

# **Abstinence-Only-Until-Marriage Programs in Kentucky**

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**SIECUS**

Sexuality Information and Education  
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## Introduction

Beginning in 1981, under the Reagan Administration, the federal government has increasingly supported abstinence-only-until-marriage programs despite the lack of evidence of their success. Blessed by federal support, a full-fledged, tax-payer funded, abstinence-only-until-marriage industry exists in states across the country supplying schools and community-based organizations with curricula, books, videos, speakers, and even novelty items.

Today, there are three separate funding streams supporting these programs, including the Adolescent Family Life Act (AFLA), the Title V abstinence-only-until-marriage program, and Community-Based Abstinence Education (CBAE) funding. Between 1996 and federal Fiscal Year 2007, over \$1.5 billion dollars in both federal and state matching funds were funneled to abstinence-only-until-marriage programs. For Fiscal Year 2008, the federal government allocated \$176 million through these three funding streams, and, the President has proposed increasing this funding level to \$204 million for Fiscal Year 2009.

Along with these funding streams, the federal government developed an eight-point definition of “abstinence education.” Among other things, this definition requires programs to teach, “that a mutually faithful monogamous relationship in the context of marriage is the expected standard of sexual activity,” and that “sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects.” Organizations using federal abstinence-only-until-marriage funds must comply with this definition (See Appendix 1).

Several studies have evaluated the effectiveness of abstinence-only-until-marriage programs. In April 2007, a congressionally commissioned evaluation of Title V-funded abstinence-only-until-marriage programs showed that the programs were ineffective in changing teens’ sexual behavior. The report, conducted by Mathematica Policy Research Inc. on behalf of the U.S. Department of Health and Human Services, found no evidence that abstinence-only-until-marriage programs increased rates of sexual abstinence. Students in the abstinence-only programs had a similar number of sexual partners and a similar age of first sex as their peers not in the programs. Out of 700 programs, the four programs studied weren’t selected randomly—they were hand picked because they were thought to be the most promising and, yet, they still failed.<sup>1</sup> As prominent researcher Dr. Doug Kirby has said, “This was a very rigorous study with very clear results.”<sup>2</sup>

Other studies published recently in professional peer-reviewed journals such as the *British Journal of Medicine* and the *Journal of Adolescent Health* have confirmed that abstinence-only-until-marriage programs are not an effective means for educating young people or changing their behavior.<sup>3</sup> Nonetheless, Kentucky continues to pour millions of tax-payers dollars into these programs.

Kentucky uses these abstinence-only-until-marriage funds to fund crisis pregnancy centers (CPCs) along with local health departments. CPCs are anti-choice establishments that function to dissuade women with an unintended pregnancy from choosing abortion. These centers often pose as family planning/reproductive health clinics and claim to offer “abortion information and referrals.”

While advocates on the national level work to put an end to Congressional support for these programs, advocates in states across the country are leading efforts at home, and these efforts have been highly successful. At present, the Administration for Children and Families, which administers the Title V abstinence-only-until-marriage funds, reports at least 23 states are no longer participating in the

program. In those states, advocates have convinced policymakers to reject funds for unproven abstinence-only-until-marriage programs and instead put their resources toward a more effective means of educating young people.

In an effort to move Kentucky toward this type of progress, SIECUS has taken a closer look at this state's abstinence-only-until-marriage programs and funding. In order to paint an accurate picture of what young people in Kentucky are and are *not* learning we looked at the state's abstinence program, proposals submitted by individual grantees, and the materials these organizations present to young people. We found that some of the worst abstinence-only-until-marriage curricula are being used throughout Kentucky and that a significant portion of state and federal funds are being directed towards crisis pregnancy centers. This report will detail those organizations and curricula in Kentucky and conclude with a set of recommendations for moving forward for the sake of Kentucky's youth.

## **The Status of Sexual Health in Kentucky**

In order to successfully advocate for comprehensive sexuality education in any state or community, it is important to understand the current situation. Statistics related to adolescent sexual health, for example, can help generate media attention and create momentum for policy change. Information regarding the current law and policy is vital in order to educate policymakers and help move them toward more proactive policy. Because of Kentucky's specific priorities for abstinence-only-until-marriage funding, it is also important to understand the nature of crisis pregnancy centers (CPCs) and their impact on fully informed decisions. This section provides Kentucky advocates with some of the statistics and information they will need to move comprehensive sexuality education forward in their state.

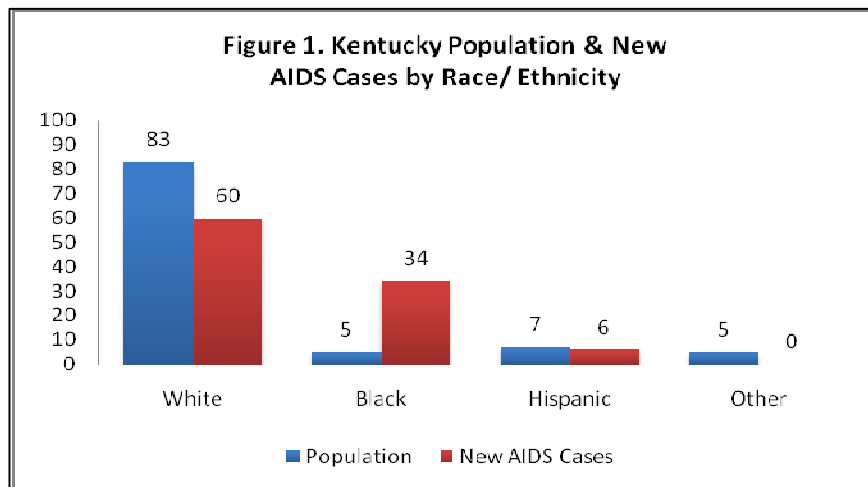
### **Sexual Health in Kentucky**

In some ways, Kentucky adolescents are similar to their peers nationally. Just over one-third of all high school students in Kentucky report being sexually active, falling close to the national average.<sup>4</sup> In 2007, among those high school students who reported being currently sexually active, 53 percent of females and 67 percent of males in Kentucky reported having used condoms the last time they had sexual intercourse compared to 55 percent of females and 69 percent of males nationwide.<sup>5</sup>

Despite this, in the state of Kentucky, adolescents experience adverse sexual health outcomes at alarmingly high rates. Statewide, the prevalence of teen birth is much higher than the national average. The teen birth rate nationwide is 41.1 per 1,000 young women ages 15–19 while in Kentucky the rate is 49.2 per 1,000 young women ages 15–19.<sup>6</sup> This is 19 percent higher than the national average.

The situation in Kentucky is not improving: in a single year between 2005 and 2006, the teen birth rate rose 6.6 percent according to the Centers for Disease Control and Prevention (CDC).<sup>7</sup> The increase in Kentucky was more than twice the nationwide birth rate of more than 3 percent in the same year.<sup>8</sup>

While the overall prevalence of HIV is low compared to other states, it is important to note where new infections are occurring. African Americans make up only seven percent of the total Kentucky population but nearly 34 percent of new HIV cases in the state.<sup>9</sup> (See Figure 1).



These statistics serve as a call to action for Kentucky’s policymakers, educators, and parents to create a healthier state for their young people.

### **Current Law and Policy in Kentucky**

Kentucky law does not require that sexuality education be taught in public schools. Rather, the Department of Education directs schools to follow the guidelines set out in its Program of Studies. These provide guidance on the required instruction for students in grades six through 12.<sup>10</sup> In personal and physical health education, students learn “how decision-making relates to responsible sexual behavior (e.g., abstinence, preventing pregnancy, preventing HIV/STDs), impacts physical, mental and social well being of an individual.” Students also learn about the basic reproductive system and functions. No specific curriculum is required. However, state funds are available for local health departments to help young people postpone sexual involvement.<sup>11</sup>

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

### **Abstinence-Only-Until-Marriage Funding in Kentucky**

Since 1997, the state of Kentucky, through the Cabinet for Health and Family Services and numerous community-based organizations, has received over \$16.9 million in abstinence-only-until-marriage funding through the three funding streams. In Fiscal Year 2007 alone, over \$3 million went into these programs in Kentucky.

In Fiscal Year 2007, the Title V abstinence-only-until-marriage program awarded \$817,297 to Kentucky. The grant requires states to provide three state-raised dollars or the equivalent in services for every four federal dollars received. The state match may be provided in part or in full by local groups. In Kentucky, the match is made by sub-grantees through in-kind services.

Kentucky allocates the majority of this funding to 16 local health departments for school and teen outreach programs dedicated to abstinence-only-until-marriage programming. Organizations are encouraged to apply for this money through their local health departments or districts. Sub-grantees can receive up to \$50,000. The money is distributed by the Cabinet for Health and Family Services in the state. Of these 16 health departments, 11 use fear and shame based abstinence-only-until-marriage curricula which are discussed later in the report. (To see a list of all 16 health departments, see Appendix 2.)

The remainder of the money is available for non-profit/ governmental agencies and is awarded to five sub-grantees: AA Pregnancy Care Center; Countrywide Action Reachout Effort, Inc.; Marsha's Place (Pregnancy Resource Center of Henderson County; [www.marshasplace.org](http://www.marshasplace.org)); New Hope Center, Inc. ([www.newhopecenter.com](http://www.newhopecenter.com)); and Pregnancy Helpline, Inc. (Pregnancy Resource Center; [www.pregnancyresourcecenter.net](http://www.pregnancyresourcecenter.net)). All of these organizations are crisis pregnancy centers.

There are three CBAE grantees in Kentucky: Door of Hope Pregnancy Care Center ([www.doorofhope.com](http://www.doorofhope.com)), New Hope Center, Inc, and Women for Life, doing business as AA Pregnancy Help Center ([www.aapregnancyhelp.net](http://www.aapregnancyhelp.net)).

There are no AFLA grantees in Kentucky. However, Heritage of Kentucky ([www.heritageofky.org](http://www.heritageofky.org)) receives a discretionary grant from the U.S. Department of Health and Human Services. This grant totaled \$336,516 in Fiscal Year 2007. This was awarded to Heritage of Kentucky starting in 2005 for three years and is outside of the traditional three funding streams for abstinence-only-until-marriage programs.

### **The Role of CPCs in Kentucky**

CPCs are organizations which pose as health clinics and offer “abortion information and referrals.” While CPCs have existed for several decades, the massive expansion of abstinence-only-until-marriage funding has helped to expand this network of organizations dedicated to limiting women’s access to the full range of reproductive health choices. This is especially true in Kentucky, where *all* of the non-profit grantees in the Title V abstinence-only-until-marriage program are CPCs.

CPCs have been known to position their centers very near health clinics, like those operated by Planned Parenthood, and to outfit the center to look like a Planned Parenthood or family planning/reproductive clinic to confuse clients. CPCs are often religious in nature although not advertised as such; the materials often contain Biblical references.<sup>12</sup> Most of these organizations maintain close ties with powerful anti-choice organizations such as Family Research Council.<sup>13</sup>

A July 2006 report released by Representative Henry Waxman (D-CA) titled *False and Misleading Health Information Provided by Federally Funded Pregnancy Resource Centers* sheds light on this burgeoning industry. The study found that 87 percent of federally funded “pregnancy resource centers” provided false and misleading information about the physical and mental health effects of abortion and grossly exaggerated the medical risks of these procedures. The report also found that under the current Bush administration, crisis pregnancy centers have received over \$30 million in federal funding and virtually all of that funding has been funneled through federal abstinence-only-until-marriage funding streams.<sup>14</sup>

As previously mentioned, CPCs across the country have benefited greatly from the influx of federal abstinence-only-until-marriage funding. While Kentucky divides its Title V abstinence-only-until-marriage funds between health departments and non-profit organizations, all of the latter funding goes to CPCs. In fact, Kentucky had more CPC sub-grantees in the Title V abstinence-only-until-marriage program than any other state in Fiscal Year 2007.

# **The Reality of Abstinence-Only-Until-Marriage Programs in Kentucky**

In order to fully understand the impact of these programs on youth in the state, it is important to know the goals and priorities of the organizations receiving these funds, the curricula they are using, and the messages young people are ultimately receiving. To do this, SIECUS obtained copies of the organizations' grant applications, researched their websites, and reviewed many of the curricula they used between Fiscal Years 2005 and 2007. In our research, five central, and disturbing, themes emerged.

Abstinence-only-until-marriage programs in Kentucky:

- Advance religious messages
- Rely on messages of fear and shame
- Foster gender myths and stereotypes
- Promote the questionable practice of virginity pledges
- Provide misinformation

This report details each of these themes and cites specific examples from the organizations receiving federal abstinence-only-until-marriage funding and the curricula used throughout the state of Kentucky. As we explained earlier, Kentucky divides its abstinence-only-until-marriage funding between local health departments and non-profit agencies. This report focuses on the crisis pregnancy centers which exclusively receive these non-profit funds. However, it is important to note that health department grantees across the state are running similar programs and using similar messages; 11 of the 16 local health departments receiving Title V abstinence-only-until-marriage funds in the state use fear- and shame- based curricula.<sup>15</sup> SIECUS has conducted an in-depth review of several of these curricula and our findings are included throughout this report.

## ***Advancing Religious Messages***

Abstinence-only-until-marriage organizations in Kentucky explicitly promote religion as a part of their missions as well as in their federally funded programs and activities.

One sub-grantee, Door of Hope Pregnancy Care Center, references abortion and explains that it is “committed to the belief in the sanctity of human life, primarily as it relates to the protection of the unborn.” Under the “Your Choices” section of its website, Door of Hope states that “you have the legal right to choose the outcome of your pregnancy,” yet lists only two options—parenting and adoption.<sup>16</sup>

The sub-grantee's mission statement reads: “Door of Hope realizes its goals through a commitment to prayer, and through being sensitive, obedient and responsive to the leading of the Holy Spirit.”<sup>17</sup> The organization continues, “The center not only speaks a voice of love, truth, and compassion, but brings tangible help through counseling, material support, and the message of the gospel.”<sup>18</sup>

This CBAE grantee lists the following as services it offers:

- Forgive and Set Free- a 10 week bible study for women who have had abortion(s).
- Healing a Father's Heart- a 10 week bible study for men who have been involved in abortion(s).

- Threads of Hope, Pieces of Joy- a 10 week bible study for those who have lost children due to miscarriage or early infant death.<sup>19</sup>

The crisis pregnancy centers in Kentucky, like others across the nation, were often founded on a specific religious mission and make religious activities central to their work. For example, the New Hope Center, Inc. uses its federal abstinence-only-until-marriage monies to host trainings and other activities for churches. In Fiscal Year 2007, the organization proposed to train youth pastors and leaders in 20 different churches to present the *Choosing the Best* curriculum. The program will be directed towards young people in each congregation.<sup>20</sup> This missionary outreach plan is the entirety of their grant application.<sup>21</sup>

AA Pregnancy Care Center, Pregnancy Helpline, Inc. (Pregnancy Resource Center), and many local health departments receiving Title V abstinence-only-until-marriage funds use the *Why kNOW* curricula.<sup>22</sup> This abstinence-only-until-marriage curriculum is unique in that it makes no attempts to conceal its religious references. This program refers to sex as a “gift from God,” includes numerous references to religion and religious organizations, and directly quotes the Bible.

In the “Real Love/False Love” lesson of *Why kNOW*, intended for students in eighth grade or higher, the curriculum tells students that the “best guideline about love ever written” is from 56 AD, and then hands out a direct paraphrase of 1 Corinthians 13:4: “Real Love: is patient; is kind; does not envy; does not boast; is not proud; is not rude; is not self-seeking; is not easily angered; keeps no record of wrongs; does not delight in evil; rejoices with the truth; always protects; always trusts; always hopes; always lasts; [and] never fails.”<sup>23</sup>

This type of religious influence is not allowed under basic principles of separation of church and state on which the United States was founded. Federal dollars cannot be used in any capacity to promote religion or impose one faith tradition on a group of people. Yet, here, it exists in full view.

### ***Relying on messages of fear and shame***

Abstinence-only-until-marriage programs and curricula frequently rely on messages of fear and shame in an effort to control young people’s sexual behavior. Specifically, the programs focus on the inevitable negative consequences of premarital sex and suggest that young people who are sexually active have low self-esteem, lack moral character, and face unhappy futures. These themes are evident in the curricula, presentation, and websites used by grantees in Kentucky.

Mike Long’s presentation, *Everyone’s Not Doing IT*, used by several local health departments in Kentucky, shows a clear example of the fear and shame tactics used by Kentucky abstinence-only-until-marriage grantees.<sup>24</sup> Mr. Long, a self-described pioneer in the abstinence movement, lectures, preaches, and tells young people in no uncertain terms that premarital sex is morally wrong, that they are incapable of making decisions for themselves, and that everyone should aspire to marry and raise children in a “traditional” family setting. In a style that falls somewhere between that of an infomercial spokesperson and a televangelist, Long relays messages of fear and shame and provides medically inaccurate information. For example, he tells his audience “You’ll never know whom you want to marry... Maybe that man or woman will regard virginity as an important indicator of character, and maybe, if you’ve been sexually active, he or she will find out. (If you’ve been pregnant or had a sexually transmitted disease, your chances of marrying such a person may be even slimmer.)”<sup>25</sup>

Marsha's Place (Pregnancy Resource Center of Henderson County), a Title V abstinence-only-until-marriage sub-grantee, makes a clear effort to scare and shame students on its website. In the "Your Life" section, Marsha's Place lists reasons "why I will wait for sex," including: "to stop the need for lying," "to avoid bad memories," and "to avoid guilt and disappointment."<sup>26</sup> The same section of the website offers different ways of "Saying 'NO'" including:

- "I don't give free samples—try Baskin Robbins.
- You wouldn't want me to break my pledge, would you?
- Don't you know that sex causes babies, even with birth control?
- If I do this, it will be so hard to look in the mirror and call myself 'responsible.'
- You see these dotted lines? If you touch anything between them, you do it at your own risk. My dad has a very large gun."<sup>27</sup>

Heritage of Kentucky claims the following are benefits of abstinence programming: "decreased risk of depression, suicide ideation, suicide attempt, sexually transmitted disease, out-of-wedlock pregnancy, and maternal and child poverty, and increased chances for future marriage and marital stability, and personal happiness."<sup>28</sup>

Several local health departments in Kentucky rely on *Why kNOW* for abstinence programming.<sup>29</sup> This curriculum underscores its message of fear when it compares sex to an amusement park ride. In a font normally reserved for the opening credits of a horror movie, a transparency tells students: "WARNING! Going on this ride could change your life forever; result in poverty, heartache, disease, and even DEATH." It goes on to say that many "will board this ride and come out losers."<sup>30</sup>

Another example from the same curriculum likens sexual behavior outside of marriage to clearly harmful or immoral behavior such as smoking, drinking, using drugs, lying, stealing, and cheating. In a lesson entitled "Let's Go Fishing," the curriculum suggests that all of these behaviors are enticing lures, "But if we take the bait, they could lead to our ultimate destruction or death. It may not be a physical death, but just as real—the death of a relationship, a friendship, a dream or a goal."<sup>31</sup>

Instead of providing accurate information and an opportunity for young people to think critically about the consequences of sexual activity and the ways to avoid them, these programs distort the truth in an effort to scare young people and make them feel bad about themselves. Most importantly, there is no evidence to suggest that this approach will have a positive impact on their sexual behavior.

### ***Fostering gender myths and stereotypes***

Many of the abstinence-only-until-marriage programs used in Kentucky are based on a number of underlying gender myths and stereotypes about gender. The curricula present dramatized versions of gender differences within relationships – presenting roles and relationship stereotypes as fact. Presenting these biases as universal truths does little to inform students and instead fosters myths and misunderstandings.

The Choosing the Best series, which is used by a number of funded CPCs and health departments in the states, relies heavily on myths and stereotypes about gender. One example of these gender myths is presented in *Choosing the Best LIFE*. In one exercise, the teacher goes over six emotional consequences of having premarital sex which include "worry, regret and guilt, impairs personal development, fear of future relationships, lowers self-esteem, and depression." The teacher then hands out paper hearts to the students and instructs them to keep their heads on the desk as the story of Kendra and Antonio is read.

Students are told, “each time you hear one of the six consequences surface in Kendra’s life, tear off a piece of your paper heart. Tear off only the amount that represents how much hurt you would feel in that situation.”

According to the story, Kendra is 14-year-old freshman who begins dating a 16-year-old sophomore, Antonio. At the start of their relationship they did “simple fun things together.” Then, one night while left alone they had sex. The story explains that afterwards, Kendra felt “empty” and “ashamed.” The story goes on to say that “before she had sex with Antonio, she felt exuberant and free. She felt energized whenever he was with her. Now she feels lonely and trapped. She feels empty and worthless inside. Her self-esteem is shot.”<sup>32</sup>

After the story is finished, the teacher asks students to look at their piles of torn hearts. “Do you notice any differences in the piles of torn pieces on the guys’ desks and those on the girls’ desks?” The answer: “Girls usually have more torn pieces.”<sup>33</sup>

By focusing solely on the negative outcomes experienced by Kendra, *Choosing the Best LIFE* reinforces numerous stereotypes about male-female relationship. It implies that young women who are interested in sex lack self-respect. It suggests that a girl’s life will be ruined by premarital sex while a young man will suffer few, if any, consequences. The exercise also seems to suggest that Kendra’s suffering is her own fault because she lacked self-respect and “gave” herself to Antonio. These messages reinforce a societal double-standard that places all of the responsibility for refusing sexual activity on the shoulders of young women.

New Hope Center, Inc. operates a youth-oriented website called “Wait For Sex,” which contains similarly biased information and reinforces these types of negative gender stereotypes. In the “State It: Men Only” section, the website explains, “Let’s face it. Waiting for sex is a real physical struggle for a guy...Pick your girlfriend wisely. She might have a pretty face and a nice body but those things don’t last. Find out before hand if she has the same values as you. Why waste your time on someone who puts no value in her future and protecting it?”<sup>34</sup>

Heritage of Kentucky uses *Heritage Keepers* curriculum which, among other things, states, “Males and females are aroused at different levels of intimacy. Males are more sight orientated whereas females are more touch orientated. This is why girls need to be careful with what they wear, because males are looking! The girl might be thinking fashion, while the boy is thinking sex. For this reason, girls have a responsibility to wear modest clothing that doesn’t invite lustful thoughts.”<sup>35</sup> Such statements reinforce societal double standards in which young women do not desire sex and young men cannot control their sexual behavior. By reiterating these ideas, the curriculum places all of the responsibility for refusing sexual activity on the shoulders of young women.

Marsha’s Place (Pregnancy Resource Center of Henderson County) and several local health departments, use *Why kNOW*, another curricula with similar stereotypical information on gender.<sup>36</sup> For example, the curriculum tells students that the tradition of lifting the bride’s veil during a wedding shows that “the groom [is] the only man allowed to uncover the bride,” and demonstrates “her respect for him by illustrating that she [has] not allowed any other man to lay claim to her.”<sup>37</sup>

While this may be one interpretation of this custom, it is not how all religions view the lifting of the veil. Moreover, this interpretation once implied that women are property.

Students in these programs are not challenged to question the nature, validity, or origin of these gender stereotypes, or to explore how stereotypes affect communication within friendships or sexual relationships. Such a presentation is detrimental to all young people by limiting their options, influencing their behavior, and coloring their expectations for future relationships.

### ***Promoting the questionable practice of virginity pledges***

Virginity pledges, promises that young people make to remain abstinent until marriage, were once the exclusive province of religious organizations and faith-based institutions. As the federal funding increased and the abstinence-only-until-marriage industry grew, however, these pledges became the cornerstone of many federally funded programs.

Several Kentucky abstinence-only-until-marriage grantees—including at least two CPCs, Door of Hope Pregnancy Center and Pregnancy Helpline, Inc (Pregnancy Resource Center) as well as Heritage of Kentucky, use virginity pledges as a central part of their programs.<sup>38</sup>

Door of Hope has an abstinence-only-until-marriage program called “Door of Hope A-Team.” The “A-Team” has been a participant in the national “Day of Purity” where thousands of young people around the country, organized by abstinence-only-until-marriage proponents, pledge themselves to abstinence until marriage.

Local health departments in Kentucky also use the *Choosing the Best* series which relies on virginity pledges as well.<sup>39</sup> The pledge in the student workbook reads: “Recognizing that abstinence enables me to experience freedom from: worry, guilt, pregnancy, pressures to marry before I am ready, abortion, sexually transmitted diseases, being used by others, and the bother and worry of contraceptives, and freedom to: be in control of my life, develop self-respect, focus my energy on establishing and realizing life goals, experience more healthy and long-term relationships, and enjoy being a teenager.... I make a commitment to myself, my family, my friends, my future spouse and my future children to be sexually abstinent from this day forward until I enter into a marriage relationship.”<sup>40</sup>

One grantee, Heritage of Kentucky, promotes virginity pledges on its website: “A recent study found that teens who take virginity pledges are more than 50 percent less likely to become pregnant than teens that do not take a pledge,” and “No condom-based sex education program has ever been shown to be effective in preventing teen pregnancy.”<sup>41</sup>

These statements are based on “studies” conducted and published by the Heritage Foundation, a Washington, DC-based right-wing think tank. The results of these studies directly contradict legitimate research that has been published in peer-reviewed academic journals.

In truth, research has found that under certain conditions these pledges may help some adolescents delay sexual intercourse. When they work, pledges help this select group of adolescents delay the onset of sexual intercourse for an average of 18 months—far short of marriage. Researchers found that pledges only worked when taken by a small group of students. Pledges taken by a whole class were ineffective. More importantly, the studies also found that those young people who took a pledge were one-third less likely to use contraception when they did become sexually active than their peers who had not pledged. These teens are therefore more vulnerable to the risks of unprotected sexual activity such as unintended pregnancy and STDs, including HIV/AIDS. Further research has confirmed that although some students who take pledges delay intercourse, ultimately they are as likely to contract an

STD as their non-pledging peers. The study also found that the STD rates were higher in communities where a significant proportion (over 20 percent) of the young people had taken virginity pledges.<sup>42</sup>

Though they have become a cornerstone of most abstinence-only-until-marriage programs, the research shows they are clearly not an effective strategy to create healthy behaviors in the vast majority of youth and may even set the stage for creating higher risks.

### ***Providing misinformation***

In order to make healthy and responsible decisions about their sexual health throughout their lives, young people must have a complete understanding of how to avoid unintended pregnancy and STDs. Yet, abstinence-only-until-marriage organizations charged with this responsibility in Kentucky give little or no information on how to make these healthy decisions, and much of the information they do give is inaccurate, incomplete, and biased.

For example, a Door of Hope, Inc.'s website contains false information about emergency contraception which clearly reflects the organization's anti-choice bias. In explaining emergency contraception, it states: "It works in 3 ways—inhibits ovulation, prevents sperm from reaching the egg, works as an abortion to prevent implantation."<sup>43</sup>

In fact, emergency contraception (EC), also referred to as "the morning-after pill," is a high dose of regular birth control pills that can reduce a woman's chance of becoming pregnant by 75 to 89 percent if taken within 72 hours of unprotected intercourse. While many people confuse EC with RU-486 or mifepristone, often called the "abortion pill," EC is not the same thing and cannot end a pregnancy. EC works primarily by delaying ovulation. If a fertilized egg has already implanted in a woman's uterus, EC will not terminate the pregnancy nor will it harm the developing fetus.

In fact, research suggests that the availability of EC has led to a decrease in abortions. According to the Guttmacher Institute, emergency contraceptives accounted for up to 43 percent of the decrease in total abortions between 1994 and 2000, and an estimated 51,000 abortions were averted by women's use of emergency contraceptives in 2000 alone.<sup>44</sup>

A Door of Hope also tells women that they need a prescription in order to obtain EC. This is no longer true. In August 2006, the FDA made EC available over the counter for women 18 years of age and older. Women under 18 do still need a prescription.

*Why kNOW*, which is produced and distributed by a crisis pregnancy center, contains an odd focus on the pregnancy-related complications of STDs. For example, students are told that "premature birth, infant pneumonia, and neonatal eye infections may result from transmission of [Chlamydia] during delivery." In the discussion of syphilis, students are told that "If treatment (sic) is not received, a pregnant woman will usually transmit the disease to the unborn child. Stillbirth and death within the neonatal period occur in 25% of these cases." A similar statement about herpes states "if a woman has an outbreak close to her cervix, it can kill the developing fetus."<sup>45</sup> It is worth noting that the Centers for Disease Control and Prevention's STD hotline could not confirm this last fact.<sup>46</sup>

Given that pregnancy is not a primary health care issue for middle school and high school students the emphasis seems inappropriate. The authors seem to be using these facts as a way to scare students rather

than educate them. Perhaps this is why the curriculum fails to mention that screening for STDs is a routine part of prenatal care.<sup>47</sup>

Instead of scaring students, the curriculum could have used information about STDs during pregnancy as a way to emphasize the importance of proper screening and treatment for these diseases throughout life. Unfortunately, the curriculum says nothing about testing and very little about treatment except to consistently remind students that while some STDs can be cured, “antibiotics cannot undo the damage done prior to treatment.”<sup>48</sup> The end result of this incomplete discussion may very well be to discourage young people from seeking testing and treatment when necessary.

By failing to provide medically accurate information, these organizations leave Kentucky’s youth unprepared to make good decisions now and in the future.

## **Conclusion**

Delaying sexual initiation and increasing abstinence among young people in the state is an admirable goal. But abstinence-only-until-marriage programs are not the answer. Kentucky teens experience some of the highest rates of teen pregnancy and sexually transmitted diseases in the country. Further, African Americans, while a minority of the total state population, comprise over a third of individuals infected with HIV in the state.

The organizations receiving state and federal abstinence-only-until-marriage funding and the programs they operate advance religious messages, rely on messages of fear and shame, foster gender myths and stereotypes, promote failed virginity pledges, and provide misinformation.

Kentucky’s youth deserve better than this. They deserve accurate, honest information about their sexual health and programs that actually help them make healthy decisions. Studies indicate that providing comprehensive information about abstinence, contraception, and condoms will not increase young people’s sexual activity or lead them to engage in sex at an earlier age as many adults have feared. In fact, a more comprehensive approach to sex education has been shown to delay sexual initiation while also providing young people who are or will be sexually active with the information and skills they need to protect themselves.<sup>49</sup> This form of sexuality education increases the likelihood that young people will use condoms or contraception when they choose to become sexually active.

Using this report as evidence of the need for change, Kentucky must act to prevent teen pregnancy and STDs, including HIV/ AIDS. The problem is that until now public policy has not followed the evidence and has instead taken a detour into a failed abstinence-only-until-marriage approach. The problem is worsened in Kentucky, where more anti-choice CPCs received Title V abstinence-only-until-marriage sub-grants than any other state in Fiscal Year 2007.

## **Recommendations**

SIECUS recommends the following policy actions for the state of Kentucky:

1. Cease participation in the Title V abstinence-only-until-marriage program. Join at least 23 other states across the country that are refusing to accept these harmful monies.
2. Create realistic and common sense sex education laws that require schools to teach comprehensive sexuality education which includes age-appropriate, medically accurate information on a broad set of topics related to sexuality including human development, relationships, decision-making, abstinence, contraception, and disease prevention.
3. Create a statewide network of interested advocates and organizations to support evidence-based public policy in the area of sex education.

Kentucky can create a brighter and healthier future for its youth by funding a comprehensive approach to sexuality education. As a first step, it must assess the evidence of what works best and end support for abstinence-only-until-marriage programming in the state.

For additional information, please contact **SIECUS Public Policy** office in Washington, DC at 202.265.2405 or by email via our website at [www.siecus.org](http://www.siecus.org).

**Appendix 1.** A-H Definition of “Abstinence Education”

<b>Section 510(b) of Title V of the Social Security Act, P.L. 104–193</b>	
For the purposes of this section, the term “abstinence education” means an educational or motivational program which:	
<b>A</b>	has as its exclusive purpose teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
<b>B</b>	teaches abstinence from sexual activity outside marriage as the expected standard for all school-age children;
<b>C</b>	teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;
<b>D</b>	teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of sexual activity;
<b>E</b>	teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;
<b>F</b>	teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society;
<b>G</b>	teaches young people how to reject sexual advances and how alcohol and drug use increase vulnerability to sexual advances, and
<b>H</b>	teaches the importance of attaining self-sufficiency before engaging in sexual activity.

**Appendix 2.** Local Health Departments and Abstinence-Only-Until-Marriage Curricula Used<sup>50</sup>

<b>Administrative Agency (County)</b>	<b>Curriculum*</b>
Barren River District (Logan)	
Bourbon (Bourbon)	<i>Everyone is Not Doing IT</i>
Boyd	<i>Responsible Social Values Program (RSVP)</i>
Christian	<i>Choosing the Best</i> <i>Everyone is Not Doing IT</i>
Cumberland (Clay, Harlan, Jackson)	<i>Choosing the Best Way</i>
Garrard	<i>Why kNOW</i>
Jessamine	<i>Managing Pressures Before Marriage</i>
Knox	<i>Managing Pressures Before Marriage</i> <i>Responsible Social Values Program (RSVP)</i>
Lexington/ Fayette (Fayette)	<i>Managing Pressures Before Marriage</i>
Lincoln Trail District (Washington, Nelson)	<i>Choosing the Best series</i> <i>Everyone is Not Doing IT</i>
Louisville Metro (Jefferson)	
Magoffin County	<i>Managing Pressures Before Marriage</i>
Monroe	<i>Why kNOW</i>
Muhlenberg County	<i>Why kNOW</i>
Northern Kentucky (Boone, Campbell, Kenton, Grant)	<i>Choosing the Best</i>
North Central Health District (Henry, Shelby)	<i>Choosing the Best</i>

\* Each local health department may use federal abstinence-only-until-marriage funds to conduct other presentations, activities, and projects. These are the identified curricula in grant applications made the state of Kentucky. The *Choosing the Best* series, *Everyone is Not Doing IT* presentation, *the Responsible Social Values Program (RSVP)*, and the *Why kNOW* programs have all been identified by SIECUS as fear based curricula.

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