relation to STDs and HIV/AIDS; refer to homosexual behavior as “unnatural”
- Present biased information about pregnancy options; portray abortion as dangerous and immoral; suggest adoption as the only morally correct option for a woman/teen facing an unintended pregnancy

Fear-based, abstinence-only-until-marriage curricula directly oppose the goals of comprehensive sexuality education, including helping young people develop a healthy understanding of their sexuality so that they can make responsible decisions.

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INTRODUCTION

Using Fear and Shame to Control Young People's Behavior

In 1992, the Sexuality Information and Education Council of the United States (SIECUS) witnessed a proliferation of sexuality education curricula that limited discussion to sexual abstinence before marriage and that relied upon fear and shame to control young people's sexual behavior. To help educators, parents, and community members understand these curricula, SIECUS published *Scared Chaste?*, an article detailing the characteristics of these curricula and warning of their potential harm.

A lot has happened in the eight years since that article was published. The most notable event, perhaps, was the creation of a federal entitlement program in 1996 that allocated \$50 million a year for programs that “have as their exclusive purpose teaching the benefits of abstinence until marriage” and specifically teach that “sexual activity outside of marriage is likely to have harmful psychological and physical effects.”¹ This created a new demand for abstinence-only-until-marriage curricula similar to those

SIECUS reviewed in 1992. In response, existing curricula were revised and new ones were developed.

Some of the current abstinence-only-until-marriage programs have toned down their fear-based messages, corrected blatantly false information about STDs and condoms, and removed overt references to specific religious teachings. Although not as blatant, these curricula, unfortunately, continue to rely on fear and shame, omit critical information, contain medical misinformation, include biases based on gender and sexual orientation, present a one-sided view of marriage and family, and include antichoice information.

By exaggerating the negative consequences of premarital sexual activity, portraying sexual behavior as universally dangerous, and denying young people information about pregnancy and disease prevention, these curricula directly oppose the goals of comprehensive sexuality education, including helping young people develop a healthy understanding of their sexuality so

they can make responsible decisions throughout their lives.

SIECUS supports teaching young people about abstinence. In fact, SIECUS' *Guidelines for Comprehensive Sexuality Education: Kindergarten–12th Grade* state that one of the four primary goals of comprehensive sexuality education is “to help young people

exercise responsibility regarding sexual relationships, including addressing abstinence and [how] to resist pressure to become prematurely involved in sexual relationships.”²

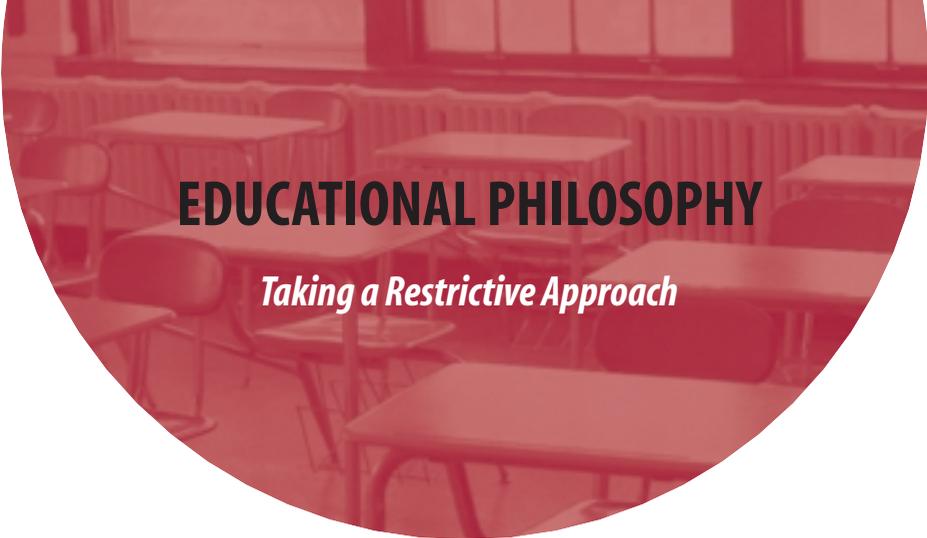
However, abstinence is only one of 36 topics covered in the *Guidelines*. SIECUS does not support teaching young people only about abstinence—primarily because scientific evaluations have never proved that abstinence-only education is effective. While many publishers of abstinence-only-until-marriage curricula have conducted in-house evaluations, the fact remains that there are no

published studies in professional, peer-reviewed literature indicating that abstinence-only programs are effective in helping young people delay intercourse.³ In addition, SIECUS does not support any program that uses fear and negative messages to motivate young people's behavior.

SIECUS believes that abstinence is a healthy choice for adolescents and that premature involvement in sexual behavior poses risks. Data have consistently shown, however, that 50 percent of high school students have engaged in sexual intercourse.⁴ All students, including those who are sexually active and those who choose to postpone intercourse until after marriage, benefit from learning about sexual health during their teen years.

This booklet is based on SIECUS' review of nine of the most widely available, fear-based, abstinence-only-until-marriage curricula designed for junior and senior high school students. Brief reviews of each curriculum are included on page 55. For more information, visit our Web site at www.siecus.org.

The fact remains that there are no published studies in professional, peer-reviewed literature indicating that abstinence-only programs are effective.



EDUCATIONAL PHILOSOPHY

Taking a Restrictive Approach

In recent years, parents, educators, and policymakers have debated the relative benefits of abstinence-only-until-marriage education and comprehensive sexuality education. Authors of fear-based curricula often use the introduction or parent guide to explain why this type of education is best. In doing so, the guiding philosophy behind the curricula becomes quite clear. For example, *Facing Reality* explains:

The emphasis of the curriculum you have in your hands is to address the question of premarital sexual activity directly and without ambiguity. These materials recognize that this activity is unhealthy, in and of itself, and will challenge your students to consider the many life-enhancing options they can keep open by avoiding premature sexual involvement.⁵

Other curricula directly question comprehensive sexuality education, specifically those programs that

include information about condoms and contraception. *CLUE 2000* states:

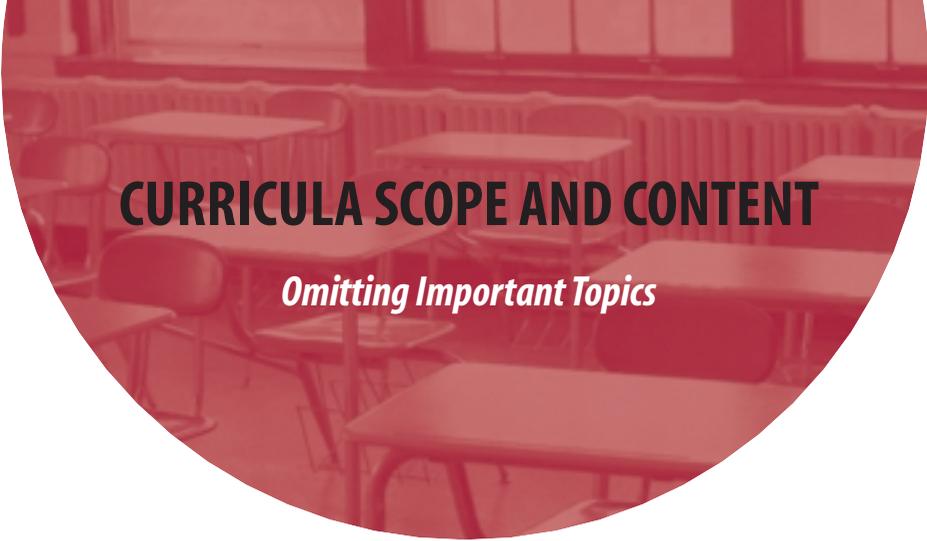
Teaching unmarried teens about contraceptives and condoms in a setting that purposely ignores marriage, family, social consequences, and national concerns is unethical. Especially in light of recent research, condom-based sex education borders on educational malpractice.⁶

Teen-Aid's *Sexuality, Commitment & Family* suggests that teaching students about both abstinence and condoms sends a mixed message similar to suggesting that students should not smoke but recommending filter-top cigarettes for those who do.⁷ *Facing Reality* takes this criticism one step further by telling readers that "there is some evidence that such programs [contraceptive education] are linked to earlier onset of sexual activity."⁸

No Easy Answers, a report released by the National Campaign to Prevent

Teen Pregnancy, has shown that this assertion is untrue. In fact, numerous studies and evaluations published in peer-reviewed literature suggest that comprehensive sexuality education is an effective strategy to help young people delay their involvement in sexual intercourse. These studies also

suggest that sexuality education that teaches about both abstinence and contraception does not encourage teens to start having sexual intercourse, increase the frequency with which teens have intercourse, or increase their number of sexual partners.⁹



CURRICULA SCOPE AND CONTENT

Omitting Important Topics

SIECUS' review of current curricula is based on our *Guidelines*, which were developed by a task force of professionals from the fields of education, medicine, youth services, and sexuality education. The *Guidelines* are a framework for comprehensive sexuality education programs and represent a consensus about the necessary components of such programs. Abstinence is one of 36 topics included in the *Guidelines*.

By nature, abstinence-only-until-marriage programs are narrow in scope and omit many topics. Fear-based, abstinence-only-until-marriage curricula typically limit discussion to topics such as HIV and other STDs, the failure rates of condoms and contraception, and the benefits of marriage. Many of these curricula also discuss societal and peer pressure to become sexually active and include information on negotiation and decision-making

skills to resist such pressure.

The focus of the curricula reviewed in this publication varies widely. Some, such as *Choosing the Best*, focus almost exclusively on STDs while others, such as *WAIT Training*, provide virtually no information on STDs, focusing instead on the benefits of marriage. It is surprising that of these nine curricula used to teach sexuality, only the *FACTS* curricula (both the middle school and high school versions) include detailed information about puberty, reproductive anatomy, and reproduction.

Other topics recommended in the *Guidelines* are totally eliminated from the reviewed curricula. Such topics include body image, sexual identity, finding help, sexuality throughout life, masturbation, fantasy, sexual dysfunction, reproductive health, sexuality and the law, diversity, and sexuality and the arts.

SEXUALITY AND ABSTINENCE

Presenting Negative Messages

While the immediate goal of many sexuality education programs is to delay the initiation of sexual intercourse (possibly until marriage) or increase the use of pregnancy- and disease-prevention methods, many programs also have the long-term goal of promoting sexual health. Because abstinence-only-until-marriage education is often the only formal sexuality education many youth receive, the information and messages in the curricula can have lifelong effects on their view of sexuality.

SIECUS' *Guidelines* contain age-appropriate messages that assure students that they are sexual beings and that sexual feelings and fantasies are normal, even though young people do not need to act upon them. Several of the curricula reviewed in this publication contain similar messages. For example, *WAIT Training* has as a goal helping "teens understand how to be 'sexual' without being 'sexually active.'"¹⁰ *FACTS* tells students that "sexuality is a wonderful aspect of our human nature and needs to be

protected."¹¹ It goes on to say that "there is nothing wrong with sexual feelings, but acting on them inappropriately may cause harm."¹²

Most fear-based curricula, however, do not make a distinction between sexuality and sexual activity. Further, they concentrate solely on the negative consequences of behavior, leaving students with the message that sexuality itself has harmful consequences. In fact, *Facing Reality* equates sexuality and drug use by focusing the curriculum on both subjects.

One reason this book treats two major areas, drugs and sexuality, under one cover is because the tendency to misuse both may stem from the same basic error. That error is the choice to feel good or "escape" for the moment at the expense of your own health and happiness and that of those around you.¹³

The authors of this curriculum fail to recognize and explain that while

illegal drug use is a universally harmful behavior, sexuality is a natural part of being human. Even when sexuality is limited to sexual acts, sexual behavior is not universally harmful, and most parents want their children to have a happy and healthy adult sex life.

CLUE 2000 directly challenges the concept that all people are sexual beings. It says that by claiming “we are sexual from birth,” proponents of comprehensive sexuality education are perpetuating a dangerous myth that “can be used to justify adult-child sex.” The curriculum goes on to challenge the very idea of learning about sexuality by saying it is a myth that “we should talk openly, honestly, and frankly about sex”¹⁴ and that “exposure to sex knowledge by a trusted adult gives a false sense of security.”¹⁵

Just as messages about sexuality can be both positive and negative, so can messages about abstinence. The *Guidelines* suggest that students learn that “abstinence from intercourse has benefits for teenagers” and that “abstinence from sexual intercourse is the best method to prevent pregnancy and STD/HIV.”¹⁶

In contrast, fear-based curricula often flip the focus so that students learn only the consequences of deciding not to be abstinent. While this may seem like a trivial distinction, it is not when the ultimate goal of education is sexual health. For example, *CLUE 2000* compares the decision to become sexually active to that of murdering or stealing. “We are not free when we choose to murder, steal, or cheat. Just as we make choices in academics and sports, we make moral choices.

And just like in reading, writing, and basketball, true freedom depends on making the right choices.... The most important moral choice is whether or not to have sex before marriage.”¹⁷ The curriculum goes on to state that “virgins can devote more time and energy to developing character, talents, and career choices.”¹⁸ The implication here is that students who choose not to remain abstinent are immoral and have weaker character, less talent, and fewer career choices.

Perhaps the most important criticism about the discussion of abstinence in fear-based curricula is the lack of a clear definition. In order to gain the disease- and pregnancy-prevention benefits that abstinence-only-until-marriage curricula promise, students must know what sexual activities can lead to pregnancy and disease. In other words, students need to know precisely from what they are abstaining. A few of the curricula offer definitions of abstinence. For example, *FACTS* defines abstinence as “refraining from the act of sexual intercourse and all the intimate physical acts which lead up to it.”¹⁹ *CLUE 2000* states that abstinence is “voluntarily refraining from all sexual relationships before marriage in order to uplift your own self-worth and provide freedom to build character, develop career potentials and practice true love.”²⁰

“The most important moral choice is whether or not to have sex before marriage.”

— CLUE 2000

Unfortunately, most fear-based curricula avoid discussing all sexual behaviors except penile-vaginal intercourse. As a result, students are often left with the belief that merely abstaining from this one behavior will protect them from all STDs and unintended pregnancy. In order to make informed decisions, students need to

know that other behaviors such as oral and anal sex also can lead to STD transmission. It is interesting to note that one study of adolescent sexual behavior showed that one third of teenagers who identified themselves as virgins had engaged in oral sex and one percent of virgins had engaged in anal sex.²¹

RELIGION AND MORALITY

Teaching Specific Values

Critics of abstinence-only-until-marriage curricula often argue that these programs are based on specific religious doctrine and that their use in public schools violates the doctrine of separation of church and state.

In the early 1990s, two of the curricula reviewed here, *Sex Respect* and *Facing Reality*, were the subject of litigation. The judge concluded that they violated Louisiana state law by including religious beliefs, information that was factually inaccurate, and antiabortion counseling. Much of the judge's decision was upheld on appeal.²²

Early versions of these curricula often contained blatant references to religious beliefs or values. As the curricula gained popularity in public schools and other secular settings, the authors became more cautious about the treatment of religion or religious beliefs in subsequent editions.

Some curricula have removed references to religion. For example, the word “spirituality” was removed entirely from the 1997 revised edition of *Sex Respect*. Other curricula mention religion while

not mentioning specific religious doctrine. For example, *FACTS* says “religiousness” is a factor that promotes abstinence in teens, and defines this as teens having “belief systems which are important to them and in which they regularly participate (not related to a specific denomination).”²³ The authors of *Facing Reality* suggest that “while the public school is not a place where young people should be proselytized into joining religious sects, this does not mean that young people should not discuss issues that have religious or philosophical implications.”²⁴

Many curricula appear to rely on terms such as “morality” and “ethics” to mask religious context. *Facing Reality* asks parents: “Is it moral for your sons and daughters to engage in sexual activity before marriage? The physical, psychological and spiritual risks are overwhelming. This is not a religious viewpoint.” It goes on to suggest: “The fact that many religious traditions also support such notions does not mean that the public school is disqualified from presenting them. We can

encourage moral/ethical behavior without advocating sectarian doctrines.”²⁵

CLUE 2000, on the other hand, takes a strong position on teaching about religion. This curriculum, written by the Pure Love Alliance, a project of the Unification Church, states that “religions vary, but every religious scripture has a clearly worded warning about the dangers of misusing sex. It is wrong to call this fear-based.” The curriculum goes on to include quotes from the New Testament, the Old Testament, the Dhammadpada, the Quaran, and the Bhagavad Gita.²⁶ In a footnote, the authors say, “This is not an attempt to teach religion in school. It is an attempt to teach about

“...every religious scripture has a clearly worded warning about the dangers of misusing sex. It is wrong to call this fear-based.”

—CLUE 2000

religion, e.g. comparative religion, which was a recommendation made by the U.S. Supreme Court when they restricted prayer in public school settings.”²⁷ *CLUE 2000* also asks students to sign a statement at the conclusion of the program where they pledge to God that they will remain abstinent until they are married. In another footnote, the authors explain that the word “God” appears in the Pledge of Allegiance and on U.S. currency, and that the Declaration of Independence makes reference to the “creator.”²⁸

No matter how each curriculum approaches specific religious teachings, the authors all appear to rely on a universal moral or ethical code that applies to premarital sexual behavior. While many adults may believe that premarital sexual behavior is wrong or unwise, this is not a universally held belief.



FEAR AND SHAME

Scaring Students

In an effort to scare students into abstaining from sexual activity, fear-based, abstinence-only-until-marriage curricula name numerous physical and psychological consequences of premarital sexual activity, suggest that sexually active teens will never have a happy future, and imply that only teens with low self-esteem and poor judgment become sexually active.

Scare tactics

Fear-based, abstinence-only-until-marriage programs point to a myriad of social, psychological, and physical problems that they say are the inevitable result of premarital sexual behavior. *FACTS* tells students that “premarital sex has serious negative consequences and can affect you now and in your future.” In fact, one of the goals of that curriculum is “to identify premarital sex as risk-taking behavior.”²⁹ Similarly, *Sex Respect* tells students that “the consequences of sex outside of marriage can be physical, psychological, or emotional. For some people, the consequences of human

sexual activity can also affect the health of individuals, families, and society.”³⁰ In addition, *CLUE 2000* states that “choosing to become sexually active can damage your ability to love, degrade your emotional self worth and distort interpersonal relationships.”³¹ Finally, *Teen-Aid’s Sexuality, Commitment & Family* tells teachers that “premarital sex, especially with more than one person, has been linked to the development of emotional illness.”³²

Many fear-based curricula ask students to brainstorm the possible negative consequences of sexual activity. *Facing Reality* asks them to “list as many possible harmful consequences of premarital sexual activity as you can. Don’t forget to include the effects on personality.”³³ In another activity, *Facing Reality* asks students to name four opportunities “which premarital sexual activity might foreclose for you.” Teachers are instructed that “any future opportunity that emotional, social or physical complications might interfere with is acceptable even if it’s a

stretch.”³⁴ Finally, this curriculum asks students to develop a pamphlet that “makes all the risks of premarital sexual activity clear to other persons.”

Ironically, students are told that their challenge “is to get the information across without being too negative.”³⁵

By asking students to develop their own lists, authors of fear-based, abstinence-only-until-marriage curricula expect students to accept the assumption (offered without scientific evidence) that sexual activity outside of marriage has inevitable negative consequences. *Sex Respect* underscores this inevitability by saying: “Is this [AIDS and STDs] nature’s punishment

for sex outside of marriage? No, not at all. These are natural consequences. For example, if you eat spoiled food, you will get sick. If you jump from a tall building, you will be hurt or killed. If you spend more money than you make, it affects you and those whom you love. If you have sex outside of marriage, there are consequences for you, your partner, and society.”³⁶

Other curricula use analogies to help illustrate this point. *WAIT Training*, for example, compares sexual activity to fire. Students are told to picture a fire in a fireplace and brainstorm adjectives to describe it. Suggested responses include “warm” and “safe.” This picture is said to represent sexual activity in marriage. In contrast, students are told that sex outside of marriage is like a fire on a

hillside. Suggested descriptors for this include “out of control,” “loss,” “dangerous,” and “death.”³⁷

When authors develop their own lists, the possible consequences of premarital sexual activity seem endless. Perhaps the best example is in *Facing Reality*.

Pregnancy, fear of pregnancy, AIDS, guilt, herpes, disappointing parents, chlamydia, inability to concentrate on school, syphilis, embarrassment, abortion, shotgun wedding, gonorrhea, selfishness, pelvic inflammatory disease, heartbreak, infertility, loneliness, cervical cancer, poverty, loss of self-esteem, loss of reputation, being used, suicide, substance abuse, melancholy, loss of faith, possessiveness, diminished ability to communicate, isolation, fewer friendships formed, rebellion against other familial standards, alienation, loss of self-mastery, distrust of complementary sex, viewing others as sex objects, difficulty with long-term commitments, various other sexually transmitted diseases, aggressions toward women, ectopic pregnancy, sexual violence, loss of sense of responsibility toward others, loss of honesty, jealousy, depression, death.³⁸

These curricula emphasize that using precautions such as contraception will not protect young people from the hazards of premarital intercourse. According to *Sex Respect*, “THERE IS NO WAY TO HAVE PREMARITAL SEX WITHOUT HURTING SOMEONE.”³⁹

“List as many possible harmful consequences of premarital sexual activity as you can. Don’t forget to include the effects on personality.”

— *Facing Reality*

Similarly, *FACTS* tells students that “there is no such thing as ‘safe’ or ‘safer’ premarital sex. There are always risks associated with it, even dangerous, life-threatening ones.”⁴⁰

The endless discussions about the inevitable and multiple problems that result from premarital sexual behavior are clearly designed to scare students from engaging in sexual activity rather than inform them about sexuality. In addition, none of the reviewed curricula offer any scientific proof or research to support the assertion that premarital sexual intercourse leads to everything from loss of self-mastery to a distrust of others.

Shame

In addition to providing endless information on the negative consequences of premarital sexual activity, fear-based curricula also utilize a variety of tactics to suggest that teens should feel guilty, embarrassed, and ashamed of sexual behavior.

Sex Respect, for example, says, “Abstinence also keeps us from developing an association between sex, guilt, fear, and shame. The negative associations can be carried into marriage, robbing us of the pleasure and fulfillment we could have enjoyed.”⁴¹ Other curricula suggest shame in more subtle ways. For example, many of the curricula list “loss of reputation” as an outcome of premarital sexual activity. This implies that students’ families, peers, or communities will look down on them if they choose (or have already chosen) to engage in sexual activity.

Fear-based curricula use two similar tactics to suggest that students who choose to have sexual intercourse are inferior to their abstinent peers. First, many curricula list, or ask students to brainstorm, possible reasons why teenagers might have sexual intercourse. All suggested answers are negative and include lack of self-control, peer pressure, hormones, low self-esteem, and drugs. In contrast, the curricula say wonderful things about those teens who are not sexually active. *Sex Respect* says that “many young teens who have been brought up with principles and values may have already decided they want to save sex for marriage.”⁴² *FACTS* tells students that those teens who remain abstinent have the freedom to develop “socially,” “emotionally,” and “intellectually” as well as to develop “self-control” and “a value system.”⁴³ Such comments imply that sexually active teens lack values, principles, and self-control.

Recent surveys show that 39 percent of ninth-grade students, 47 percent of tenth-grade students, 53 percent of eleventh-grade students, and 65 percent of twelfth-grade students have engaged in sexual intercourse.⁴⁴ It is therefore likely that an average group to which these curricula are presented will contain several sexually active teens. Suggesting that people should hold these teens in lower esteem is damaging to sexually active

“Abstinence also keeps us from developing an association between sex, guilt, fear, and shame.”

— Sex Respect

teens and to their relationships with their peers.

Fear-based curricula often acknowledge that some students have already engaged in sexual intercourse. They typically suggest that “secondary virginity” is the only option for these young people. *Facing Reality* states:

Young people who have already been sexually active have a great deal to contribute and learn in these discussions. Their testimonies can be powerful. Their willingness to confront unhealthy patterns of behavior and change themselves can be a great sign of hope to the world as well as to their classmates.⁴⁵

Statements such as this assume that all sexually active teens regret their decision and consider their actions to be unhealthy. While it is possible that some of these teens may have had negative experiences with sexual behavior, suggesting that their decisions were the result of low self-esteem and poor judgment does nothing to help them cope with negative sexual experiences. In addition, it is equally possible that

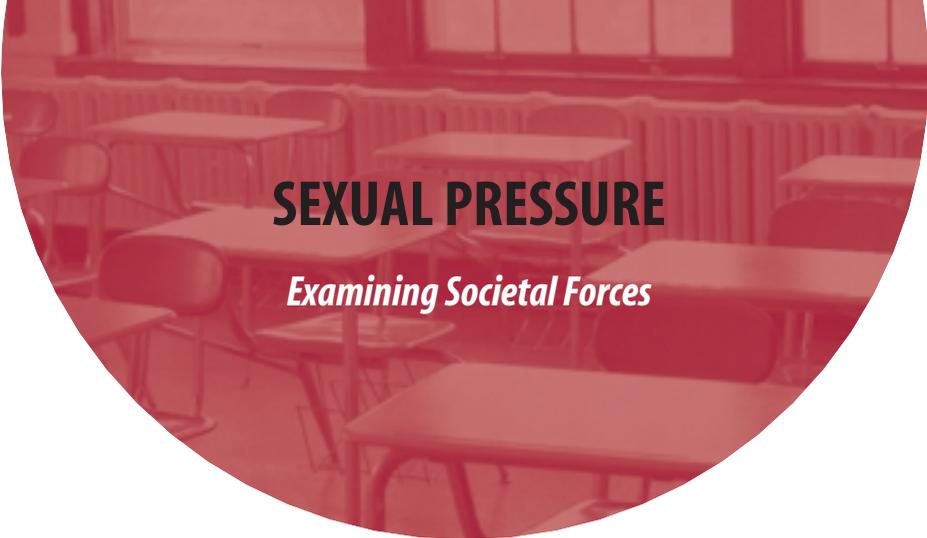
sexually active teens had consensual, safe, and protected sexual experiences about which they feel neither guilt nor shame. Suggesting that they should feel guilt or shame can only serve to produce emotional distress about an otherwise healthy experience.

Unfortunately, even in discussions of secondary virginity, the curricula show little compassion for sexually experienced students: “Students must be told that, although they can start over, they must be medically tested for disease because ACTIONS HAVE CONSEQUENCES.”⁴⁶ Teen-Aid’s *Sexuality, Commitment & Family* tells teachers that premarital sex is “a function out of control” and consistently refers to sexually active teens as dysfunctional. The curriculum tells teachers, “It is unwise and unfair to allow the sexually dysfunctional faction of students to set standards for developing district-wide programs.”⁴⁷

Finally, it is important to note that some students may have experienced sexual abuse. These curricula barely touch on this topic and rarely distinguish between wanted and unwanted sexual behavior. It is therefore possible that students who were forced to engage in sexual activity will accept the curricula’s messages about guilt and shame and suffer needlessly.

“Students must be told that, although they can start over, they must be medically tested for disease because actions have consequences.”

— WAIT Training



SEXUAL PRESSURE

Examining Societal Forces

Today's youth are faced with pressure to engage in sexual activity not only from their peers but also from popular culture and the media. To their credit, abstinence-only-until-marriage curricula recognize this and provide students with the opportunity to examine such pressures. While the quality of these sections varies, it remains important for young people to analyze media messages critically and evaluate peer pressure in order to develop resistance skills.

For example, *Choosing the Best* asks students to watch a popular television program with their parents and then discuss the way the program portrays men and women and the messages it gives about premarital sexual behavior.⁴⁸ *WAIT Training* includes a section designed to show students that the media's portrayal of sexuality is inaccurate and manipulative. Students have the opportunity to view and critique advertisements that use sexuality to sell everything from mascara to clothing. *Sex Respect* says that "radio, TV, billboards, and magazines are

unfair to teens. They are constantly trying to turn us on, to use us to sell their products."⁴⁹

In addition to discussing pressure from the media, many of the curricula reviewed in this publication include discussions of peer pressure. For example, *FACTS* defines peer pressure as "the influence of friends or other people about the same age. The pressure can be either positive or negative. It can be one-to-one or from a group to one or two people."⁵⁰ *WAIT Training* provides a more in-depth discussion of peer pressure and a more detailed model of communication. It has as a goal "to help teens say 'no' without hurting the other person's feelings."⁵¹ Toward this end, students are told that there is a difference between being aggressive and being assertive and they are given the opportunity to practice being assertive through role-plays.

Choosing the Best teaches students four strategies for fighting peer pressure. These strategies are referred to as a "comeback," a "linebacker," a "sandwich," and an "offense." A comeback is

“a short statement of your conviction and how your conviction(s) will benefit you.” Students are told to use a “comeback” when friends and peers try to pressure them with “put downs.” For example, a friend says, “You mean you’re still a virgin?” A comeback is, “I’ve decided to wait so I never have to worry about getting a disease.”⁵² A “linebacker” is “a short assertive phrase using humor or outrage to state your conviction.” Someone says, “Come on, everybody is doing it!” A “linebacker” would be, “Then you won’t have any trouble finding someone else to do it with.”⁵³ Students also learn the sandwich. This is “a positive statement, followed by a negative statement, followed by a positive statement

(usually another alternative).”⁵⁴ Finally, students are told to “go on the offense when you are put on the defense. Pressure needs to be confronted by stating: When you do/say this... I feel....”⁵⁵ After learning these strategies, students are given the opportunity to practice using them.

While these strategies may prove useful in some situations, this approach to negotiation skills does not allow students to explore the issues involved or to reenact situations they have experienced. Instead of relying on quick or witty comebacks, students would be better equipped if they were taught communication skills to use in a wide variety of situations throughout life.

SEXUAL AROUSAL

Portraying Sex as an Uncontrollable Force

After telling students that they should not give in to pressure because premarital sexual behavior is shameful and leads to a plethora of negative consequences, fear-based, abstinence-only-until-marriage curricula suggest that sex is a power that young people cannot control. *Choosing the Best* tells students about “the law of diminishing returns” through the fictitious story of Alan and Susie, who become increasingly involved because sexual activities in which they previously engaged are no longer satisfying.⁵⁶ *FACTS* illustrates a similar point using the story of a frog:

Scientists discovered that if they put a frog in a bucket of hot water, it would jump out immediately. But if they put the frog in a bucket of cool water and heated the water slowly, they could cook the frog. The frog was lulled into a false security. It could never decide at what point the water became too hot.⁵⁷

The authors use this story to suggest that “like the frog, many are

never able to decide at what point during the progression of arousal to quit. The time to stop is before genital arousal.”⁵⁸

Sex Respect shows students a chart that follows the progression of sexual feelings through these stages: “being together, hand holding, simple good night kiss, prolonged kissing, necking, petting, heavy petting, mutual sex play, sexual intercourse, end of relationship in present form.” Students are told that danger begins at prolonged kissing, that male genital arousal starts at necking, and that female genital arousal starts at petting or heavy petting.⁵⁹ The curriculum goes on to say:

As you can see from the chart on your screen, being together, hand holding, and a simple goodnight kiss usually do not cause sexual arousal. That’s keeping your “engine” off. When you go beyond those three steps, you turn the ignition switch; your engine is now turned on.... With all systems telling you to go for

it, stopping is very difficult. Passion becomes like a car with worn-down brakes speeding downhill.⁶⁰

In a separate section on pressures to engage in sexual behavior, *Sex Respect* suggests that “petting” can become such a pressure.

“Petting includes touching sensitive or private parts of the body, whether inside or outside of the clothes.

Petting is intended to turn you on. When you get aroused, your mind seems to be clouded about what is right or wrong, true or untrue. Your drive for pleasure is turned on....

**“Pet Your Dog...
Not Your Date.”
“Control Your ‘Urgin
...Stay a Virgin.”
“Don’t Be a Louse...
Wait for Your Spouse.”**

— Sex Respect

You’ve lost your freedom when your drive for pleasure takes over your decision-making ability.”⁶¹

Unfortunately, *Sex Respect* never offers students sound advice about decision-making or negotiation skills; instead, the curriculum offers only glib sound bites such as “Pet Your Dog...Not Your Date,”⁶² “Control Your Urgin’...Stay a Virgin,”⁶³ and “Don’t Be a Louse....Wait for Your Spouse.”⁶⁴

Informing students that sexual feelings are uncontrollable or overwhelming and that sexual intercourse “just happens” is counterproductive to teaching young people that they have the ability to set sexual limits and abstain from intercourse.

SEXUALLY TRANSMITTED DISEASES

Painting Worst-Case Scenarios

The first generation of fear-based curricula often contained blatantly false claims about the risks and consequences of STDs. Current editions seem to have toned down some of these messages, yet they still exaggerate the incidence and prevalence of STDs, offer worst-case scenarios as commonplace, and omit important information about diagnosis and treatment. In addition, many of the messages about STDs have undertones of guilt, shame, and gender biases.

Incidence/Prevalence

STDs are a serious and widespread problem. They are not, however, as widespread as the reviewed curricula lead students to believe. For example, in a discussion on syphilis, *Choosing the Best* states that “over 100,000 new cases [are] reported each year according to a CDC report.”⁶⁵ The specific CDC report is not cited. *Sex Respect*, using yet another uncited statistic, says that “infectious syphilis rates have more than doubled among teens since the mid-1980s.”⁶⁶ According to the CDC’s

STD Surveillance, there were only 6,657 cases of primary and secondary syphilis reported in the United States during 1999. The CDC states that this is the lowest annual number of cases reported since 1957.⁶⁷ In fact, the CDC and the U.S. Department of Health & Human Services recently announced that “the U.S. has a unique but narrow window of opportunity to eliminate syphilis while cases are still declining.”⁶⁸

CLUE 2000 uses comparisons to suggest that STDs are responsible for staggering mortality rates: “In order to understand the magnitude of the problem related to STDs just in terms of mortality rates (the number of people who die), remember that 47,393 Americans were killed in the Vietnam War and 42,420 were killed on US highways in 1997...12 million Americans are newly infected [with STDs] each year, 3 million are teenagers, and 7 million are in their 20s.”⁶⁹ *CLUE 2000* fails to tell students that unlike casualties of the Vietnam War and automobile crashes, the majority of people with STDs will not die from their infections.

“This means that more than discomfort and shame, STDs can make it impossible to ever have your own children!”

—CLUE 2000

Sex Respect’s explanation of how many people are infected with STDs each year may actually mislead students about the nature of STD transmission. “This year 13 million people are going to contract one of fifty sexually transmitted diseases. Of all these people, probably none of them will be virgins.”⁷⁰ In reality, many teens who identify as virgins because they have not had penile-vaginal intercourse are nonetheless engaging in activities, such as oral sex, that place them at risk for STDs. The CDC recently released a fact sheet stating that “numerous studies have demonstrated that oral sex can result in the transmission of HIV and other sexually transmitted diseases (STDs).”⁷¹ Fear-based, abstinence-only-until-marriage curricula would better serve students by explaining the true nature of disease transmission as well as ways in which all teens can protect themselves.

Worst-case scenarios

In describing the effects of STDs, fear-based, abstinence-only-until-marriage curricula use worst-case scenarios as though they were typical. The small amount of information students receive about the initial symptoms of STDs is overshadowed by detailed descriptions of the devastating health problems that result from untreated STDs. This tactic is clearly designed to scare students. More importantly, it

may also cause them to dismiss their own minor symptoms, thereby delaying treatment and increasing the likelihood of complications.

In explaining bacterial STDs, *CLUE 2000* says, “In other words, even though bacteria may be cured, the damage it caused can not be repaired.”⁷² What the curriculum does not say is that early treatment of bacterial STDs can prevent any permanent damage. Fear-based, abstinence-only-until-marriage curricula rarely acknowledge that the long-term effects they mention are caused by untreated infections. For example, *Choosing the Best* says that chlamydia “causes an infection of the pelvic structure called PID,”⁷³ and *CLUE 2000* says “chlamydia can cause infertility in women. This means that more than discomfort and shame, STDs can make it impossible to ever have your own children!”⁷⁴ In truth, untreated chlamydia can lead to pelvic inflammatory disease (PID), a general term for an infection of the lining of the uterus, the fallopian tubes, and/or the ovaries that can lead to infertility. However, neither curricula clearly explains that chlamydia is easily curable. If diagnosed early and treated with antibiotics, it will not lead to PID. Further, if diagnosed early and treated with antibiotics, PID will not lead to infertility.⁷⁵

Viral infections, such as the human papilloma virus (HPV), are also described in terms of worst-case scenarios. *Choosing the Best* tells students that “for men and women, the primary danger from HPV is cancer. Currently, HPV infections kill

5,000 women each year.”⁷⁶ In truth, HPV is not a fatal disease. Research has found, however, that there is a link between certain types of HPV and cervical cancer as well as vulvar and penile cancer. Both vulvar and penile cancer are rare. Cervical cancer is more common and does lead to approximately 5,000 deaths each year. The National Cancer Institute (NCI) describes certain “high risk” types of HPV as “the primary risk factor for cervical cancer.” However, NCI points out that “it is important to note that not every HPV infection is destined to become cervical cancer, in fact HPV infection is very common, while cervical cancer is not.”⁷⁷ Again, the curricula may lead students to incorrectly believe that HPV is a fatal disease when they omit the important facts and information.

After explaining that HPV infection leads to cancer, *Choosing the Best* goes on to say that “vulva cancer requires the removal of the entire vulva area through major surgery.”⁷⁸ In truth, vulvar cancer is a rare type of cancer that accounts for only three to five percent of the gynecological cancers diagnosed each year.⁷⁹ Vulvar cancer typically grows slowly, and early detection can mean the difference between minor surgery and removal of the genitals.⁸⁰ If caught early, it is 90 percent curable.⁸¹

Describing rare complications as common and informing students that infection with an STD could lead to such dramatic results as the removal of the entire external genital area is a scare tactic that could potentially frighten students from seeking treatment.

Lack of information on screening and treatment

Information about screening and treatment for STDs is virtually left out of the curricula reviewed in this publication. While some curricula, such as *Sex Respect* and *Clue 2000*, suggest that sexually active students get tested, they give little information to support this recommendation, and some of the information they give is inaccurate. For example, *Sex Respect* tells students that a specific blood test is needed to check for chlamydia.⁸² In truth, chlamydia is a bacterial infection detectable through a genital examination and culture. According to the CDC’s STD Information Hotline, there is no blood test that can check for chlamydia.

In addition to giving little information on screening, many fear-based, abstinence-only-until-marriage curricula give messages that may discourage students from seeking help. First, their brief explanations of initial symptoms are overshadowed by detailed descriptions of later complications. This will likely lead students to ignore or minimize early symptoms. Early screening and treatment for STDs is the best method to prevent the very complications upon which fear-based curricula concentrate. For example, the CDC reports that screening for chlamydia can reduce the incidence of PID by as much as 60 percent.⁸³ In addition, the NCI indicates that approximately half

“Herpes victims struggle with intense feelings of anger and guilt.”

— Choosing the Best

of the women with newly diagnosed invasive cervical cancer had not had a Pap test within the past five years.⁸⁴

Second, many of the reviewed curricula tell students that STDs are embarrassing. For example, *Choosing the Best* tells students that “herpes victims struggle with intense feelings of anger and guilt.”⁸⁵

In fictitious stories designed to illustrate such feelings, students are told that, for example, Mary was “embarrassed and nervous about going to the campus health clinic to have a small, painless genital sore examined.”⁸⁶ While

these emotions are understandable, the curriculum does nothing to emphasize the importance of overcoming embarrassment in order to seek help.

Finally, the curricula seem to assert that STDs do not affect men. While

they consistently show dramatic illustrations of the long-term effects of untreated STDs in women, the curricula say very little about the effects of these diseases on men. For example, *Choosing the Best* tells students that “the first herpes outbreak in a woman can be so painful, she is unable to urinate and may have to be admitted to a hospital for catheterization and medication.”⁸⁷ Yet the curriculum says nothing about herpes sores on men. In addition, all of the fictitious stories used in *Choosing the Best* to illustrate the pain of STDs (with the exception of the story about HIV) involve women. This may lead male students to assume incorrectly that they have no reason to seek help.

Discouraging treatment is in direct opposition to the public health needs of young people. Students need to learn how to prevent STDs as well as how to seek help as soon as they suspect a problem and before more serious complications develop.

“The first herpes outbreak in a woman can be so painful, she is unable to urinate and may have to be admitted to a hospital....”

— Choosing the Best



HIV/AIDS

Distorting Information

Like the information presented about other STDs, the curricula provide information about HIV that is often confusing, inaccurate, or outdated. This information also relies heavily on fear and typically contains biases based upon sexual orientation.

Some of the reviewed curricula provide accurate, basic information about HIV/AIDS. For example, *Choosing the Best* tells students that “AIDS (Acquired Immune Deficiency Syndrome) is a viral infection caused by the Human Immunodeficiency Virus (HIV).”⁸⁸ Both *FACTS* and the two Teen Aid curricula contain detailed explanations of how HIV attacks the immune system.

Unfortunately, many of the curricula fail to clearly articulate basic information and often blur the line between HIV and AIDS. *Sex Respect* tells students that “today, of course, we know that AIDS is caused by a virus. Sometimes called HIV (human immunodeficiency virus) the virus will be referred to in this chapter as the AIDS virus.”⁸⁹

New curricula also often contain

outdated and inaccurate information about this disease. *Sex Respect* explains the three stages of HIV as asymptomatic seropositive, AIDS-related complex, and full-blown AIDS. The authors acknowledge that “AIDS Related Complex is a term not officially recognized by the CDC but it is used to describe a variety of symptoms and signs found in some persons with HIV.”⁹⁰ *CLUE 2000* includes the following unsubstantiated information about the origin of AIDS: “One person in Africa probably contracted the AIDS/HIV virus by accidentally getting infected with contaminated monkey blood. If that person were living a monogamous life (meaning that they were only having sex with their spouse), then probably only one to two people would have died from AIDS.”⁹¹

Discussions of HIV transmission are also often confusing and inaccurate. To answer the question, “How is HIV most frequently caught?,” *Sex Respect* discusses anal intercourse (which it describes as “unnatural behavior”) in one paragraph, talks about “the

injecting of intravenous drugs” in another paragraph, and uses three paragraphs to discuss the possibility of HIV transmission through French kissing. *Sex Respect* explains in detail a 1987 case in which the CDC investigated an HIV transmission apparently caused by kissing. The curriculum does not, however, tell students that this was the only case ever investigated by the CDC in which kissing was possibly responsible for the transmission of HIV and that transmission in this case was probably due to open-mouth sores.⁹² According to the CDC’s

HIV Information Hotline, the risk of acquiring HIV during open-mouth kissing is low and stems from the possibility of open sores and the presence of blood in the mouth, not from saliva. In addition, although *Sex Respect* informs students that the “AIDS virus” is present in semen and vaginal fluids, it never specifically mentions penile-vaginal intercourse as a risk factor.

On the subject of transmission, *Facing Reality* merely says that “health experts tell us that if you abstain from I.V. drug use and premarital sexual contact you have just about eliminated the pathways available to the AIDS virus (H.I.V).”⁹³ While this statement may be true under some circumstances, it does not explain how HIV is actually spread. This may lead students to assume incorrectly that one cannot contract HIV from one’s husband or wife. Similarly, *WAIT Training* tells

students only that “as far as we know today, AIDS is transmitted four ways: mother to child, contaminated blood supply, IV drug use, [and] sexual activity with an HIV positive individual.”⁹⁴ Without explaining what it means for an individual to be HIV positive, the curriculum does not give students the information they need to make informed decisions about their behavior.

Some of the reviewed curricula also do a poor job explaining that HIV is not transmitted through casual contact. *Sex Respect* contains perhaps the most confusing explanation.

Some people fear HIV may be transmitted in other ways, says the CDC report. However, there is no scientific evidence to date to support HIV transmission by means of air travel or insects, among suggested routes. HIV is found in varying amounts in blood, semen, vaginal fluid, breast milk, saliva, and tears. Studies of HIV survivals show that even high concentrations of HIV virus, when dried, reduces the number of infectious viruses by up to 99 percent within a few hours. HIV does not spread or maintain infectiousness outside its host.⁹⁵

It may prove difficult for teens to understand that this paragraph means that HIV is not transmitted through mosquito bites or casual contact such as shaking hands, sharing a bathroom, or giving a hug.

The reviewed curricula also rely heavily on fear when dealing with HIV/AIDS. *Sex Respect* says “AIDS will

“One person in Africa probably contracted the AIDS/HIV virus by accidentally getting infected with contaminated monkey blood.”

— CLUE 2000

kill you.”⁹⁶ *Choosing the Best* tells students that “if you get AIDS, you face a certain and painful death.”⁹⁷ In a fictitious discussion between Vincent, a young man who learns that he is HIV positive when donating blood, and his physician, *Facing Reality* says, “Vince, the disease doesn’t usually kill you. It sets you up to be killed by other causes.”⁹⁸ Finally, *Sex Respect* contains an illustration of a couple surrounded by their past sexual partners as well as those individuals’ past sexual partners. The caption reads “if anyone has been exposed to AIDS...it has been nice knowing you. So long!”⁹⁹

This cavalier attitude toward a fatal disease shows a total lack of compassion for those individuals who do have HIV or AIDS. *Sex Respect* says “the AIDS patients who need health and supportive services will cost our country between 8 and 16 billion dollars.”¹⁰⁰ *Sex Respect* also includes an illustration of five individuals. The question next to the picture is: “How can you tell if someone has AIDS?” The answer: “There is no way for you to predict. Anyone can be carrying your death warrant.”¹⁰¹ *Facing Reality* tells parents and teachers that “educators who struggle to overcome ignorance and instill self-mastery in their students will inevitably lead them to recognize that some people with AIDS are now suffering because of the choices they made.”¹⁰²

What fear-based curricula fail to

acknowledge is that some of today’s middle and high school students were born HIV positive. The messages of fear and blame can only harm these students and their relationships with peers.

Finally, subtle biases against gay men are found in some of the discussions on HIV/AIDS. *Sex Respect* tells students that AIDS is the most common STD among “homosexuals and bisexuals.”¹⁰³ It does not, however, provide any data to back up this assertion. In addition, *Sex Respect* tells students that, “Research and common sense tell us the best ways to avoid AIDS are: Remain a virgin until marriage. If you marry, marry a virgin. Remain faithful to your spouse. Avoid homosexual behavior. Avoid the use of intravenous drugs. Do not marry someone who uses (or has used) intravenous drugs.”¹⁰⁴

While this advice may help prevent HIV transmission under certain circumstances, it does not provide enough information about the means of transmission to allow students to make rational and responsible decisions. For example, a student could remain a virgin, marry another virgin and stay faithful to that person, yet be exposed to HIV because his or her spouse was born HIV positive.

“How can you tell if someone has AIDS? There is no way for you to predict. Anyone can be carrying your death warrant.”

— Sex Respect

CONDOMS AND CONTRACEPTION

Misrepresenting the Facts

To convince students that premarital sexual relationships have unavoidable consequences, fear-based, abstinence-only-until-marriage curricula spend a great deal of time explaining that condoms and other contraceptive methods do not prevent pregnancy or disease. They then discourage condom use by suggesting that they are too complicated for teens to use correctly.

Condoms as contraception

To fully understand research on condom effectiveness, students must understand the difference between *method failure* and *user failure*. *Method failure* refers to failure that results from a defect in the product. *User failure* refers to failure that results from incorrect or inconsistent use.

In its fact sheet on condoms, the CDC explains that the term condom failure rate often imprecisely refers to the percentage of women who become pregnant over the course of a year in which they reported using condoms as their primary method of birth control—even if they did not use

condoms every time they had intercourse. The CDC concludes that “clearly, these statistics don’t report condom failure but user failure.”¹⁰⁵

The reviewed curricula appear, however, to purposefully blur this distinction to convince students that condoms cannot work for them. *Sex Respect* states that “we know the failure rate for condoms used to avoid pregnancy is around 10 percent over the course of a year.”¹⁰⁶ *Choosing the Best* says that the “published condom failure rates for pregnancy prevention are between 10 and 30 percent.”¹⁰⁷ Teen-Aid’s *Me, My World, My Future* incorrectly interprets condom failure rates to mean that “at the least, the chances of getting pregnant with a condom are 1 out of 6.”¹⁰⁸

The curricula go on to assert that condom failure is the result of problems with the condom rather than problems that the user could fix, such as incorrect or inconsistent usage. *CLUE 2000* tells students that “condoms break, tear, slip off and have manufacture defects. Failure rates

attributed to defective products and inherent latex weakness are between 0.5 and 7 percent.”¹⁰⁹ *Choosing the Best* points to a 1995 *Consumer Reports* article that stated that two percent to five percent of condoms tear during use. The curriculum goes on to say that “a University of Manchester survey found 30 percent of those who had obtained condoms from their family planning clinic had one or more condoms either burst or slip off in the three months before the survey.”¹¹⁰

Method failure of the male condom is uncommon. In fact, it is estimated to occur in only three percent of couples using condoms consistently and correctly during the first year of use. In order to understand this estimate, *Contraceptive Technology* explains that “only three of 100 couples who use condoms perfectly for 1 year will experience an unintended pregnancy.” It goes on to say that “if each [of these 100 couples] had intercourse at the average coital frequency for U.S. women of 83 acts per year, then 100 couples would have intercourse a combined total of 8,300 times a year. Three pregnancies resulting from 8,300 acts of condom use is a remarkably low pregnancy rate (.04 percent) when calculated on a per-condom basis.”¹¹¹

Most studies have reported that condoms break less than two percent of the time during intercourse or withdrawal. *Contraceptive Technology* explains that “not all condom breaks are equally as risky. As many as 25 to 65 percent of condom breaks occur before intercourse and pose no biological risk of pregnancy or infection if a

new condom is used for intercourse.” Condom slippage is also rare, occurring anywhere from 0.6 to 13 percent of acts of vaginal intercourse.¹¹² It is interesting to note that a more recent *Consumer Reports* article (June 1999) states that “quality has improved vastly in the past four years” and that “with correct use, a condom will break as little as two percent of the time, authorities believe, and will slip off as little as 1 percent of the time.”¹¹³

In truth, condom failures are most often caused by errors in use, “most notably the failure of couples to use condoms during every act of sexual intercourse.”¹¹⁴ It is, therefore, important to look at the data on typical use or user failure. Among those couples using condoms as their primary method of contraception, about 14 percent will experience an unintended pregnancy during the first year. It is important to remember that these couples may not have been using condoms or may have been using condoms incorrectly during the act of intercourse that resulted in an unintended pregnancy. To further put this in perspective, it helps to look at other contraceptive methods. For example, 26 percent of women using periodic abstinence as a method of birth control will experience an unintended pregnancy within the first year as will 85 percent of those using no method.¹¹⁵

A recent article suggests that when proponents of abstinence-only-until-

**“Relying on
condoms
is like playing
Russian roulette.”**

**— Me, My World,
My Future**

“For condoms to be used properly, over 10 specific steps must be followed every time. This tends to minimize the romance and spontaneity of the sex act.”

— Choosing the Best

marriage education say abstinence is 100 percent effective in preventing pregnancy, they are actually pointing to a method failure rate of zero. The

authors note that this failure rate is achieved only if the user consistently abstains from all vaginal intercourse. They also suggest that a true comparison of the effectiveness of abstinence to other contraceptive methods is possible only when researchers allow for the possibility that not all individuals who use abstinence as their primary method of birth control will consistently remain abstinent. In other words, the authors suggest that researchers need to determine a user failure rate for abstinence.¹¹⁶

It is true that if used consistently, abstinence is 100 percent effective in preventing pregnancy. It is also true that if used consistently and correctly, condoms are 98 percent effective in preventing pregnancy.¹¹⁷

Condoms as disease prevention

After citing high condom-failure rates relating to pregnancy, many of the reviewed curricula go on to suggest that condoms are even less effective in preventing the transmission of STDs. For example, *Choosing the Best* tells students, “Since infection does not depend on a fertile window of only 3–5 days each month, and disease organisms are much smaller than sperm, disease failure rates are estimated to be much higher.”¹¹⁸ *FACTS* also points to

the relative size of sperm and other organisms: “The size difference between a sperm cell and the HIV virus can be roughly related to the difference between the size of a football field and a football.”¹¹⁹ The curriculum suggests that a latex condom might successfully stop sperm, but that small holes in the latex could allow smaller organisms such as HIV to pass through. *FACTS* ends its discussion about the disease-prevention aspect of condoms by saying, “The actual ability of condoms to prevent the transmission of HIV/AIDS even if the product is intact, is not definitively known.”¹²⁰

Teen-Aid’s *Me, My World, My Future* likens condom use to a game of Russian Roulette: “The first player spins the cylinder, points the gun to his/her head, and pulls the trigger. He/she has only one in six chances of being killed. But if one continues to perform this act, the chamber with the bullet will ultimately fall into position under the hammer, and the game ends as one of the players dies. Relying on condoms is like playing Russian roulette.”¹²¹

These arguments once again mislead students about the nature of condom failure and disregard years of scientific research that has found condoms to be an effective method of preventing many STDs. Research has shown that condoms are 99.9 percent effective in reducing the risk of STD transmission when used in combination with a spermicide.¹²² Researchers have also concluded that using a condom during intercourse to protect against HIV transmission is more than 10,000 times safer than not using a

condom.¹²³ In addition, the CDC states that, “Latex condoms, which are regulated by the Food and Drug Administration (FDA) as a medical device, must undergo stringent tests, including tests for microscopic holes. If any holes are found in sample condoms, the entire product batch is discarded.”¹²⁴

In addition to laboratory studies that show latex condoms are highly effective in preventing transmission of HIV and other STDs, numerous real-life studies of discordant couples (couples in which one person is infected with HIV and the other is not) show the same thing. In one study, 123 couples used condoms for every act of vaginal and/or anal intercourse. None of the HIV-negative partners became infected.¹²⁵

The CDC concludes that “these studies show latex condoms are highly protective, and point to the need to promote consistent and correct condom use.”¹²⁶

Discouraging condom use

After suggesting that condoms will not protect individuals against unwanted pregnancies or STDs, many fear-based, abstinence-only-until-marriage curricula also suggest that proper condom use is difficult.

CLUE 2000 says that “correct use requires self-control and discipline, special handling and proper storage, no foreplay...placing and removal of condom correctly (special instructions for the uncircumcised)...placement and removal of condom at precise moments.”¹²⁷ *Choosing the Best* also tells students that the correct use of a condom is difficult.

For condoms to be used properly, over 10 specific steps must be followed every time. This tends to minimize the romance and spontaneity of the sex act. These steps include: inspecting the condom for holes and leaks before using, putting the condom on as you begin foreplay, using proper lubricants, leaving an air space, using spermicide, careful removal of the condom, immediate washing of the genital area with both soap and water.¹²⁸

This list suggests that condom use is intimidating, time consuming, and hard to figure out. *Choosing the Best* states:

At three University of California campuses and Cleveland State University, 66% [of students] said they never used a condom despite required courses on sexual behavior. Only 6% indicated that they always use a condom.¹²⁹

According to the CDC, “studies of hundreds of couples show that consistent condom use is possible when people have the skills and motivations to do so.” They go on to say that “people who are skeptical about condoms aren’t as likely to use them — but that doesn’t mean they won’t have sex.”¹³⁰ The detailed discussions of condom failure included in the reviewed curricula are likely to make students, at best, skeptical and,

“Premarital sexual activity does not become a healthy choice or a moral choice simply because contraceptive technology is employed.”

— Facing Reality

at worst, convinced of failure. This does not mean that students will refrain from sexual intercourse but may mean that those students who have sexual intercourse will refrain from condom use. These students will therefore put themselves at risk for STDs and unintended pregnancy.

Other methods of contraception

The majority of the reviewed curricula contain limited discussions about all contraceptive methods except condoms. They tend to include very general information on why contraception is not effective and why premarital sexual activity, even with the use of contraception, is dangerous. *Facing Reality* says that historically, contraception fails 10 to 15 percent of the time. It goes on to say: “Premarital sexual activity does not become a healthy choice or a moral choice simply because contraceptive technology is employed.

Young persons will suffer and may even die if they choose it. The ‘mythology of contraception’ must be challenged by any one who teaches human sexuality.”¹³¹

FACTS adds that “contraceptive use can never protect against the effects of emotional scarring.”¹³²

The reviewed curricula also argue that teenagers are ill equipped to handle the correct use of contraceptive methods. *FACTS* tells teens, “Furthermore, most contraceptive methods require consistent and correct

usage in order to achieve high effectiveness. The vast majority of teenagers do not yet have the maturity needed for that kind of behavior.”¹³³ *Sex Respect* gives more specific data to show why teenagers should not use contraception: “The average combined failure rate for teens using various types of contraceptives with a high rate of compliance is 9.9% to 13% annually.”¹³⁴ While it is true that teenagers tend to have slightly higher contraceptive failure rates than adult women,¹³⁵ this particular statistic comes from data collected between 1971 and 1979, before *Sex Respect’s* students were born.

FACTS asks students to brainstorm the reasons that teens may not use contraception effectively. Suggested responses include fear that birth control will harm their health, lack of comfort using contraceptives (“especially those that involve touching the genital area to insert or apply”), and lack of knowledge of ovulation and fertility cycles.¹³⁶ Once again, the curriculum expects students to accept an assertion as fact: that teenagers are unable to use contraception effectively. Instead of taking the opportunity to address the reasons why teens may not use contraception effectively, or to provide information that might help teens to overcome these obstacles, the curriculum merely lets these negative statements go unchecked.

Telling students that contraception is not effective will not necessarily prevent them from engaging in sexual intercourse. It may, however, inhibit sexually active students from using contraceptive methods that could protect them from unintended pregnancy.

“...most contraceptive methods require consistent and correct usage.... The vast majority of teenagers do not yet have the maturity needed for that kind of behavior.”

— **FACTS**

MARRIAGE AND FAMILY STRUCTURE

Idealizing One Lifestyle

Abstinence-only-until-marriage education is based on the belief that sexual behavior is morally correct only within the context of marriage. To convince students to follow this standard, the reviewed curricula spend a great deal of time discussing the institution of marriage. Students are told that marriage benefits individuals, children, and society; that married people are happier, healthier, and have better sex; that divorce is detrimental to children and society; and that the only way to achieve a happy marriage is to remain abstinent until your wedding day.

The underlying assertion that married people are superior is likely to alienate a number of students, including those whose parents are not married, those who cannot legally marry because they are gay or lesbian, and those who have chosen or will choose not to get married.

Marriage

It is clear that most of the reviewed curricula place a special value on marriage and believe that sexual

behavior only belongs in this type of relationship. *WAIT Training* tells students that “the institution of marriage serves to promote positive social energy in our society.”¹³⁷ It holds as one of its goals “to reframe the act of sexual intercourse as best and most appropriate between two committed married people who love each other.”¹³⁸ *CLUE 2000* suggests that “...marriage commitments are the bedrock of social order”¹³⁹ and that “sex in the committed bonds of marriage is safest, period.”¹⁴⁰ *FACTS* tells students “it only makes sense that marriage is the only place for sexual activity to be enjoyed and free from negative consequences.”¹⁴¹

After explaining why marriage is good for society, the reviewed curricula argue that marriage is also best for individuals. *CLUE 2000* tells students that married people are “sexually more satisfied,” “happier,” “have better self worth,” are “financially better off,” and “have increased longevity.” It goes on to say that “married men consume less alcohol and live safer lives” and “married

women have better health and living conditions.”¹⁴² In an exercise called the “Goodies of Marriage,” *WAIT Training* tells students that married people have lower rates of suicide, increased recovery from illness, lower incidence of mental disorders, and less need for health care. The curriculum goes on to say that “marriage increases the demonstration of character traits necessary for successful living such as sacrifice, humility, flexibility, empathy, and ability to delay gratification.”¹⁴³

Students are then asked to brainstorm how these traits benefit both society and the children who are produced by marriage.

Almost 80 million American adults are classified as single because they have delayed marriage, decided to remain single, are divorced, lost a spouse, or have entered into gay or lesbian partnerships.¹⁴⁴ For this reason, the assertion that married people are superior to unmarried people is likely to alienate students whose parents are not married, those who cannot legally marry because they are gay or lesbian, and those who choose not to get married.

It seems that fear-based curricula describe marriage as a cure-all for the problems of STDs and unintended pregnancy. *FACTS* suggests that “when couples reserve sexual intercourse for marriage, there are few, if any, negative consequences.”¹⁴⁵ *CLUE 2000* asserts that “marriage, not condoms, will protect you physically and emotionally.”¹⁴⁶ It also

says that “if our nation practiced the standard of abstinence until marriage and fidelity within marriage most of these epidemics [STDs] would be eliminated in one generation.”¹⁴⁷

Ironically, some examples in the reviewed curricula point out that wedding rings are not protection against pregnancy, STDs, or unhappiness. *FACTS* tells the story of “Barry,” a lawyer who had sexual intercourse with a number of people before he married four years ago. Barry and his wife are now expecting their first child, and he has just learned that he is HIV positive.¹⁴⁸ It is entirely possible that Barry’s wife remained abstinent until she married and was faithful within her marriage. Yet she and her child have now been exposed to HIV. In a similar story, *Choosing the Best* introduces “Peggy,” who is left infertile after a gonorrhea infection. Students are told that Peggy’s husband of six months caught the infection during a one-night stand prior to their engagement.¹⁴⁹ Once again, Peggy might likely have remained abstinent until her wedding day. Yet she is now permanently unable to have children because of an STD she caught from her husband.

These stories illustrate that marriage vows are not effective protection against STDs. Such protection is possible within any relationship, regardless of marital status, between uninfected partners who refrain from sexual activity outside of the relationship. The women portrayed in these stories could have protected themselves had they received information about STD screenings and the use of condoms for disease prevention.

“...marriage commitments are the bedrock of social order.”

—CLUE 2000

The underlying problem with many fear-based curricula's discussions of marriage is that they continue to present marriage as the only morally correct option and assume that all students will eventually marry. *WAIT Training* suggests that "the standard of human sexuality being best and most fulfilling within marriage gives teens a solid framework to value sexual abstinence, and therefore govern behavior. Individual circumstances and choices regarding whether or not one gets married is irrelevant. The standard remains the same for society."¹⁵⁰ Similarly, *Sex Respect* suggests that even those students who think they will not marry should remain abstinent. It proposes that "one reason to abstain is that you would still have a respect for the meaning of sex and marriage."¹⁵¹

While some people in our society may wish virginity until marriage was the standard for all, and while some people may have personally accepted these values, a brief look at marriage and sexual behavior in the United States shows that this is not, in fact, a universal standard. The vast majority of Americans begin having sexual relationships as teenagers. Recent statistics show that 50 percent of teenagers have engaged in sexual intercourse at some point during high school,¹⁵² as have 80 percent of college students ages 18 to 24.¹⁵³ Yet the median age of marriage is 24 for women and 25.9 for men.¹⁵⁴ In fact, fewer than seven percent of men and 20 percent of women 18 to 59 years of age were virgins when they married.¹⁵⁵ Only 10 percent of adult men and 22 percent of

adult women report that their first sexual experience was with their spouse, and many reported that it took place during an engagement prior to marriage.¹⁵⁶ Indeed, this "standard" was probably never true—a third of Pilgrim brides were pregnant before they were married.¹⁵⁷

Finally, many of the reviewed curricula devote a portion of their discussions on marriage to explaining why premarital cohabitation is wrong. *WAIT Training*, for example, includes an entire page of statistics that suggest that couples who live together before they are married are at greater risk of divorce.¹⁵⁸ *FACTS* asks students to brainstorm "...some reasons why living together prior to marriage does not increase one's chances of having a successful marriage."¹⁵⁹ These statistics are not relevant either to the point the curricula are trying to make or to the students who comprise their audience. While the decision to engage in sexual intercourse often happens during one's teen years, the decision to cohabitate is rarely applicable to junior high and high school students.

"Individual circumstances and choices regarding whether or not one gets married is irrelevant. The standard remains the same for society."

— WAIT Training

Family structure

The belief that sexual behavior is only morally acceptable within marriage extends to strict beliefs about family structure. The reviewed curricula are clearly based on the belief that the ideal family consists of a married heterosexual couple and their children.

In fact, *CLUE 2000* says directly that “the best environment in which to raise children is the loving two-parent family.”¹⁶⁰ The only other family structures discussed in most fear-based curricula are those resulting from divorce. Families are never mentioned in which unmarried or same-sex couples raise children, in which other adults such as grandparents or aunts and uncles are the parental figures, or in which adults choose to become single parents.

To support the assertion that two-parent families are ideal, the reviewed curricula discuss in detail the possible consequences of divorce. *FACTS* tells students that “divorce is the leading cause of childhood depression,” that 63 percent of youth suicides and 70 percent of teen parents are children of single parents, and that “children of divorce are five times as likely to be suspended from school.”¹⁶¹ *CLUE 2000* says that children from single-parent families are “twice as likely to drop out of high school, 2.5 times as likely to bear children outside of marriage, [and] 1.4 times as likely to be unemployed” than children of two-parent families. It also says that children of single-parent families “have lower grades and aspirations” and are “twice as likely to have behavior problems and seek psychiatric help.”¹⁶²

Teen-Aid’s *Me, My World, My Future* looks at the consequences of divorce from the parent’s perspective and says

single parents “...often cite special difficulties in child rearing (e.g. financial stress, inability to spend adequate time with children, the difficulty in providing positive role models to allow for balanced social development).” It also suggests that families involved in remarriage may have additional difficulties and conflicts.¹⁶³

Students are also told that many of society’s problems are attributed to the breakdown of this ideal two-parent family unit. *Facing Reality* says that “divorce and desertion have become even more common as Americans put perceived self-fulfillment above family obligations.”¹⁶⁴ *CLUE 2000* says that “it is easy to understand that family breakdown is the biggest problem facing this nation today when you consider the amount of resources we spend on welfare, school safety, STD epidemics, divorces, sexual criminal offenders, and juvenile violence.”¹⁶⁵

Before explaining how difficult life is for children of divorced or otherwise single parents, *FACTS* tells students that “61 percent of the children born in 1987 will spend some portion of their growing-up years in a single-parent family.”¹⁶⁶ Most of today’s eighth graders were born in or after 1987, which means that a majority of students exposed to abstinence-only-until-marriage curricula live or will live in a single-parent household. While some of the curricula acknowledge this fact, they show little compassion toward these students and their families. *CLUE 2000* tells teachers, “The majority of your students probably come from single-parent families. It is a delicate, though necessary, balance to present the bene-

“It is easy to understand that family breakdown is the biggest problem facing this nation today...”

—*CLUE 2000*

fits of two-parent families without condemning or judging single parents.”¹⁶⁷ *Facing Reality* says, “Regardless of their present family situations, your students can be challenged to become more mature. They can be encouraged to improve family life by serving the others who make up their own families.”¹⁶⁸

It is unfair to put the burden of family structure on students who have no control over their current family situation. There are many reasons, including divorce, death, or

desertion, that students may live in a family that does not match the ideal model espoused by fear-based, abstinence-only-until-marriage curricula. Suggesting that these families are inferior and at the root of societal problems will likely alienate many students and cause others to feel hurt, anger, shame, and embarrassment. Suggesting that those students who come from single-parent families will face a lifetime of difficulty can only serve to further distress many students.



GENDER

Fostering Myths and Stereotypes

Fear-based, abstinence-only-until-marriage curricula contain numerous biases based on gender and consistently portray men and women in stereotypical ways. Boys are described as having uncontrollable sexual feelings and girls as having little, if any, sexual desires. In doing so, many of the reviewed curricula place the primary responsibility for delaying sexual activity on girls.

Ironically, many fear-based, abstinence-only-until-marriage curricula begin discussions on gender by saying that stereotyping men and women is a problem. *FACTS* says, “There are two major challenges regarding differences between men and women: stereotyping and harassment. Stereotyping involves over-generalizing—usually in a negative way.”¹⁶⁹ *WAIT Training* says, “Please, no guy bashing. Bulleted items are not always the case. There are always exceptions.”¹⁷⁰ Nonetheless, these sections are riddled with stereotypical images about both men and women.

To prove that men and women are different, *WAIT Training* asks students

to look at their fingernails. The leader is supposed to point out that girls tend to put their hands in front of their bodies with palms facing out, whereas boys turn their palms in and fold their fingers down.¹⁷¹ The curriculum then points to a number of general characteristics and suggests that women are colder than men because their metabolism is lower, that women’s hearts beat more rapidly, and that women have larger livers, stomachs, appendices, and kidneys but smaller lungs.¹⁷² *FACTS* tells students that “the very fact that women can bear children and men, in general, have greater physical strength, is testimony to the differences.”¹⁷³

It is unclear what significance these generalized differences play except to accentuate the sexual differences that the curricula later mention. For example, *WAIT Training* tells students that “...studies clearly show a large male advantage in visual-spatial abilities and higher mathematical reasoning. Every social explanation has been exhausted—this is innate. Only 20% of American girls in elementary grades

reach the average level of male performance in tests of spatial ability.”¹⁷⁴ This statement suggests that girls should not bother attempting to change such innate weaknesses of their gender as mathematical reasoning.

The curricula also list differences between the sexes relating to sexuality and sexual behavior. *WAIT Training* says that “men sexually are like microwaves and women sexually are like crockpots.” It goes on to say that “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.”¹⁷⁵ *FACTS* suggests that men see genital activity and intercourse as their goal whereas women focus more on sharing feelings.¹⁷⁶ *Sex Respect* tells students that “a young man’s natural desire for sex is already strong due to testosterone, the powerful male growth hormone.” In contrast, it says that, “Females are becoming culturally conditioned to fantasize about sex as well.”¹⁷⁷

These statements represent and reinforce stereotypical views that suggest that men desire casual sexual activity from any and all women while women only agree to sexual activity as a way to get love. Presenting these stereotypes as true can be detrimental to young people by limiting their options, influencing their behavior, and coloring their expectations for future relationships. Instead, students need to learn that men and women are all sexual beings and are equally responsible for setting limits in relationships and making decisions regarding sexual activity.

By explaining that males are more easily aroused than females, the reviewed curricula subtly suggest that females are responsible for controlling sexual behavior. *Sex Respect* says, “Because they generally become aroused less easily, females are in a good position to help young men learn balance in a relationship by keeping intimacy in perspective.”¹⁷⁸ In a cartoon, *Sex Respect* says, “Watch what you wear. If you don’t aim to please, don’t aim to tease.”¹⁷⁹ *CLUE 2000* tells students, “Remain sexually pure in mind and body. It’s okay to look good, but the way you dress should not be sexually suggestive. Don’t wear revealing clothes or carry a condom.”¹⁸⁰ *WAIT Training* specifically discusses how girls dress: “What if a girl came to school in a crop top, just barely covering her bra, and shorts starting three inches below her navel. What ‘game’ would she be playing? Do you see what I mean about the way you dress sending messages?”¹⁸¹ The curriculum tries to emphasize this point by saying, “One thing that sex education and the media fail to communicate is the power of sex. Spies, who are trained not to give away government secrets, even lose their sensibilities and give in to the power of sex, often because of what a woman is wearing.”¹⁸²

Thus, the curricula are once again reinforcing a negative stereotype about sexual relationships in which the responsibility for engaging in or

“Because they generally become aroused less easily, females are in a good position to help young men learn balance in a relationship....”

— Sex Respect

refusing sexual activity lies almost exclusively with females. Not only are females responsible for their actions, they are responsible for the perceptions of others based on what they are wearing. It is worth noting that this kind of logic has historically been used to suggest that female victims of rape are somehow responsible for the crime committed against them. Again, it is vital for students to learn that both individuals involved in a sexual relationship, whether they are male or female, are equally responsible for deciding on the behavior in which the couple will and will not engage.

Ironically, the attempts made by the reviewed curricula to overcome gender stereotypes are often the most biased. In explaining that boys are also responsible for saying no to sexual advances, *Sex Respect* says that “the liberation movement has produced some aggressive girls today, and one of the tough challenges for guys who say no will be the questioning of their manliness.”¹⁸³

Facing Reality says that “although times are changing, people are dying, and futures are being ruined, guys in particular are still sometimes subjected to ridicule if they choose to avoid sexual activity with those they date. How can girls make guys feel esteemed and admired for choosing the wise course?”¹⁸⁴

Biases about gender extend to the curricula’s discussions about marriage. *WAIT Training* suggests that females

are more interested in getting married than their male peers. One exercise, apparently aimed exclusively at females, asks students to plan their dream wedding by answering questions such as “What will your dress look like?” and “What will the groom be wearing?”¹⁸⁵ *Sex Respect* tells students that “...by waiting until marriage the man can learn that sex goes with responsibility and commitment. He then has a better chance to learn what love really is. A woman who waits can realize that sex is a lifetime gift of love. She is then better able to experience sexual fulfillment when she gives herself within a trusting, caring marriage.”¹⁸⁶ *WAIT Training* describes marriage by saying:

From the start, the woman has a greater intuitive awareness of how to develop a loving relationship. Because of her sensitivity, she is initially more considerate of his feelings and enthusiastic about developing a meaningful, multi-level relationship... She wants to be a lover, a best friend, a fan, a homemaker, and an appreciated partner.¹⁸⁷

The man on the other hand:

...does not generally have her instinctive awareness of what the relationship should be. He doesn’t know how to encourage and love his wife or treat her in a way that meets her deepest needs.... It is not that men are more selfish than women. It is simply that at the outset of a marriage, a man is not as equipped to express unselfish

“The liberation movement has produced some aggressive girls today....”

—*Sex Respect*

love or as desirous of nurturing marriage into a loving and lasting relationship as a woman is.¹⁸⁸

While this is not a flattering portrayal of men, the underlying message seems to be that women need to be patient as their husbands adjust to marriage. It is not that he is selfish—just in need of a little education. This statement reinforces many stereotypes

about marriage and again seems to place all of the responsibility for the success of the relationship on the woman. This negative view of marriage as it relates to gender seems to contradict the reviewed curricula's standard presentation of marriage as a cure-all for the problems of disease, unintended pregnancy, and emotional distress.

SEXUAL ORIENTATION

Refusing to Accept Diversity

Sexual orientation is rarely discussed in fear-based, abstinence-only-until-marriage curricula. Instead, the curricula appear to operate under the assumption that all students in the class are heterosexual. When covered, discussions about sexual orientation usually associate same-sex sexual behavior with promiscuity and disease. In some cases, the curricula actually attempt to justify homophobia.

The reviewed curricula consistently omit the possibility of same-sex relationships from discussions about sexual activity, dating, and marriage. *Sex Respect* tells students that “sexual intercourse unites a man and a woman resulting in an intimate bond.”¹⁸⁹ *Clue 2000* explains that “sexual love, also called conjugal love, is the love between a man and a woman in marriage.”¹⁹⁰ *Choosing the Best* states that one of the major purposes of dating is to understand members of the opposite sex.¹⁹¹ The curriculum then asks boys and girls to split into groups and brainstorm about what the other gender wants from a date.¹⁹² *WAIT Training* contains

a similar exercise in which students are asked to complete a chart of their relationship that offers a place for the male and a place for the female.¹⁹³

The authors of *WAIT Training* explain the rationale for portraying romantic relationships only as between a man and a woman. “Due to the specific nature of this prevention effort, it is designed to meet the needs of heterosexual relationships.”¹⁹⁴ Curricula written exclusively for heterosexual students are not appropriate for a classroom setting in which there are quite likely students who are gay, lesbian, bisexual, or questioning their sexual orientation. Such curricula will only marginalize and alienate these students.

When the reviewed curricula discuss sexual orientation, they show clear biases against homosexuality. *CLUE 2000*, for example, equates homosexuality with clearly immoral and illegal behaviors such as incest and pedophilia: “Among Kinsey’s most outrageous and damaging claims are the beliefs that pedophilia, homosexu-

ality, incest, and adult-child sex are normal.”¹⁹⁵ *FACTS* defines homosexuality as “a persistent and predominant attraction of a sexual-genital nature to a person of one’s own sex.”¹⁹⁶ By defining homosexuality purely in terms of a genital relationship, the curriculum plays to the stereotype that same-gender relationships are purely physical. This is in sharp contrast to the portrayal of heterosexual marriages as the cure-all for everything from disease to emotional distress.

Many biases against homosexuality are apparent in discussions of STDs and AIDS. *Sex Respect* tells students that one of the best ways to avoid AIDS is to avoid “homosexual behavior.”¹⁹⁷ *Facing Reality* tells parents and teachers that “many homosexual activists are frustrated and desperate over their own situation and those of loved ones. Many are dying, in part, due to ignorance. Educators who struggle to overcome ignorance and instill self-mastery in their students will inevitably lead them to recognize that some people with AIDS are now suffering because of the choices they made.”¹⁹⁸ This statement implies not only that gay, lesbian, and bisexual individuals are ignorant and lack self-mastery but also that

AIDS is a punishment for the choices they have made.

Facing Reality assures teachers that such biased approaches to this topic are acceptable. “Teachers, in order to preserve an atmosphere of intellectual freedom, should feel confident that, when examining health issues and moral implications of homosexual behaviors, they are not engaging in an assault on a particular person or group.”¹⁹⁹ In a section entitled “Homophobia Or Compassion?,” the curriculum actually justifies homophobia: “Name calling is rarely educational. In the case of the term, ‘homophobe,’ the intent is often to imply that any person who disagrees with a certain political or educational policy harbors some irrational fear.”²⁰⁰

Sexuality education should not reinforce stereotypes or justify biases against a particular group of people. Instead, it should teach students that sexuality is a natural and healthy part of everybody’s life regardless of their sexual orientation.

“Due to the specific nature of this prevention effort, it is designed to meet the needs of heterosexual relationships.”

— WAIT Training

PREGNANCY OPTIONS AND ABORTION

Mandating Decisions

Fear-based, abstinence-only-until-marriage curricula consistently present antichoice messages when discussing pregnancy options. Students are told in no uncertain terms that life begins at conception, that abortion is an unhealthy and immature choice, and that a young girl facing an unintended pregnancy should carry the pregnancy to term and place the baby for adoption.

FACTS contains the most detailed explanation of human reproduction of any of the reviewed curricula and presents antichoice biases throughout its discussions. Students are told that “conception, also known as fertilization, occurs when one sperm unites with one egg in the upper third of the fallopian tube. This is when life begins.”²⁰¹ The curriculum goes on to say, “At conception, the baby came into being. Even though he or she was only the size and appearance of a pencil dot, the baby was a separate, genetically unique individual.”²⁰² *FACTS’* definition of a fetus also contains biased language: “A fetus is the Latin word meaning ‘young one’ and is the tech-

nical term the unborn child is called from about eight weeks until birth. Most people just say baby or unborn child.”²⁰³ *Sex Respect* echoes this sentiment when discussing abortion by asking, “Is it fair to make the baby die because of a bad decision his or her parents made?”²⁰⁴ Teen-Aid’s *Sexuality, Commitment & Family* has students write an essay entitled “If Wombs Had Windows,” in which they speculate how individuals and society might behave differently if “we could see the unborn child developing in the womb.”²⁰⁵

In another effort to discourage abortion, many of the reviewed curricula exaggerate the negative consequences of this medical procedure. *Sex Respect* says: “If she is a young teen, pregnant for the first time, there’s a chance the abortion will cause heavy damage to her reproductive organs. Heavy loss of blood, infection, and puncturing of the uterus may all lead to future pregnancy problems such as premature birth or misplaced pregnancy (in which the baby begins to develop in the fallopian tubes or in the

cervix, not in the uterus.)”²⁰⁶ It cites no research to support this suggestion. In contrast, *Contraceptive Technology* states that, “compared with child birth and other surgical procedures, legal abortions are remarkably safe.”²⁰⁷

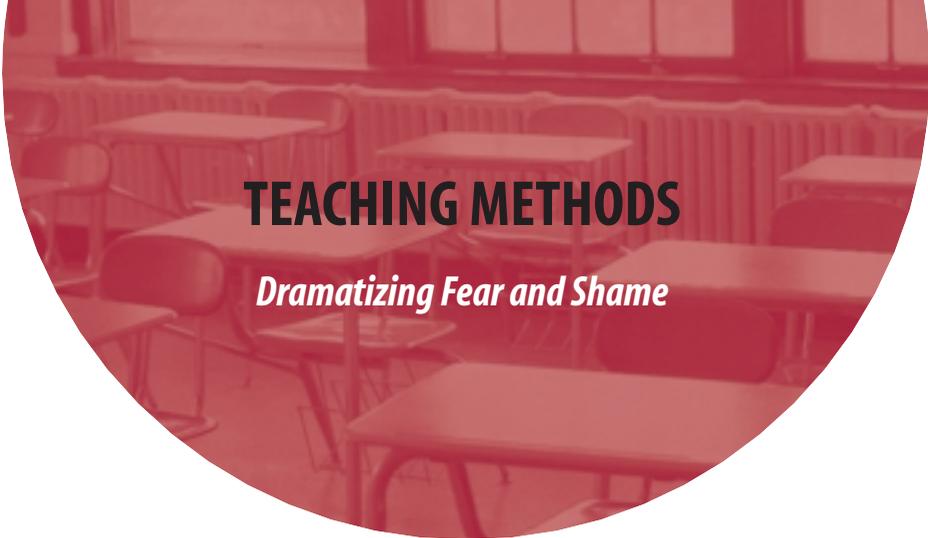
Finally, many fear-based, abstinence-only-until-marriage curricula promote adoption as the only healthy and mature choice for a young woman faced with an unplanned pregnancy. *FACTS* says that “...adoption is rarely considered today. Yet, there are many people eager to adopt a child. Though the rights and struggles of the pregnant woman need to be recognized, so do the rights of the unborn child and other people involved.”²⁰⁸ *FACTS* goes on to say that “when we consider these realities, adoption appears to be a better all around decision for both mother and child.”²⁰⁹ *FACTS* then asks students to brainstorm why adoption can be a beneficial choice.²¹⁰ *Sex Respect* concurs: “Adoption is a mature

choice. It helps create strong families. The adopting couple and the baby get to form a healthy, loving, family unit right away.”²¹¹

It is not the place of a sexuality education curriculum to mandate choices for students. Instead, students need unbiased information about the options they have should they experience an unintended pregnancy as a teen or an adult. It is then the responsibility of the student to make choices consistent with her own values as well as the values of her family and community. By presenting clearly biased and often inaccurate information about abortion, fear-based abstinence-only-until-marriage curricula do not allow individuals to make informed, personal decisions.

“Is it fair to make the baby die because of a bad decision his or her parents made?”

— Sex Respect



TEACHING METHODS

Dramatizing Fear and Shame

It is widely acknowledged among educators that students benefit from experiential activities and are more likely to remember what they have done than what they have heard. One of the strong points of the reviewed curricula is that they utilize a variety of teaching methods, including lectures, brainstorms, large and small group activities, and games. While some of the exercises offer students excellent opportunities to explore and practice concepts they have learned, many only serve to reinforce the curricula's biases, stereotypes, and messages of fear and shame.

For example, one activity included in both *Choosing the Best* and *WAIT Training* is designed to show how STDs are spread.²¹² The leader chooses five girls and five boys and places them in a row facing each other. Each student is given a cup of water and asked to rinse his or her mouth and then spit the water back into the cup. (One variation on this game asks students to chew cheese doodles before rinsing their mouths with water.) Students are told that the water now represents “bodily

fluids.” The boys are asked to pour some of their “bodily fluids” into the cup of the girls across from them. The leader then reveals that some of the boys’ cups were labeled with the name of an STD and that the girls now have this virus or bacteria. The boys and girls then complete the exercise in reverse.

Next, the students empty their cups into a pitcher labeled “multiple partners.” This pitcher is placed next to a fresh pitcher of water labeled “pure fluids.” Two cups are placed on the table labeled “future husband” and “future wife.” A female student is asked to choose either pitcher and pour water into her “future husband” cup. A male student then repeats the same process.

The exercise gives clear messages: People who have had sexual intercourse are dirty (they are the equivalent of spit), all students in the class will marry a member of the opposite sex, and the person each student marries must be “pure.” This is another example of shame as a guiding educational force.

FACTS uses pictures of bugs to represent STDs in “The Dice Game,”

which is designed “to present the real risks of physical and emotional consequences with teen sexual activity.”

The game is based on the idea that the average age of first sexual intercourse is 16 and that the average age of marriage is 25. According to the curriculum, “that leaves 10 years when the person is engaging in sexual intercourse with a variety of partners.”²¹³

Ten students are chosen to participate. Each rolls the dice 10 times, one roll for each year of sexual activity. When a certain number comes up, the student must pick a card. The card tells the student what has happened to him or her as a result of sexual experiences. While it is possible for a student to never roll his or her special number and, thus, never pick a card, all of the cards contain negative consequences. Possibilities include:

- “You have an STD but are asymptomatic. Before it is diagnosed, it does permanent damage to your reproductive system, leaving you infertile—you may never become a biological parent.”
- “Your younger sister/brother knows that you are sexually active and decides that if it is okay for you, it’s okay for him/her. He/she contracts the AIDS virus.”
- “Sex has been a way for you to feel good about yourself. Lately though, you noticed that you feel disgusted with yourself.”²¹⁴

This game does not provide students with information or suggestions for finding help if one of these situations occurs. Instead, it only serves to underscore the messages of

fear, shame, and guilt that are found throughout this and other fear-based curricula.

WAIT Training relies heavily on exercises that illustrate analogies. In a section on bonding, a male student steps forward and the instructor places a piece of tape on the student’s arm to represent his first sexual relationship. The tape is then ripped off to show that the relationship is over. The next time the instructor applies the piece of the tape to the student’s arm to indicate his second relationship, it does not stick as well. This exercise is meant to illustrate that each time a person bonds through sexual intercourse, his ability to bond again is diminished.²¹⁵

A similar exercise asks one student to sit on the floor with his or her legs crossed in front of a chair and asks another student to stand on the chair. “Have the student on the chair try to pull up the student sitting on the floor. You will notice it is very difficult, if not impossible. Now have the student on the floor (while remaining seated) pull down the student on the chair. You will notice this is usually a very easy task.” The lesson here is, “It is easier to pull behavior down than to pull behavior up.”²¹⁶

A third exercise, designed to make a point about boundaries, involves a live goldfish. The leader shows the students the goldfish in the bowl and explains that it might appear that the fish’s world is limited. The leader then removes the goldfish from the bowl

“Your younger sister/brother knows that you are sexually active and decides that if it is okay for you, it’s okay for him/her. He/she contracts the AIDS virus.”

— FACTS

and places it on the table, gasping for air. “The lesson to be learned here is that boundaries are good for the goldfish because it keeps him safe and alive. Boundaries are also good for the students. There is freedom and safety in sexuality boundaries.”²¹⁷

According to *WAIT Training’s* teacher’s manual, these analogies “provide mental hooks for students to easily accommodate the new information.”²¹⁸ It seems unlikely, however,

that students will believe that the laws of chemical adhesion apply to emotional bonding, that the laws of gravity apply to human behavior, or that the fact that a goldfish cannot breath outside of water has any bearing on human sexuality. These exercises, as well as others upon which fear-based curricula rely, seem condescending to students and provide cute displays rather than important information.

CURRICULA STRONG POINT

Involving Parents and Caregivers

All of the reviewed curricula contain parental components. Many even include parental handbooks designed to complement the teaching of the course. While many of these components are used to justify confining sexual behavior to marriage and, thus, underscore the need for abstinence-only-until-marriage education, they nonetheless provide good opportunities for parents and teens to discuss sexuality.

FACTS contains handouts entitled “How Well Do You Know Your Teen?” and “How Well Do You Know Your Parent?” Students are asked about their parents’ careers, favorite activities, and close friends while parents are asked about their teens’ favorite music, ice-cream flavor, accomplishments, and school experiences.²¹⁹

Choosing the Best contains discussion assignments for students to complete with their parents. These exercises include open-ended questions about the topics discussed in class such as “What decision makes sense for you about sexual involvement before

marriage?”²²⁰ Students are asked to discuss these questions with their parents or guardians. In a similar assignment, students and their parents watch a popular television show and complete a worksheet with questions such as “In what way(s) are men or women portrayed as objects vs. real people with emotions, needs and personalities?”²²¹ *Sex Respect* contains similar exercises in which students are told to discuss a variety of issues such as dating with their parents.²²²

These exercises provide parents and teens with valuable opportunities to communicate about important issues such as dating, gender, and sexuality. One of the main goals of comprehensive sexuality education is to allow teens to explore and develop their own values about sexuality, in part by examining the values of their parents and their communities. Comprehensive sexuality education curricula would do well to follow the examples set here and include parental components in their programs.



THE FUTURE OF SEXUALITY EDUCATION

Eliminating Fear and Shame

Fear-based, abstinence-only-until-marriage curricula not only fail to provide accurate, age-appropriate information, but also foster a host of myths and stereotypes about important topics such as STDs, condoms and contraception, gender, sexual orientation, and pregnancy options.

Curricula that teach sexual activity outside of marriage as immoral, promote one family structure over another, present homosexuality as unnatural, place the responsibility for refusing sexual advances on women, and mandate one choice for women experiencing an unplanned pregnancy are not appropriate in a pluralistic society that values diversity.

Our young people deserve comprehensive school-based sexuality education that respects the diversity of values and beliefs represented in the

community. Such programs complement and augment the sexuality education children receive from their families, religious institutions, community groups, and health care professionals.

Fear-based, abstinence-only-until-marriage curricula directly oppose the goals of comprehensive sexuality education which include helping young people develop a healthy understanding of their sexuality so they can make responsible decisions throughout their lives.

It is time to take a new view of sexuality education, one that holds as its primary goal helping adolescents develop the values, attitudes, maturity, and skills they need not only to avoid unprotected and unwanted sexual behaviors but to become sexually healthy adults.

KEEPING OUR YOUTH “SCARED CHASTE”

REVIEWED CURRICULA

Choosing the Best

Written by: Bruce Cook

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Edition reviewed: Revised Edition 1998

Includes: Leader Guide, Student Manual, Parent Book. Also incorporates materials from *Sex, Lies, and the Truth*, a video produced by Focus on the Family; *No Second Chance*, a video produced by Jeremiah Films; and *Safe Sex*, a slide show produced by the Medical Institute for Sexual Health.

Choosing the Best is a fear-based, abstinence-only-until-marriage curriculum designed for eighth-grade students. It focuses primarily on STDs and consists of eight lessons: “Sex: Everybody’s Talking About It,” “The Risks of Being Sexually Active,” “AIDS and Safe Sex?,” “Pressures to Be Sexually Active,” “Choosing the Best,” “The Dating Game,” “Standing Up for Yourself,” and “Being Assertive Under Pressure.”

Choosing the Best employs scare tactics as the major strategy for encouraging premarital abstinence, focuses exclusively on the negative consequences of sexual behavior, omits important information about sexuality, and includes medical misinformation about STDs and condoms. The curriculum also contains biased information about gender and sexual orientation.

CLUE 2000: Creating Love and Uplifting Esteem

Produced and Distributed by: Pure Love Alliance, 305 Madison Avenue, PMB 1166, New York, NY 10165

Edition reviewed: 2000

Includes: Curriculum, Lesson Plans, and Activities

According to Pure Love Alliance, “*CLUE* was written to be the only purity curriculum constructed directly around the US Government recommendations for Abstinence Education.” The curriculum consists of 10 chapters, each with corresponding lesson plans and activities: “The Revolution That Failed,” “The Abstinence Advantage,” “Abstinence ‘Til Marriage,” “Condom

Confusion,” “The Price of Promiscuity,” “Marriage Love,” “Family Love,” “Character Counts,” “Pure Love Livin’,” and “Graduation and Pure Love Pledge.”

CLUE 2000 is published by Pure Love Alliance (PLA), a project of the Unification Church. PLA also sponsors chastity rallies across the country. The curriculum is limited and contains almost no information about sexuality, reproduction, puberty, or STDs. The information that is included is often inaccurate and rarely supported by scientific research. *CLUE 2000* contains biased information about gender, sexual orientation, and pregnancy options. It also clearly incorporates religious messages.

Facing Reality

Written by: James R. Coughlin

Distributed by: Project Reality, P.O. Box 97, Golf, IL 60029

Edition reviewed: Revised Edition 1998

Includes: Parent/Teacher Guide, Student Manual

Facing Reality is the only curriculum reviewed that focuses equally on sexual behavior and drug use. According to the authors, the curriculum is unique in that “it links drug abuse and promiscuity as no other comparable work does.” It portrays both behaviors as stemming from the same source, “the unhealthy tendency of many of today’s young to choose their own immediate

pleasure over the good of others around them and their own long-term good.” (*Facing Reality*, Parent Teacher Guide, p. P/T 3)

The curriculum includes five lessons on human sexuality: “Your Future: Free or Foreclosed?,” “Sexuality Is Personality,” “All In the Family,” “Mind/Body Connection,” and “The Dating Game.” Also included are five lessons about substance abuse and five lessons about cultural influences that may encourage teens to engage in either sexual activity or drug use. A lesson about HIV/AIDS, entitled “This Is Not Happening (A.I.D.S.),” is included as part of the section on substance abuse.

Facing Reality includes very little information about sexual behavior, STDs, HIV/AIDS, condoms, or contraception. Instead, the curriculum focuses almost exclusively on the negative consequences of premarital sexual activity. These discussions include messages of fear and shame as well as biased statements about gender and sexual orientation.

Family Accountability Communicating Teen Sexuality (FACTS):

I’m in Charge of the FACTS: Middle School Curriculum and FACTS and Reasons: Senior High School Curriculum

Written by: Rose Fuller, Janet McLaughlin, and Andrew Asato

Distributed by: Northwest Family Services, 4805 N.E. Glisan Street, Portland, OR 97213

Edition Reviewed: 2000

Includes: Teacher’s Guide, Student Handbook, Parent Express Letters, and Reproducible Activities and Handouts

The middle school edition of *FACTS* includes 14 chapters: “Maturity,” “Sex & Sexuality,” “Pressure Points,” “Self-Respect,” “Knowing Your Values,” “Influence of Peers,” “Love, Infatuation, and Self-Control,” “Dating, Parties, and Activities,” “Risk Taking—Sexual Behavior,” “Risk Taking—Harmful Substance Use,” “Managing Pressure,” “Handling the Unexpected,” “Sexual Decision-Making,” and “Rap Session.”

The teacher’s guide includes lesson guides that show program leaders how to divide the curriculum into a 15-day program for seventh-grade students and/or a 20-day program for eighth-grade students.

The senior high school edition of *FACTS* also includes 14 chapters: “Maturity,” “Sex & Sexuality,” “Pressure Points,” “Self-Respect,” “Knowing Your Values,” “Present Relationships,” “Activities, Dating, and Parties,” “Risk Taking—Sexual Behavior,” “Risk Taking—Harmful Substance Use,” “Managing Pressure,” “Handling the Unexpected,” “Decision-Making,” “Marriage Preparation for Success,” and “Rap Session.” The teacher’s guide includes lesson guides that show program leaders how to divide the curriculum into a 15-day program for

ninth-grade students and/or a 20-day program for tenth-grade students.

The *FACTS* curricula contain the most information about human sexuality of all the reviewed curricula. They are the only curricula reviewed to contain a detailed explanation of puberty, human reproduction, and anatomy. In addition, both of the *FACTS* curricula contain some positive messages about sexuality and affirm that sexuality is a natural and healthy part of life. They suggest, however, that sexual activity outside of marriage has inevitable negative consequences. They also rely on messages of fear and shame and include biased information about gender, sexual orientation, and pregnancy options.

Me, My World, My Future

Prepared by: Teen-Aid under the direction of Nancy Roach and LeAnna Benn

Distributed by: Teen-Aid, 723 E. Jackson, Spokane, WA 99207

Edition reviewed: 1993 (HIV Chapter revised 1998)

Includes: Junior High Curriculum, Student Guide, Student Workbook, Student Workbook—Teacher’s Copy, and “Parent-grams”

This junior high curriculum is divided into 14 sections dealing with sexuality and sexual behavior: “Valuing Self,” “Physical Changes of Adolescence,” “Human Reproduction,” “Fetal Development,” “The Family Unit,”

“Friendship & Dating,” “Caring,” “Making Decisions,” “Communication,” “The Right to Know I (STDs),” “The Right to Know II (HIV),” “The Right to Know III (Teen Pregnancy),” “The Right to Say No,” and “The Right to Be Free.” The curriculum also includes two sections called “Health & Wholeness I” and “Health & Wholeness II,” which provide information about drugs, alcohol, tobacco, nutrition, and exercise.

Me, My World, My Future contains more information about puberty, reproductive anatomy, and human reproduction than most abstinence-only-until-marriage curricula. The curriculum does, however, rely on fear and shame, include inaccurate and exaggerated information about condom failure, and contains biased messages about gender, sexual orientation, family structure, and pregnancy options.

Sex Respect: The Option of True Sexual Freedom

Written by: Colleen Kelly Mast

Distributed by: Respect Incorporated, P.O. Box 349, Bradley, IL 60915

Edition reviewed: Revised Edition 1997

Includes: Teacher Manual, Student Workbook, and Parent Guidebook

Sex Respect is an 11-lesson abstinence-only-until-marriage curriculum adaptable to junior or senior high school classes. Lessons include: “Sex: What We Are and What A Difference!”

“Who’s in Charge Here? Mind Over Matter,” “Free Sex: Is It? Or Isn’t It?,” “Who’s Kidding Whom?,” “Sex on Credit: Play Now, Pay Later,” “AIDS: A Risky Business for Everyone,” “You Can Have It All! Go For It,” “Dating: The Chance of a Lifetime!,” “Staying Cool—It’s Never Too Late,” “Fatherhood/Motherhood: Are You Ready?,” and “It’s A Wrap.”

Sex Respect relies on fear and shame, includes inaccurate and outdated information about STDs, and contains biased messages about gender, sexual orientation, and pregnancy options. Overt references to specific religious teachings that had been included in previous versions were removed from this reviewed version. The curriculum does, however, contain subtle religious messages about sexuality, family structure, and abortion.

Sexuality, Commitment & Family

Prepared by: Teen-Aid under the direction of Steve Potter and Nancy Roach

Distributed by: Teen-Aid, 723 E. Jackson, Spokane, WA 99207

Edition reviewed: New Revised 3rd Edition (Teacher Manual copyright 1989, Student Manual copyright 1990, both include a chapter on HIV revised in 1998)

Includes: Senior High Curriculum and Student Manual

This curriculum for high school students includes 13 chapters:

“Experiencing Love,” “Friendship and Dating,” “Reproductive Anatomy,” “Marriage,” “Fetal Development/Child Birth,” “Family,” “Career,” “Communications Skills,” “Assertiveness Skills,” “Consequences of Adolescent Sexual Activity,” “Advantages of Abstinence,” “The Media/Shaping Attitudes,” and “Peer Pressure and Beyond.”

Sexuality, Commitment & Family contains more information about puberty, reproductive anatomy, and human reproduction than most abstinence-only-until-marriage curricula. However, it relies on fear and shame, includes inaccurate and exaggerated information about condom failure, and contains biased messages about gender, sexual orientation, family structure, and pregnancy options.

WAIT (Why Am I Tempted?) Training

Produced by: Friends First, P.O. Box 356, Longmont, CO 80502

Distributed by: Choosing the Best, Inc., 2470 Windy Hill Road, Suite 300, Marietta, GA 30067

Edition reviewed: 1996

Includes: Teacher’s Manual, Workshop Manual, and 40 slides. Also includes information from Teen Prep™ Conflict Resolution Program, produced by the University of Denver.

WAIT Training is an abstinence-only-until-marriage workshop originally produced by The Colorado Coalition

for Abstinence Education, Inc. (Doing Business as Friends First), which was designed for students in grades seven through 12. Choosing the Best, Inc. is now responsible for distributing the curriculum and providing leader training. According to the authors, *WAIT Training* is meant to “complement information about human growth and development rather than operate as a standalone program.” The written curriculum consists of 11 units: “Building The Classroom Climate,” “Defining Love,” “What Is Sexuality?,” “Media’s Influence on You,” “Friendship and Dating,” “Bonding and Intimacy,” “Consequences of Teen Sex, Freedoms of Waiting,” “Sexual Refusal Skills and Assertiveness Training,” “Commitment and Marriage,” “Worth the Wait,” and an optional unit on conflict resolution.

In order to conduct *WAIT Training* workshops, leaders must attend a 16-hour training session and be licensed by Choosing the Best. SIECUS staff have not attended this training. All reviews are based solely on review copies of the written materials.

WAIT Training contains 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 on gender, sexual orientation, and family type.

KEEPING OUR YOUTH “SCARED CHASTE”

SEXUAL HEALTH TODAY SLIDE SHOW

Sexual Health Today is a slide program created by the Medical Institute for Sexual Health (MISH), which consists of 115 slides, lecture notes for presentation leaders, and supplemental material.

The program is divided into six sections: “Current STD Epidemic,” “Detailed Look at STDs,” “Teens and Sex,” “STDs and Pregnancy,” “Summary and Solutions,” and “Sexuality Education.” It is designed to be modified by individual leaders to best suit their audience. MISH explains that the program is not meant to replace but to supplement a broader sexuality education curriculum.

The slideshow consists primarily of graphic pictures of STDs in their advanced stages and statistics on what MISH describes as the “twin epidemics” of “nonmarital pregnancy and STDs.” The medical information and statistics are accurate and, for the most part, current. MISH does, however, present the information in such a way as to suggest that the only morally correct and medically safe option for teens is to remain abstinent until marriage. They also suggest that safer sexual practices, such as correct and consistent condom use, are not effective.

Reliance on fear

Both the pictures and accompanying text present worst-case scenarios as commonplace. For example, while looking at a picture of a woman’s vulva covered with herpes sores, students are told, “When the primary infection is as bad as this, a woman will often be unable to urinate because of severe pain.... If this happens, her physician may need to insert a catheter into her bladder in order to drain the urine.”¹

The presentation acknowledges that some of the pictures do not represent typical cases. For example, while looking at a penis covered in genital warts, students are told, “The warts on this man’s penis are about as large as warts become on men’s genitalia. More commonly the warts men have are much smaller than the ones shown....”²

MISH’s concentration on worst-case scenarios is clearly designed to scare students rather than inform them. The verbal suggestion that the conditions depicted in the slides are not typical is easily overshadowed by the shocking images viewed by students. This may leave students with the impression that they do not have an STD unless and until their genitals

are as horribly disfigured as those pictured onscreen. The description of the severe health problems that can result from untreated STDs may lead students to dismiss any minor symptoms they may have, and thus delay treatment and increase the likelihood of complications. Finally, it does not emphasize that prompt medical attention can cure many STDs, treat the symptoms of others, and prevent many of the long-term health problems that are discussed.

Gender biases

The presentation focuses primarily on the effects of STDs on women. In addition to showing more slides depicting STDs on the female anatomy than the male anatomy, the program suggests that women suffer more than men. For example, when viewing a slide of herpes sores on a penis, students are told that, “although this condition is uncomfortable for a man, it does not cause nearly the discomfort that a woman usually experiences during her initial outbreak.”³ Similarly, in a discussion on infertility caused by chlamydia, students are told that “men can also have their fertility reduced because of chlamydia. Unlike women, however, their infertility is usually reversible once treated with antibiotics.”⁴

While women may, in fact, face more complications from untreated STDs based on differences in reproductive anatomy, MISH’s targeting of fear-based messages almost exclusively at women is detrimental to students of

both genders. First, the unbalanced focus puts both responsibility of preventing STDs and blame for contracting STDs on women. Second, the presentation may lead male students to believe that STDs are not a male problem, thus discouraging them from seeking treatment. In fact, while the presentation suggests that a “nonmarried, sexually active woman should be tested for chlamydia with every new sexual partner,”⁵ no similar suggestions are made for males.

Students need to learn that STDs are a serious health problem for both males and females, that males and females are equally responsible for preventing the transmission of STDs, and that both males and females should seek screening and treatment as soon as they suspect they might have an STD.

Messages of shame

This program also contains numerous messages of shame. Perhaps the most subtle is the fact that the program never shows slides of healthy male or female genitals. In fact, neither the vagina nor the vulva is even drawn in the cartoon diagrams that show female reproductive anatomy. By only showing pictures of genitals that are riddled with disease, students may get the impression that their own body parts are shameful.

In addition, individuals with STDs are constantly referred to as “infected men” or “infected women.” Such language adds to the social stigma surrounding STDs and suggests that

people with STDs are somehow tainted. This is reinforced during a discussion about HIV in which students are told that “all HIV-positive people will probably be infectious for the remainder of their lives, and, therefore, to be responsible, should consider never having penetrative sex again.”⁶ This statement disregards years of scientific research on safer sexual practices, such as correct and consistent condom use that can prevent HIV transmission between HIV-discordant couples.⁷ The statement also seems to suggest that HIV-positive individuals cannot be both sexually active and responsible.

Conclusion

By focusing on late-stage signs and symptoms, by eliminating pictures of healthy genitalia for comparison, by suggesting that STDs bring social stigma, by implying that STDs are not a problem for males, and by showing

students (through graphic slides) that treatment is painful and expensive, this presentation may actually discourage students from seeking medical attention. This is in direct opposition to the public health needs of young people.

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KEEPING OUR YOUTH “SCARED CHASTE”

ABSTINENCE CURRICULA WITHOUT FEAR

SIECUS supports teaching young people about abstinence; we do not, however, support any program that uses fear and negative messages to motivate young people’s behavior. This list contains sexuality education curricula that focus on abstinence but do not include messages of fear or shame.

Abstinence Pick and Choose Activities for Grades 7–12

Michael Young, Ph.D., and Tamera Young

This program includes 40 activities for students in grades seven through 12 to help build their self-esteem, interpersonal relationships, decision-making skills, and life-planning processes with the ultimate goal of sexual abstinence. It includes teacher background information as well as take-home activities for the students to complete with parents/guardians.

1996; \$35; ETR Associates, P.O. Box 1830, Santa Cruz, CA 95061-1830; Phone: 800/321-4407; Fax: 800/435-8433; Web site: www.etr.org

Choosing Health — High School: Abstinence

Jeanie M. White, Ed.M., and Nancy Abbey

This skills-based abstinence curriculum is one of eight *Choosing Health* curricula for high schools. It encourages sexual abstinence as a positive choice and emphasizes that abstinence eliminates the risk of unwanted pregnancies and STDs.

1997; \$27; ETR Associates, P.O. Box 1830, Santa Cruz, CA 95061-1830; Phone: 800/321-4407; Fax: 800/435-8433; Web site: www.etr.org

Comprehensive Health for the Middle Grades: Abstinence

Dale Zevin, M.A.

This skills-based abstinence curriculum is one of 15 *Comprehensive Health* curricula for middle schools. It encourages sexual abstinence and emphasizes that abstinence eliminates the risk of unwanted pregnancy, STDs, and emotional concerns.

1996, *teacher guide and student resources set* \$48, *teacher guide only* \$27; ETR Associates, P.O. Box 1830, Santa Cruz, CA 95061-1830; Phone: 800/321-4407; Fax: 800/435-8433; Web site: www.etr.org

Growing Together, Second Edition: A Sexuality Education Program for Girls Ages 9–11 and Their Parents

Girls Incorporated

This program was developed to help increase positive communication about sexual information and values between parents and their daughters ages nine through 11. This component is currently being revised and updated, and is expected to be available in 2001.

1998; *available to affiliated organizations and to licensees; non-member organizations should call for more information; Girls Incorporated National Resource Center, 441 West Michigan Street, Indianapolis, IN 46202-3287; Phone: 317/634-7546; Fax: 317/634-3024; Web site: www.girlsinc.org*

Healthy Sexuality, Second Edition: An Abstinence-Based Curriculum for Middle Schools

*Louise Miller, M.P.H.,
and Kay Nation, M.A.*

This curriculum, which focuses on abstinence, includes activities on sexual terminology and puberty, defining and maintaining healthy sexuality, resisting peer pressure, and finding and using support. It consists of 10 sequential lessons, many of

which contain a homework assignment for students to complete with a parent or other trusted adult. An optional condom lesson is also included.

1996; *manual* \$75, *manual and video* \$90, *kit* \$210; Rocky Mountain Center for Health Promotion and Education, 7525 West 10th Avenue, Lakewood, CO 80215-5141; Phone: 303/239-6494; Fax: 303/239-8428; Web site: www.rmc.org

Postponing Sexual Involvement

*Marion Howard, Ph.D.,
and Marie E. Mitchell, R.N.*

This program is designed to help young people identify pressures that may lead to sexual involvement and to provide them with skills to resist such pressures. There are two series: one for preteens (grades 5–6) and one for young teens (grades 7–9). In addition, *Managing Pressures Before Marriage* is a new abstinence-only-until-marriage version of this program.

1997; \$149 each; Emory/Grady Teen Services Program, Grady Memorial Hospital, Box 26158, 80 Butler Street, Atlanta, GA 30335-3801; Phone: 404/616-3513; Fax: 404/616-2457.

Project Taking Charge

*American Association of Family
and Consumer Sciences*

This curriculum for seventh- and eighth-grade students encourages young people to avoid early sexual activity and childbearing and focus instead on educational and vocational

achievement. Educators will need to update the HIV/AIDS information. This curriculum is scheduled to be revised in 2001–2002, and a Spanish version is expected in 2002–2003.

1995; curriculum \$100, trainer's manual \$45; American Association of Family and Consumer Sciences; 1555 King Street, Alexandria, VA 22314; Phone: 703/706-4600; Fax: 703/706-4663; Web site: www.aafcs.org

Removing the Risk: Abstinence for High School Students

Richard P. Barth, Ph.D., M.S.W., and Nancy Abbey

This 10-lesson curriculum designed for eighth- and ninth-grade students, was written by the authors of the widely used curriculum *Reducing the Risk*. This current version draws on its predecessor's abstinence messages but does not include reproductive health and "safer sex" information. This curriculum is intended as part of a more comprehensive program.

1997; \$35; ETR Associates, P.O. Box 1830, Santa Cruz, CA 95061-1830; Phone: 800/321-4407; Fax: 800/435-8433; Web site: www.etr.org

Sex Can Wait: Curricula for Upper Elementary, Middle, and High School

Pennie Core-Gebhart, M.E.D., Susan J. Hart, Michael Young, Ph.D., and Tamera Young

These three curricula—for upper elementary, middle, and high school students—focus on building students'

understanding of abstinence and developing decision-making, refusal, and negotiation skills to postpone sexual involvement. Many lessons have homework assignments for students and parents/caregivers. The curricula were revised in 1998 in order to comply with the federal definition of abstinence-only-until-marriage education.

1998; \$59.95 each, \$140 for all three levels; ETR Associates, P.O. Box 1830, Santa Cruz, CA 95061-1830; Phone: 800/321-4407; Fax: 800/435-8433; Web site: www.etr.org

SMART Moves

Boys and Girls Clubs of America

This program includes *Smart Kids* to help six- to nine-year-olds develop self-awareness, decision-making, and interpersonal skills; *Start Smart* to help preteens identify and resist peer, social, and media pressures to use drugs and become sexually involved; *Stay Smart* to help teenagers develop social, resistance, assertiveness, problem-solving, and decision-making skills; and *Smart Parents* to augment the sessions and teach parents about adolescent drug use and sexuality. All four curricula are currently being revised and updated.

Call the Boys and Girls Clubs of America for pricing; 1230 Peachtree Street, N.W., Atlanta, GA 30309; Phone: 404/815-5766; Fax: 404/815-5789; Web site: www.bgca.org

Will Power/Won't Power, Second Edition: A Sexuality Education Program for Girls Ages 12–14

Girls Incorporated

This program was designed to help girls 12 to 14 years of age acquire skills to resist peer pressure. Topics include reproductive health and sexuality, assertiveness, identifying and resisting sexual pressures, values, abstinence,

and STD prevention. This program is currently being revised and updated, and is expected to be available in 2001.

1998; available to affiliated organizations and to licensees; nonmember organizations should call for more information; Girls Incorporated National Resource Center, 441 West Michigan Street, Indianapolis, IN 46202-3287; Phone: 317/634-7546; Fax: 317/634-3024; Web site: www.girlsinc.org

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