# Comprehensive Sex Education vs. Authentic Abstinence

## A Study of Competing Curricula

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**WARNING: This report contains sexually explicit, graphic material, as quoted from the material reviewed.**

# Executive Summary

Sexual activity in the teen years is linked to a number of important social concerns. America is facing a rising threat of sexually transmitted diseases among teens. Teen pregnancy and out-of-wedlock childbearing remain significant problems. Teen sexual activity is linked to emotional problems and depression, and there is widespread concern that casual sexual activity at an early age can lead to unstable relationships and marital failure later in life.

Two basic approaches to these problems have emerged. The "safe sex" approach encourages teens to use contraception, especially condoms. By contrast, traditional abstinence education focuses on delaying the onset of sexual activity, teaches the harm of casual sexual activity, and encourages students to view sexuality as part of a process of developing intimacy and lifelong commitment. Traditional abstinence programs teach that teens should not be sexually active until they have at least finished high school and that the best life outcomes will be achieved by delaying sexual activity until marriage.

In recent years, a new approach, termed "abstinence-plus" or "comprehensive sexuality education," has played a prominent role in the public debate over sex education. According to proponents, abstinence-plus or comprehensive sex-ed programs place a strong emphasis on abstinence but also contain information about contraception. This approach is presented as the middle ground between safe sex and abstinence.

## Quantitative Analysis of Sex-Ed Curricula

Heritage Foundation analysts recently conducted research comparing the content of the two different types of sex-ed curricula: authentic (traditional) abstinence programs and comprehensive sexuality education curricula—also called "abstinence-plus." The researchers analyzed nine major comprehensive sex-ed/abstinence-plus curricula and nine traditional/authentic abstinence curricula. The analysis measured the percentage of text in each curriculum that is devoted to different topics or themes.

Quantitative analysis revealed that traditional abstinence and comprehensive sex-ed/abstinence-plus curricula differ radically in their contents and messages. It also revealed that the claim that abstinence-plus/comprehensive sex-ed curricula place an emphasis on abstinence is false.

On average, authentic or traditional abstinence curricula devote 53.7 percent of their page content to abstinence-related material. In addition, these curricula devote 17.4 percent of their content to the subjects of healthy relationships and the benefits of marriage, both of which directly reinforce the main theme of teen abstinence. Authentic abstinence curricula allocate zero percent of their content to promoting contraception.

Comprehensive sex-ed/abstinence-plus curricula take the opposite approach. On average, these curricula devote only 4.7 percent of their page content to the topic of abstinence and zero percent to healthy relationships and marriage. The primary focus of these curricula is on encouraging young people to use contraception. On average, comprehensive sex-ed curricula devote 28.6 percent of their page content to describing contraception and encouraging contraceptive use. Overall, comprehensive sex-ed curricula allocate six times more content to the goal of promoting contraception than to the goal of promoting abstinence. (See Table A and Chart A.)

## Table A

Table A — The Heritage Foundation

### Comparison of Content of Authentic Abstinence and Comprehensive Sex-Ed/Abstinence-Plus Curricula

| | Comprehensive Sex-Ed/ Abstinence-Plus Curricula* | Authentic Abstinence Curricula** |
|---|---|---|
| **Abstinence-Related Material** (Encouraging Abstinence; Abstinence-Related Risk Avoidance; Negative Consequences of Early, Non-marital Sex; Understanding the Differences Between "Love" and "Sex"; Promoting Abstinence) | 4.75% | 53.7% |
| **Healthy Relationships and Benefits of Marriage** | 0.0% | 17.4% |
| **Promoting Contraception** | 28.65% | 0.0% |
| **HIV/STD Awareness** | 24.6% | 11.7% |
| **Biology and Reproduction** | 6.0% | 2.6% |
| **Sexual Behaviors and Sexual Alternatives to Intercourse** | 1.6% | 0.0% |
| **Date Rape** | 1.1% | 0.6% |
| **Dangers of Drugs and Alcohol** | 1.6% | 3.1% |
| **General Behavioral Skills** (Communication Skills; Decision Making and Goal Setting; General and Short-Term Refusal Skills; General Risk Avoidance) | 25.0% | 10.9% |
| **Miscellaneous** (Volunteerism and Career Planning; Open-Ended Discussion on Families; Other) | 6.7% | 0.0% |
| **Total** | **100.0%** | **100.0%** |

* AIDS Prevention for Adolescents in School; Becoming a Responsible Teen; Be Proud! Be Responsible!; Focus on Kids; Get Real About AIDS; Reducing the Risk; Safer Choices 1 & 2; Teen Outreach Program; Teen Talk.

** Choosing the Best Life; Game Plan; Heritage Keepers; No Apologies; Operation Keepsake; Sex Respect; Teen-Aid; Wait Training; Why kNOw.

## Weakness of Abstinence Messages in Comprehensive Sex-Ed Curricula

Moreover, the calculation that comprehensive sex-ed/abstinence-plus curricula, on average, allocate 4.7 percent of their page content to abstinence actually overemphasizes the vigor of the abstinence message in these programs. In addition to the vast differences in the quantity of abstinence material between authentic abstinence and comprehensive sex-ed curricula, there are equally large qualitative differences in the abstinence messages of the two types of curricula. With few exceptions, the limited abstinence messages in comprehensive sex-ed are perfunctory, simplistic, unconvincing, and equivocal.

The most fundamental difference in abstinence messages between the two types of curricula is that authentic abstinence courses express teen abstinence as a clear standard or goal and encourage all students to strive to meet that standard. By contrast, the goal of comprehensive sex-ed curricula is not to have teens abstain from sexual activity, but to reduce the risk of STDs and pregnancy that results from unprotected sexual activity. Abstinence—or not having sex—is mentioned as one option that teens may consider to avoid risks, but the overwhelming emphasis is on reducing risk by encouraging contraceptive use. Since comprehensive sex-ed programs place by far the greatest focus on using contraception, the implicit message is that abstinence is of secondary importance.

Contrary to claims made by some advocacy groups, comprehensive sex-ed curricula do not teach abstinence as the primary and preferred goal for teens, instructing students about contraception only as a less desirable "fallback" position when abstinence fails. Instead, abstinence and contraception are presented as two possible options for avoiding STDs and pregnancy, with the overwhelming emphasis placed on contraception.

While comprehensive sex-ed curricula do inform students that abstinence is the "safest choice," they repeatedly represent teen sex with contraception as safe. Thus, the overall message given to teens is merely that abstinence is marginally safer than protected sex. Beyond this modest health message, most of the curricula have difficulty finding favorable things to say about abstinence or positive reasons to be abstinent. Since abstinence requires greater character and self-control and a stronger determination to resist social trends and pressures than does "safe sex," the failure to a make a strong, broad-based case that abstinence is clearly superior to protected sex makes the brief "abstinence message" that is given both flat and unconvincing.

## Comprehensive Sex-Ed Curricula Contain Little or No Message to Delay Sexual Activity

The comprehensive sex-ed curricula provide no standards about when students should begin sexual activity. While 94 percent of adults and 92 percent of teens believe that it is important for society to give a "strong message" that young people "should not have sex until they are, at least, out of high school,"[1] none of the comprehensive sex-ed curricula convey this message. None encourage abstinence through high school as a goal. Indeed, out of 942 pages of text in the nine comprehensive sex ed curricula reviewed, not one single sentence urging young people to abstain from sexual activity through high school was found.

Even the vague notion that students should "wait until they are older" before beginning sex is largely absent from the comprehensive sex-ed curricula. Throughout the nine curricula, less than ten sentences could be found urging or suggesting that young people wait until they were older before beginning sexual activity. In most cases, even these sentences lacked force.

1. National Campaign to Prevent Teen Pregnancy, *Americans Sound Off About Teen Pregnancy*, December 2003, p. 8.

**Chart A**

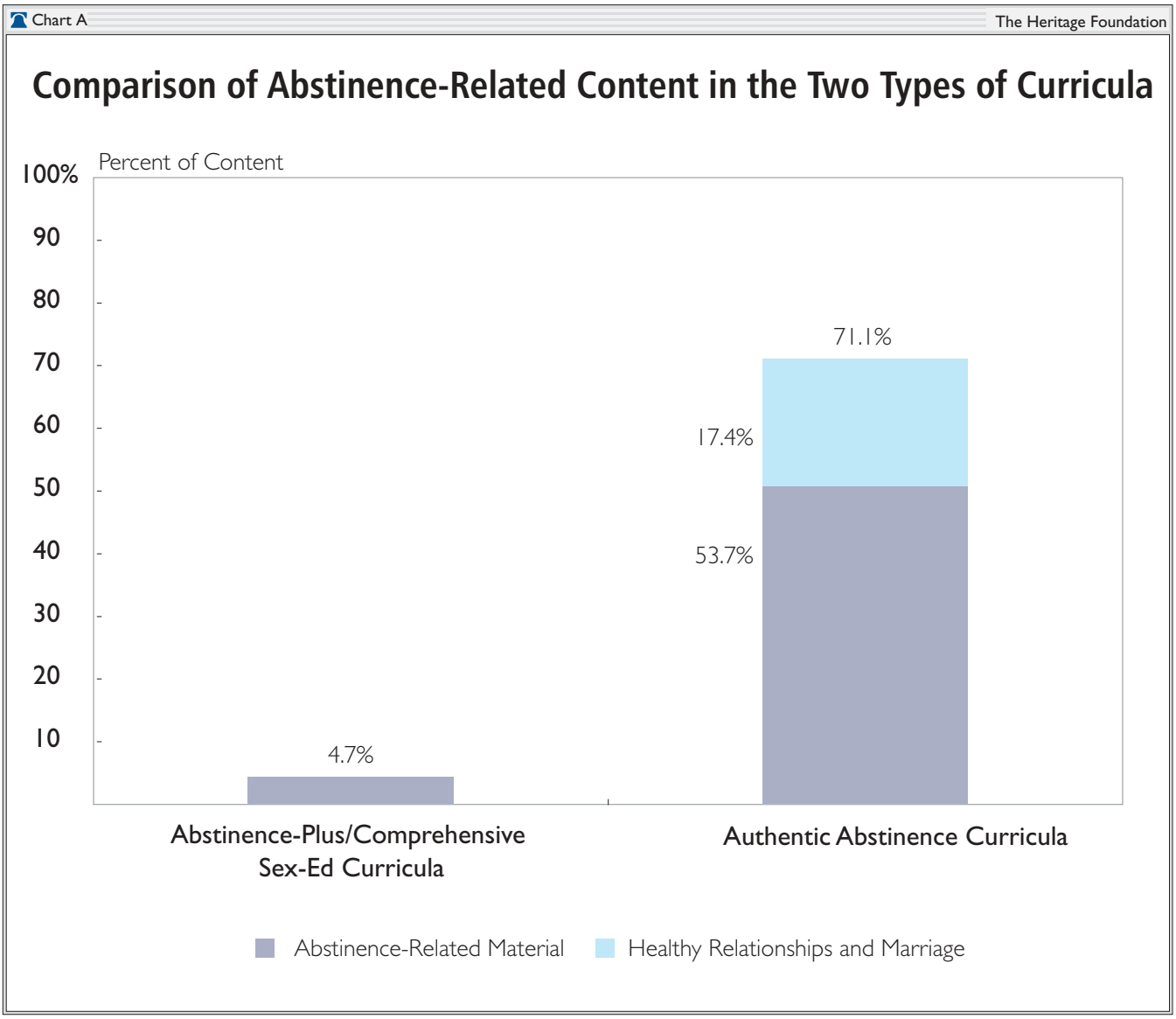
Chart A
The Heritage Foundation
Comparison of Abstinence-Related Content in the Two Types of Curricula
Percent of Content
100%
90
80
70
60
50
40
30
20
10
4.7%
71.1%
17.4%
53.7%
Abstinence-Plus/Comprehensive Sex-Ed Curricula
Authentic Abstinence Curricula
Abstinence-Related Material
Healthy Relationships and Marriage

Delaying sexual activity is simply not a significant concern in comprehensive sex-ed programs: The overwhelming focus is on informing students about contraception and encouraging them to use it. To refer to these curricula as "abstinence-plus" is therefore wildly misleading. These programs could be more accurately termed "safe-sex plus," indicating that they are, in fact, safe-sex curricula that also include a few brief, weak references to abstinence.

## Themes of Authentic Abstinence Curricula

While comprehensive sex-ed courses are focused on the physical risks of sexually transmitted diseases (STDs) and pregnancy, authentic abstinence programs take a more holistic approach to human sexuality: They are far more concerned with the social and psychological aspects of sex. Authentic abstinence curricula place a major emphasis on love, intimacy, and commitment. Young people are taught that human sexuality is not primarily physical, but moral, emotional, and psychological in nature. These programs stress that, under proper conditions, human sexuality inherently involves long-term emotional bonding. They teach youths that personal happiness, love, and intimacy are most likely to occur within the commitment of a faithful marriage and that, in contrast, casual sex with multiple partners is likely to undermine the natural process of bonding and intimacy.

Throughout their curricula, authentic abstinence programs teach that abstinence is the best lifestyle for every teen. Students are taught that choosing to remain abstinent throughout adolescence is an important decision—and one that reaps great rewards in the present and the future.

Authentic abstinence courses instruct teens about the differences between lust, infatuation, and real love. The curricula teach that teen sexual relationships generally include large elements of self-delusion; despite hopeful expectations, nearly all such relationships are unstable and short-term. Most sexually active teens state that they regret their initial sexual experience and wish that they had waited. In authentic abstinence curricula, teen abstinence is presented not merely as a solution to the immediate problems of pregnancy, STDs, and emotional harm, but as a pathway leading to respect for one's self and others, to healthier relationships, and, eventually, to love and happiness in marriage.

**Fear-based Curricula?** It is often loosely charged that authentic abstinence curricula are "fear-based." Examination of these curricula reveals there is no basis whatsoever for this claim. Both authentic abstinence and comprehensive sex-ed curricula present compelling information about the real threats of sexually transmitted diseases (STDs) and teen pregnancy to the health and well-being of young people. The content of the two types of curricula are quite similar on these topics; however, comprehensive sex-ed curricula, on average, devote more than twice as much page content to the threat of STDs when compared with authentic abstinence curricula. Thus, it might be said that comprehensive sex-ed courses are more "fear-based" than are authentic abstinence courses. In reality, "fear-based" is not a term that accurately describes either type of curriculum.

## Themes of Comprehensive Sex-Ed/Abstinence-Plus Curricula

In contrast to authentic abstinence programs, comprehensive sex-ed curricula largely depict human sexuality as a physical process. They focus on warning young people about the threats of teen pregnancy and sexually transmitted diseases that can result from unprotected sexual activity. Their predominant goal is to reduce the level of "unprotected" sexual activity by encouraging young people to use contraception.

A very large portion of comprehensive sex-ed curricula is devoted to describing various types of contraception and discussing the pros and cons of each type. Students are strongly urged to use contraception (particularly condoms) for protection and are given skills to help increase condom use. For example, students are coached on how to convince a resistant sex partner to use condoms.

While comprehensive sex-ed curricula do not overtly encourage teens to engage in sexual activity, they do not really discourage it. The focus is on reducing the risks of STDs and pregnancy among teens. Abstinence is presented as one technique for avoiding immediate risks, but the predominant emphasis is on using contraception, especially condoms. For the most part, teens are not urged to avoid sex *per se*, but to avoid sex without contraception. As long as the teen feels "comfortable" with the activity, protected teen sex is not criticized, but is presented as commonplace, healthy, and largely unproblematic. The decision to use contraception during sex is almost always presented in a very favorable light, while teen sexual activity itself is rarely questioned or criticized.

The underlying message that pervades comprehensive sex-ed curricula is that it is okay for teens to engage in sex as long as "protection" is used. Indeed, it is difficult to find any passage in the curricula where voluntary teen sex with protection is either criticized or depicted as "not okay."

With rare exceptions, sex at an early age and sex with many different partners are not treated as problems. Comprehensive sex-ed curricula ignore the vital linkages between sexuality, love, intimacy, and commitment. There is no suggestion that sex is best within marriage.

## Most Comprehensive Sex-Ed Curricula Contain Explicit and Controversial Sexual Material

Comprehensive sex-ed curricula encourage contraceptive use, teach teens how to obtain contraception, and instruct them on how to convince sex partners to use contraception. Most comprehensive sex-ed curricula have teachers demonstrate condom use by unrolling condoms on fingers, bananas, or dildos. Four out of the nine curricula reviewed have students practice unrolling condoms on bananas, dildos, or their fingers.

Many comprehensive sex-ed curricula contain additional explicit and offensive material such as discussions of anal sex, homosexual role-playing, and language encouraging mutual masturbation and encouraging teens to watch erotic movies. Much material in "abstinence plus" curricula would be alarming to parents. For example, *Be Proud! Be Responsible!* instructs teachers to:

> Invite [students] to brainstorm ways to increase spontaneity and the likelihood that they'll use condoms.... Examples:... Store condoms under mattress.... Eroticize condom use with partner…. Use condoms as a method of foreplay.… Think up a sexual fantasy using condoms…. Act sexy/sensual when putting the condom on…. Hide them on your body and ask your partner to find it…. Wrap them as a present and give them to your partner before a romantic dinner.... Tease each other manually while putting on the condom.[2]

Similarly, *Focus on Kids* prompts teachers to:

> State that there are other ways to be close to a person without having sexual intercourse. Ask youth to brainstorm ways to be close. The list may include…body massage, bathing together, masturbation, sensuous feeding, fantasizing, watching erotic movies, reading erotic books and magazines….[3]

While the amount of such explicit and shocking material varies widely among the comprehensive sex-ed curricula reviewed, all of the curricula contained at least some material that would be disturbing to many parents.

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2. *Be Proud! Be Responsible!*, p. 78, 79.
3. *Focus on Kids*, p. 137.

## Parents Overwhelmingly Support Authentic Abstinence Curricula

In December 2003, Zogby International conducted a poll of a nationally representative sample of parents in the United States to determine their attitudes toward sex education. The poll shows that American parents overwhelmingly support the themes and messages of authentic abstinence education programs. With regard to many themes, parental support is nearly unanimous.

Specifically, the poll revealed that:

- Most parents want teens taught a strong abstinence message. For example, 79 percent of parents want teens to be taught that they should not engage in sexual activity until they are married or at least in an adult relationship leading to marriage.
- Ninety-one percent of parents want teens to be taught that "The best choice is for sexual intercourse to be linked to love, intimacy, and commitment. These qualities are most likely to occur in a faithful marriage."
- Sixty-eight percent of parents want sex education programs to teach that "individuals who are not sexually active until they are married have the best chances of marital stability and happiness."
- Ninety-one percent of parents want schools to teach that "adolescents should be expected to abstain from sexual activity during high-school years."

All of these themes are central to authentic abstinence education curricula.

## Parents Overwhelmingly Reject Comprehensive Sexuality or Abstinence-Plus Education

The Zogby poll revealed that parents overwhelmingly oppose the messages contained within comprehensive sex-ed curricula. For example:

- Comprehensive sex-ed curricula focus almost exclusively on contraception and, in most cases, include little or no meaningful material on abstinence. However, only 2 percent of parents believe abstinence is not important, and only 7 percent believe teaching about contraception should receive more emphasis than teaching about abstinence.
- More than 90 percent of parents want sex education programs to teach teens to abstain, at least until they have finished high school. Comprehensive sex-ed programs do not contain this message, and much of their material implicitly undermines it.
- Comprehensive sex-ed programs convey, through repeated examples, the strong implicit message that teen sexual activity is okay as long as contraception is used. Only 7 percent of parents agree with that message.
- Seventy-nine percent of parents want students to be taught to abstain until they are married or close to marriage. These values are light years removed from the content of "abstinence-plus" courses.
- Parents overwhelmingly support the main themes of abstinence education on intimacy, commitment, love, and marriage. However, these themes are conspicuously absent from comprehensive sex-ed curricula. As a result, these courses fail to meet the needs and desires of most parents.
- While most parents want teens to be taught the basic biological facts about contraception, comprehensive sex-ed courses go far beyond that. They encourage contraceptive use, teach students how to obtain contraception, and have students practice using condoms. Only one-quarter of parents support this type of aggressive contraceptive promotion.

## Government Spending Does Not Match Parental Priorities

The Zogby poll showed that 85 percent of parents believe that teaching about abstinence should be given as much emphasis as, or greater emphasis than, teaching about contraception. Only 8 percent believe that promoting contraception is more important. Regrettably, governmental spending priorities directly contradict parental priorities. Currently, the government spends at least $4.50 to promote teen contraceptive use for every $1.00 spent to promote teen abstinence.

## Should Abstinence Programs Teach About Contraception?

The poll showed an apparent divergence between abstinence education and parental attitudes in only one area: Seventy five percent of parents want schools to teach teens about both abstinence and contraception. Abstinence curricula, in general, do not teach about contraceptive use, except to explain contraceptive failure rates.

However, this disparity between abstinence education and parental opinion is more apparent than real. Schools that teach about abstinence usually also teach the basic biological facts about reproduction and contraception in a separate class, such as health. This arrangement has widespread parental support. Some 56.4 percent of parents believe that abstinence and contraception should not be taught in the same class. Only 39.9 percent of parents believe that abstinence and contraception should be taught together in the same class.

Overall, the values and objectives of the overwhelming majority of parents can be met by providing teens with a strong abstinence program while teaching basic biological information about contraception in a separate health or biology class. This arrangement appears to be common in schools where abstinence is taught.

By contrast, only a tiny minority (less than 10 percent) of parents supports the values and messages taught in comprehensive sex-ed curricula. Since the messages of these courses—such as it is okay for teens to have sex as long as they use condoms—contradict and undermine the basic values that parents want taught, these courses would be deemed unacceptable, even if combined with other materials.

## Abstinence Programs Are Effective

Abstinence programs provide young people with the strong, uplifting, moral messages that nearly all parents desire. Numerous evaluations show that abstinence programs are effective in encouraging young people to delay sexual activity.[4] The effectiveness of these programs is quite remarkable, given that they typically provide no more than a few hours of instruction per year. In those few hours, abstinence instructors seek to counteract thousands of hours of annual exposure to sex-saturated teen media, which strongly push teens in the opposite direction.

## Safe-Sex Lobby Seeks to Abolish Abstinence Education

In recent years, advocacy groups such as SIECUS (Sexuality Information and Education Council of the United States) and Advocates for Youth have claimed that parents strongly support comprehensive sexuality education ("abstinence-plus" instruction). This claim is based on tortuous logic. The groups begin their argument with polls showing that parents want teens to be taught about both abstinence and contraception. They then make the unsubstantiated assertion that comprehensive sex-ed programs place a strong emphasis on abstinence, as well as contraception, and conclude that most parents must want comprehensive sex-ed courses for their children.

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4. See Robert Rector, "The Effectiveness of Abstinence Education Programs in Reducing Sexual Activity Among Youth," Heritage Foundation *Backgrounder* No. 1533, April 8, 2002.

This argument relies on a radical misrepresentation of the content of comprehensive sex-ed programs. As this study shows, these curricula focus overwhelmingly on describing contraception and promoting contraceptive use. They contain, at best, brief and equivocal references to abstinence. Yet polls show that only 7 percent of parents support sex-ed courses that put a greater emphasis on contraception than on abstinence. Simply put, only a tiny fraction of parents would support the actual content of comprehensive sex-ed/abstinence-plus curricula.

In the political arena, Advocates for Youth and SIECUS have sought to eliminate funding for abstinence curricula or to replace abstinence education with comprehensive sex education. Like the claim of strong parental support, this lobbying is done under the pretext that comprehensive sex-ed contains a strong abstinence message and thereby renders authentic abstinence education superfluous.

However, since comprehensive sex-ed courses do not, in fact, contain meaningful abstinence content, this stratagem amounts to nothing more than a surreptitious effort to abolish abstinence education and replace it with a thinly disguised safe-sex agenda. In reality, replacing abstinence education with comprehensive sex-ed would mean almost entirely eliminating the abstinence message in U.S. schools. Nearly all parents would object to this change.

## Conclusion

The contention that comprehensive sex-ed/abstinence-plus courses place a major emphasis on abstinence is false. In fact, comprehensive sex-ed curricula are little more than old-style safe-sex courses wrapped in a new, misleading label. The predominant focus of these courses is on encouraging students to use contraceptives, and they contain very little, if any, meaningful abstinence content. Authentic abstinence programs contain 15 times more material on abstinence (and the supporting topics of healthy relationships and marriage) than do comprehensive sex-ed programs. While parents overwhelmingly support the uplifting values and messages contained in authentic abstinence curricula, they overwhelmingly reject the permissive values and messages contained in comprehensive sex-ed.

It is true that polls suggest that parents want teens to be taught a strong abstinence message as well as basic biological information about contraception. Since abstinence curricula do not typically teach about contraception, this might be interpreted as a disapproval of abstinence education. However, nearly all parents strongly support abstinence education, and most do not want contraceptive materials to be inserted into abstinence curricula.

Instead, the wishes of most parents can be fulfilled by providing teens with a strong traditional abstinence course while teaching the basic facts about contraception in a separate health class. In fact, this arrangement typically exists in most schools where abstinence is taught. In contrast, comprehensive sex-ed courses contradict the basic values that parents want taught and would be unacceptable to most parents under any circumstances.

# Introduction

Sexual activity among teenagers is linked to a number of important social concerns. America is facing a rising threat of sexually transmitted diseases (STDs) among teens, and teen pregnancy and out-of-wedlock childbearing remain important social problems. Teen sexual activity is linked to emotional problems and depression, and there is widespread concern that casual sexual activity at an early age can lead to unstable relationships and marital failure later in life.

Two basic approaches to these problems have emerged: safe-sex programs and traditional abstinence education. The safe-sex approach encourages teens to use contraception, especially condoms. By contrast, traditional abstinence education teaches about the physical and emotional harm of casual teen sexual activity and strongly discourages such activity. Authentic abstinence curricula inform students that human sexuality is primarily emotional and psychological, not physical, in nature. These programs send a strong message that sex should be linked to intimacy, love, and long-term commitment; teach that teen abstinence is the best preparation for love and happy marriage; and encourage teens to abstain from sex until they are married.

In recent years, a new approach termed "abstinence plus" or "comprehensive sexuality education" has played a prominent role in the public debate regarding sex education. According to proponents of this approach, "abstinence plus" or "comprehensive sex-ed" programs place a strong emphasis on abstinence but also contain information about contraception. This approach is presented as the middle ground between safe sex and abstinence.

Since polls indicate that a majority of parents want sex education for teens to emphasize a strong abstinence message but also to provide basic information about contraception, advocates of "abstinence plus" claim that most parents support their approach. Most advocates of "abstinence-plus/comprehensive sex-ed" are also fierce opponents of traditional abstinence education and seek to have abstinence curricula defunded and removed from the classroom.

Those who support traditional abstinence education respond that comprehensive sexuality education/abstinence-plus is nothing more than "safe-sex" repackaged under a new label. They charge that such curricula contain little or no material on abstinence or delay of sexual activity; approve teen sexual activity, implicitly or explicitly; and contain graphic material that would be offensive and alarming to nearly all parents if they were aware of what was being presented to their children. Proponents of traditional abstinence education argue that only their curricula provide the clear abstinence message that is desired by nearly all parents and that information about contraception (if desired) is almost always available through other courses within school systems.

With this controversy as a backdrop, the present study analyzes nine widely publicized abstinence-plus/comprehensive sexuality education curricula and nine traditional, or authentic, abstinence curricula. It seeks to answer four questions:

1. What is the actual content of abstinence-plus/comprehensive sex-ed curricula?
2. How do abstinence-plus/comprehensive sex-ed curricula contrast with authentic/traditional abstinence curricula?

3. Do abstinence-plus curricula, in general, contain materials that would be objectionable to most parents?
4. Do polls show that parents favor the content of authentic abstinence curricula or the content of abstinence-plus curricula?

This study seeks to describe two broadly different approaches to sex education. Nothing here should be construed as an endorsement or disapproval of any individual curriculum. Unless specifically stated, general assertions about one type of curriculum do not necessarily apply to each individual curriculum of that type.

# CHAPTER 1

# THE PROMOTION OF COMPREHENSIVE SEX EDUCATION/ABSTINENCE-PLUS PROGRAMS

In recent debates about abstinence and safe-sex programs, there has been much discussion about abstinence-plus education. Abstinence-plus programs, also called comprehensive sexuality education, allegedly place an emphasis on abstinence but also include information about using contraceptives.

The idea of abstinence-plus education has been heavily promoted in recent years by three groups: Advocates for Youth, the Sexuality Information and Education Council of the United States (SIECUS), and the National Campaign to Prevent Teen Pregnancy.

Advocates for Youth states plainly that abstinence-plus and comprehensive sexuality education are identical: It defines "abstinence-plus" specifically as "another term used to mean comprehensive sexuality education."[1] Advocates for Youth consistently attacks traditional abstinence education and urges that abstinence programs be replaced by comprehensive sexuality education or "abstinence-plus" curricula, which it defines in the following manner:

> Comprehensive Sexuality Education teaches about abstinence as the best method for avoiding STDs [sexually transmitted diseases] and unintended pregnancy but also teaches about condoms and contraception to reduce the risk of unintended pregnancy and of infection with STDs, including HIV.[2]

Advocates for Youth depicts abstinence-plus/comprehensive sex-ed as a new middle way between safe-sex and traditional abstinence programs, combining the best of both. In an article entitled "Effective Comprehensive Sexuality Education," it promotes what it hails as the "newest generation of sexuality education programs," claiming that "these programs promote abstinence as the best and safest choice" while also providing contraceptive information.[3]

The Sexuality Information and Education Council of the United States (SIECUS) is another major proponent of "comprehensive sexuality education," which it claims has a heavy emphasis on abstinence. SIECUS asserts:

> Helping adolescents to postpone sexual intercourse until they are ready for mature relationships is a key goal of comprehensive sexuality education. Such education has always included information about abstinence…. Effective programs include a strong abstinence message as well as information about contraception and safer sex.[4]

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1. See Advocates for Youth, "Sexuality Education Programs: Definitions & Point-by-Point Comparison," *Transitions*, Vol. 12, No. 3 (March 2001), p. 4, at *www.advocatesforyouth.org/publications/transitions/transitions1203_3.htm*.
2. *Ibid.*
3. Anna Hoffman, "Effective, Comprehensive Sexuality Education," Advocates for Youth, July 1997, p. 1, at *www.advocatesforyouth.org/publications/pag/effective.htm*.

Like Advocates for Youth, SIECUS treats the terms "comprehensive sexuality," "abstinence-plus," and "abstinence-based" education as synonymous. It defines "abstinence-based" education as:

> HIV-prevention programs and sexuality education programs that emphasize the benefits of abstinence…. They also include information about non-coital sexual behavior, contraception, and disease prevention methods. These programs are also referred to as abstinence-plus or abstinence centered.[5]

The theme that comprehensive sexuality education places a major, perhaps predominant, emphasis on abstinence appears consistently throughout the publications of SIECUS and Advocates for Youth. In a joint paper, the two organizations assert that "comprehensive sexuality education…programs emphasize the benefits of abstinence while also teaching about contraception and disease prevention methods."[6] Both organizations consistently characterize authentic abstinence programs, which they term "abstinence only," as harmful and narrow. They habitually contrast allegedly narrow abstinence education with the purportedly broad and balanced comprehensive sex-ed curricula that they claim fully encompass the themes of abstinence while also providing information on contraception.

The National Campaign to Prevent Teen Pregnancy has also heavily promoted abstinence-plus education, particularly in an influential book by Douglas Kirby entitled *Emerging Answers*. In this book, Kirby reviews "curriculum-based sexuality education programs." He distinguishes between authentic abstinence or "abstinence only" programs and "broader programs often called sexuality education or abstinence-plus programs" that, he asserts, "discuss both abstinence and methods of protections against pregnancy and STDs."[7] Kirby strongly promotes "sexuality education programs, most of which," he claims, "also emphasize abstinence as the safest choice for young people but encourage use of condoms and contraceptives if youth do have sex."[8]

Kirby often describes abstinence-plus curricula in terms that make it appear that abstinence is a major, if not predominant, theme of the programs. In a widely read editorial in the *The Washington Post*, entitled "Abstinence Plus," Kirby was quoted as follows:

> What a large majority of American sexuality educators and a large majority of Americans are pushing for is abstinence plus," Kirby says. This means "you give real weight to abstinence, you give it serious attention, you say that abstinence is the only method that is 100 percent effective against pregnancy and sexually transmitted diseases. But then you also talk about condoms and contraception in a balanced accurate manner.[9]

Abstinence-plus/comprehensive sex education programs have also been widely promoted by many other organizations throughout the United States. Typically, these organizations use materials and information from SIECUS or Advocates for Youth. Almost without exception, the promoted programs are represented as having a major, if not primary, emphasis on abstaining from sexual activity. For example:

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4. Sexuality Information and Education Council of the United States, "Fact Sheet: Adolescence and Abstinence," *SIECUS Report*, Vol. 26, No. 1 (October/November 1997).
5. Sexuality Information and Education Council of the United States, "Issues and Answers: Fact Sheet on Sexuality Education," *SIECUS Report*, Vol. 29, No. 6 (August/September 2001), p. 4.
6. Advocates for Youth and SIECUS, "Toward a Sexually Healthy America: Roadblocks Imposed by the Federal Government's Abstinence-Only-Until-Marriage Education Program," 2001, p. 7.
7. Douglas Kirby, Ph.D., *Emerging Answers: Research on Programs to Reduce Teen Pregnancy* (Washington, D.C.: National Campaign to Prevent Teen Pregnancy, May 2001), p. 85. Dr. Kirby further divided curriculum-based sexuality education programs into "those that address *both* pregnancy and STD's/HIV (sometimes called sexuality education programs) and those that focus primarily on STD/HIV prevention." He asserts that both types of programs emphasize abstinence.
8. *Ibid.*
9. E. J. Dionne, Jr., "Abstinence Plus," *The Washington Post*, July 16, 1999, p. A23.

- People for the American Way lauds "comprehensive sex education, sometimes known as 'abstinence plus,'" which it says "emphasizes abstinence in addition to providing medical and scientific information about contraception."[10]
- The Center for AIDS Prevention Studies endorses "comprehensive sexuality education," which it says "begins with abstinence but also acknowledges that many teenagers will choose to have sex."[11]
- The National Association of School Psychologists advocates "Abstinence-Plus programs," which it claims "impart accurate information and comprehensive social skills training in addition to sending a strong abstinence message."[12]
- The AIDS Action Council endorses "Abstinence-Plus Education," which it identifies with "comprehensive sexuality education," noting that such education "advocates abstinence yet provides education for those teens that choose to become sexually active."[13]
- The Welfare Information Network defines "abstinence-plus or comprehensive sex education" as a model that "emphasizes abstinence as the preferred and safest choice, but provides information on contraception in case teens become sexually active."[14]

Although the terms "abstinence-plus," "abstinence first," and "comprehensive sexuality education" are widely used, it appears that some proponents of these terms have little or no understanding of the actual curricula promoted under these labels. For example, one unusual proponent of "abstinence plus" is communitarian author Amitai Etzioni. Etzioni advocates replacing sex education with classes on "interpersonal relations, family life and intimacy" and "advises that [students should] learn that meaningful relationships are truly satisfying and last long after the rush of hormones subsides." He also urges that "sex education could more usefully devote itself to the neglected topic of love" and calls for "doing away with stark sex education, and favoring the inclusion of education for interpersonal relations, family life, and intimacy (into which abstinence-plus is folded) in the curriculum of all public schools."[15]

The extent to which abstinence-plus/comprehensive sex-ed curricula do, or do not, match this description is a major focus of this study.

## Efforts to Increase Funding for Abstinence-Plus

In Congress, there have been repeated efforts to provide new funding for abstinence-plus/comprehensive sex-ed programs. In addition, there have been efforts to eliminate existing funding programs for traditional abstinence education and replace them with new programs funding "abstinence plus."

For example, as part of the welfare reform reauthorization process in 2001, Representative Henry Waxman (D–CA) joined with many other liberals on the House Energy and Commerce Committee in an unsuccessful effort to abolish the existing Title V abstinence education program and replace it with new sex education funding that state bureaucracies could use either for comprehensive sex-ed or for abstinence programs. Since the public health bureaucracies that would have controlled the allocation of these funds are largely wedded to the safe-sex/comprehensive sex-ed approach and are hostile to abstinence education, this legislative change, if enacted, would essentially have elimi-

10. People for the American Way, "Back to School With the Religious Right: Sexuality Education," *Right Wing Watch*, undated.
11. University of California San Francisco, Center for AIDS Prevention Studies, "Should We Teach Only Abstinence in Sexuality Education?" *Fact Sheet* No. 30E, September 1997.
12. National Association of School Psychologists, "Position Statement on Sexuality Education," April 12, 2003.
13. AIDS Action Council, "Policy Facts: Abstinence Education and HIV/AIDS," August 2001.
14. Welfare Information Network, "Abstinence Education Programs," *Resources for Welfare Decisions*, Vol. 7, No. 1 (January 2003).
15. Amitai Etzioni, "Tired of Fights Over Sex Education? Try This," *USA Today*, June 26, 2001, p. A13.

nated a substantial portion of the traditional abstinence education currently available in the United States. While congressional proponents of this radical change consistently asserted that they strongly supported abstinence education, they insisted that "narrow" abstinence-only programs should be replaced by "broader" abstinence-plus curricula.

Similarly, the Family Life Education Act (H.R. 3469) sponsored by Representative Barbara Lee (D–CA) seeks to provide $100 million per year in new funding for "comprehensive sexuality education" programs. Another effort to expand funding for contraceptive education is the Work and Family Act (S. 1254), co-sponsored by Senators Evan Bayh (D–IN) and Tom Carper (D–DE). This bill would provide $50 million to state contraceptive programs to prevent teen pregnancy through "abstinence-first" programs. Advocates of the Bayh–Carper legislation have been unable to explain what abstinence material would actually be contained in these programs or how abstinence-first programs would differ from existing comprehensive sex-ed/safe-sex programs.

Finally, as part of his overall TANF reauthorization bill, the Work, Opportunity and Responsibility for Kids (WORK) Act of 2002, Senator Max Baucus (D–MT) included a new program to provide $50 million per year in funding for contraception education under the label "abstinence first." The sex education provisions of this bill closely followed those of the Bayh–Carper Work and Family Act. The Baucus WORK bill was passed by the Senate Finance Committee in the summer of 2002 but was never brought to the Senate floor.

# CHAPTER 2

# CONTENT ANALYSIS METHODOLOGY

Much of the confusion in the current debate over sex education in the United States stems from the popularity of abstinence. Nearly all parents want their teens to be taught a strong abstinence message. Abstinence is so popular among parents that virtually no one publicly supports "safe sex" any longer. All sides of the debate now claim that they support abstinence, at least in some vague, undefined sense; this even includes groups such as Advocates for Youth and SIECUS that have long engaged in ardent warfare against traditional abstinence education.

However, to those familiar with the actual curricula used in schools, the apparent consensus in favor of abstinence appears misleading. Traditional abstinence curricula and abstinence-plus curricula may have very little in common. In order to assess the similarities and differences between these two main approaches to sex education, we have performed a quantitative content analysis of nine traditional, or authentic, abstinence education curricula and nine comprehensive sexuality education/abstinence-plus curricula.

## Selection of Curricula for Analysis

The first step in the content analysis was the selection of curricula. In selecting abstinence-plus/comprehensive sex-ed curricula to review, we sought curricula that had been widely publicized and had been labeled by advocacy groups as "comprehensive sexuality education," "abstinence-plus," or "abstinence first" curricula. To identify these programs, we relied on curricula lists published by the National Campaign to Prevent Teen Pregnancy and Advocates for Youth. We also utilized a list of "effective sex-education programs" that was developed by the Division of Adolescent and School Health of the Centers for Disease Control and Prevention. There was considerable overlap in the curricula promoted by these three sources.

In its major publication *Emerging Answers*, the National Campaign to Prevent Teen Pregnancy provides a list of "effective sexuality education or abstinence-plus programs."[1] Douglas Kirby, the author of this report, asserts that "most [of these programs]…emphasize abstinence as the safest choice for young people but encourage the use of condoms and contraceptives if youth do have sex."[2] He allows that "a few [of these programs]—especially those for high risk, sexually active youth—give primary emphasis to consistent condom use."[3] The list of "effective" abstinence-plus curricula includes *AIDS Prevention for Adolescents in School, Be Proud! Be Responsible!, Becoming a Responsible Teen, Get Real About AIDS, Reducing the Risk, Safer Choices, and Teen Talk.*[4] Staff at the Campaign have also

1. Douglas Kirby, Ph.D., *Emerging Answers: Research on Programs to Reduce Teen Pregnancy* (Washington, D.C.: National Campaign to Prevent Teen Pregnancy, May 2001), p. 85.
2. *Ibid.*
3. *Ibid.*
4. Kirby identifies 12 effective "sexuality education or abstinence plus" curricula in *Emerging Answers.* We have been able to complete a content analysis of seven of these curricula. It should be noted that one widely cited "abstinence-plus" curriculum mentioned in *Emerging Answers* and other publications is an early version of *Postponing Sexual Involvement.* Because of the confusion involved with different versions of this curriculum, we did not use it for the current analysis.

## TABLE 1

Table 1 — The Heritage Foundation

### Comprehensive Sex-Ed/Abstinence-Plus Programs Selected for Review

| Program Title | Abstinence-Plus Programs Promoted by the National Campaign to Prevent Teen Pregnancy in Emerging Answers | Abstinence-Plus/ Comprehensive Sex Education Programs Promoted by Advocates for Youth | Sex Education Programs Promoted by the Centers for Disease Control: "Programs That Work" |
|---|---|---|---|
| AIDS Prevention for Adolescents in School | × | × | |
| Becoming a Responsible Teen | × | × | × |
| Be Proud! Be Responsible! | × | × | × |
| Focus on Kids | | | × |
| Get Real About AIDS | × | × | |
| Reducing the Risk | × | × | × |
| Safe Choices 1 & 2 | × | × | |
| Teen Talk | × | × | |
| Teen Outreach Program | ×* | × | |

* Identified by staff of the National Campaign to Prevent Teen Pregnancy as an "Abstinence First" program.

recommended the *Teen Outreach Program (TOP)* as an example of an "abstinence first" program that focuses on abstinence but also teaches about contraception.[5]

The lists of recommended comprehensive sex education or abstinence-plus curricula provided by Advocates for Youth usually reference programs that are also on the lists provided by Dr. Kirby in *Emerging Answers*. In "Sex Education: Curricula and Programs," Advocates lauds "comprehensive sex education programs" that it claims "promote abstinence as the most effective way to prevent pregnancy and STDs while also providing medically accurate facts and clear messages about condoms and contraceptive use."[6] The article offers a specific list of seven recommended comprehensive programs: *AIDS Prevention for Adolescents in School, Be Proud! Be Responsible!, Becoming a Responsible Teen, Get Real About AIDS, Reducing the Risk, Teen Talk, and Youth AIDS Prevention Project (YAPP).*[7]

In *Science and Success*, Advocates provides another list of recommended curricula that, it claims, "include information about abstinence and contraception within the context of sex education."[8] This list includes most of the previously mentioned curricula and adds *Safer Choices*. In "Effective, Comprehensive Sexuality Education," Advocates provides another list of "sexuality education programs" that "promote abstinence" but also "provide contraceptive information." This list of "absti-

5. Information provided by Andrea Kane, Director of Public Policy, Public Values and Religion, National Campaign to Prevent Teen Pregnancy.
6. Devon Cloniger and Susan Pagliaro, "Sex Education: Curricula and Programs," Advocates for Youth, November 2002.
7. All of these curricula were included in our content analysis except *Youth AIDS Prevention Project*, which was not reviewed because of the expense involved in obtaining the curriculum.
8. Advocates for Youth, *Science and Success: Sex Education and Other Programs that Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections* (Washington, D.C., 2003), p. iv (emphasis in original). Advocates for Youth recommends 16 curricula that combine "abstinence and contraception" in this publication; we were able to review six of the programs on the list. A similar list of recommended sex education curricula is provided in Barbara Huberman, *Resource Guide for Sex Educators: Basic Resources that Every Sex Educator Needs to Know About* (Washington, D.C.: Advocates for Youth, 2002), pp. 26–30.

nence based" or comprehensive curricula overlaps with the prior lists but adds the *Teen Outreach Program (TOP)*, which is described as combining "sexuality education" with community service.

SIECUS urges the use of comprehensive sex-ed programs that "include a strong abstinence message as well as information about contraception and safe sex." SIECUS has endorsed both Dr. Kirby's description of comprehensive or abstinence-plus education and his list of curricula meeting that standard, and its publications reference his list of effective abstinence-plus curricula.[9]

The Division of Adolescent and School Health of the Centers for Disease Control and Prevention also has produced a list of recommended STD prevention programs for youth. Entitled "Programs that Work," this list overlaps, to a degree, the curricula lists of the National Campaign to Prevent Teen Pregnancy and Advocates for Youth and includes *Becoming a Responsible Teen, Be Proud! Be Responsible!, Focus on Kids,* and *Reducing the Risk.*

From these overlapping lists, we selected nine well-known sex-ed curricula. The nine curricula, as well as the organizations recommending them, are shown in Table 1.[10]

It is important to note that the entities that developed and provided these curricula do not typically describe them as "abstinence-plus" or "comprehensive sex-ed," although most of them do state that their curricula contain abstinence content. The terms "abstinence-plus" and "comprehensive sexuality education" have been applied to these curricula by advocacy groups such as Advocates for Youth and SIECUS as part of their campaign against authentic abstinence education. Although the terms "abstinence-plus" and "comprehensive sexuality education" have been used very extensively in the public policy debate over sex education, they are public policy terms rather than labels used by those who provide the curricula.

For purposes of comparison, we also did a content analysis of nine authentic abstinence curricula. The nine programs analyzed are well-known abstinence curricula selected from a list provided by the National Abstinence Clearinghouse. The nine authentic abstinence curricula are *Choosing the Best Life, Game Plan, Heritage Keepers, No Apologies, Operation Keepsake, Sex Respect, Teen-Aid, Wait Training,* and *Why kNOw.* These curricula are widely used in federal abstinence education programs.

## Quantitative Analysis of Content

The goal of this content analysis is to determine the portion of each curriculum devoted to different themes or topics and to develop a consistent overall set of content categories to be used in comparing and contrasting curricula. To accomplish this, we developed a clear methodology that was applied consistently to each of the 18 curricula reviewed.

We began by coding the overall theme, or topic, on each quarter-page of a curriculum.[11] Although this may sound like a subjective process, in fact, since these curricula are designed for very specific didactic purposes and are aimed at young audiences, identifying the main topic on each quarter-page was a relatively straightforward task. In most cases, the curricula are well structured and divided into discrete, easily identified subjects. Often, a complete page or more was devoted entirely to one specific topic. However, in some cases, more than one topic appeared on a single quarter-page. In those situations, that quarter-page was categorized according to the topic that was predominant. Instances of multiple main topics within a single quarter-page were relatively rare.

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9. Sexuality Information and Education Council of the United States, "Fact Sheet: Adolescence and Abstinence," *SIECUS Report*, Vol. 26, No. 1 (October/November 1997).
10. To the best of our knowledge, we were able to obtain the most recent version of each curriculum for review.
11. We reviewed only the printed portion of each curriculum. Some of the curricula also provided video tapes for use in the classroom; these were not included in the content analysis.

There was considerable overlap among the topics covered in authentic abstinence curricula. Through a process of iterative review of the curricula, it became relatively easy to identify recurrent topics that were common to all and to develop a common set of terms to denote them. The following are examples of authentic abstinence topics:

- "Teens should establish boundaries to remain abstinent."
- "Qualities of a lasting marriage."
- "Progression of intimacy."
- "Remaining abstinent requires commitment."
- "Early, nonmarital sex causes emotional pain."
- "Defining what is and isn't 'love.'"
- "Dealing with the pressures to have sex."
- "Consequences of teen pregnancy."
- "Negative effects of having an STD."
- "Taking personal responsibility for the future."
- "Biological differences between males and females."

Abstinence-plus curricula also have recurrent common topics. Relatively few of these topics overlap with topics in authentic abstinence curricula. The following are examples of common abstinence-plus topics:

- "Teens should practice using condoms and lubricants."
- "Personal consequences of HIV."
- "Teens should identify their personal values."
- "Using condoms will prevent STDs and pregnancy."
- "Teens should say no or use a condom."
- "Negotiating condom use."
- "Transmission of HIV."
- "Advantages/disadvantages to each type of contraception."
- "Cultural differences in communication."
- "Drug use can cloud judgment."
- "Teens should define what 'sexuality' means to them."

A thorough understanding of the topics covered in both types of curricula is presented in Chapters Three and Four.

## Counting Rules

As noted, the content analysis of each curriculum was performed by counting the main topic presented on each quarter-page of text. In general, this procedure worked well. However, one small problem did emerge. In abstinence-plus/comprehensive sex-ed curricula, references to abstinence often occur as a single isolated sentence on a page devoted to another topic. If the quarter-page counting rule was applied strictly, the curricula would not receive credit for these abstinence-related sentences. In order to ensure that abstinence-plus/comprehensive sex-ed curricula got the maximum credit for the abstinence content they contained, we applied a more liberal counting rule to those curricula: An isolated sentence or sentences that promoted abstinence were given a value of at least one-

tenth of a page (rather than zero), and the main topic on that quarter-page was given a residual value of 0.15 of the page.[12]

The variation of the counting rule was applied only to abstinence topics in the abstinence-plus/comprehensive sex-ed curricula, and not to other topics. The variant rule was not used in the authentic abstinence curricula at all, since abstinence discussions there typically went on for several paragraphs or pages.

After the basic topic of each quarter-page (or tenth of a page in rare cases) had been identified, we were able to determine the percentage of the total curriculum devoted to that topic. This was accomplished by dividing the number of pages (or partial pages) given to the topic by the total number of content pages in that curriculum.[13] In Appendices B and C, the percentage of content devoted to specific topics is presented for each of the 18 curricula.

## Determining Content Categories

The analysis of the 18 curricula yielded more than 100 specific topics. To simplify discussion and comparison, these topics were synthesized in a smaller number of broad content categories. In most cases, these broad content categories emerged naturally from the specific topics. For example, such topics as "Reasons why abstinence is the best choice for teens," "Abstinence is the only way to completely avoid STDs," and "Secondary virginity" were subsumed under the content category of "Encouraging Abstinence." Overall, 13 content categories were identified for authentic abstinence programs and a set of 15 categories was identified for abstinence-plus curricula. These content categories are shown in Table 2 and are discussed at length throughout this paper.

For purposes of discussion, the content categories of "Encouraging abstinence," "Abstinence-related risk avoidance," "Negative consequences of early, non-marital sex," and "Understanding the differences between love and sex" are grouped into a larger macro-category called "Abstinence-related Material." Similarly, "Communication skills," "Decision making and goal setting," "Short-term and non-normative refusal skills and delay tactics," and "General risk avoidance" are grouped into the macro-category of "General Behavioral Skills."

Once we had devised an overall set of content categories that permitted an accurate depiction of overall content, we determined the percentage of each curriculum devoted to each category. The results of this calculation are presented in the next chapter.

12. In some cases, the 0.15 of a page included multiple topics.
13. The percentage of a curriculum devoted to a particular topic was calculated by dividing the pages devoted to the topic by the total number of content pages within the curriculum. However, some pages within each curriculum were classified as non-content pages. Examples are blank pages, blank handouts, and teacher instructions. In Appendices B and C, these pages are accounted for under the heading "Classroom Mechanics, Blank Pages and Handouts" and are listed at the bottom of each curriculum sheet. These non-content pages are not included in the count of content pages for the curricula. Exclusion of these non-content pages from the analysis simplifies the presentation but otherwise has little or no effect on the analysis.

## Table 2

Table 2 — The Heritage Foundation

### Content Categories

| Authentic Abstinence | Comprehensive Sex-Ed/ Abstinence-Plus |
|---|---|
| Abstinence-Related Material<br>• Encouraging Abstinence<br>• Abstinence-Related Risk Avoidance<br>• Negative Consequences of Early, Non-marital Sex<br>• Understanding the Differences Between "Love" and "Sex" | Abstinence-Related Material<br>• Promoting Abstinence |
| Healthy Relationships and Benefits of Marriage | Promoting Contraception |
| HIV/STD Awareness | HIV/STD Awareness |
| Biology and Reproduction | Biology and Reproduction |
| Date Rape | Sexual Behaviors, Values, and Alternatives to Intercourse |
| Dangers of Drugs and Alcohol | Date Rape |
| General Behavioral Skills<br>• Communication Skills<br>• Decision Making and Goal Setting | Dangers of Drugs and Alcohol |
| | General Behavioral Skills<br>• Communication Skills<br>• Decision Making and Goal Setting<br>• General Risk Avoidance<br>• General and Short-Term Refusal Skills |
| | Miscellaneous |

# CHAPTER 3

# QUANTITATIVE CONTENT ANALYSIS OF THE TWO TYPES OF CURRICULA

An analysis of actual page content reveals that authentic abstinence curricula and comprehensive sex-ed/abstinence-plus curricula have little in common. Analysis also clearly refutes the contention that abstinence-plus curricula place a major emphasis on abstinence. The average content of the two different types of curricula is presented in Table 3 and Chart 1.

The amount of page content allocated to the subject of abstinence differs enormously between the two different types of programs. On average, authentic abstinence curricula devote 53.7 percent of their page content to abstinence-related material. In addition, these curricula devote an average of 17.4 percent of their content to the subjects of healthy relationships and the benefits of marriage—topics that directly reinforce the theme of abstinence.

By contrast, comprehensive sex-ed/abstinence-plus curricula devote, on average, only 4.7 percent of their page content to abstinence and none to healthy relationships and marriage—and even this low figure overstates the vigor of the abstinence message in most comprehensive sex-ed curricula. In addition to the wide gap in the quantity of abstinence material provided through the two types of programs, there are vast qualitative differences in the abstinence messages they present. In other words, not only do comprehensive sex-ed programs allocate minimal space to abstinence, but the abstinence material they do present is weak and ambivalent when compared to that of authentic abstinence programs.

The predominant focus of abstinence-plus curricula is promoting contraceptive use. On average, these curricula allocate 28.6 percent of their content to describing contraception and encouraging contraceptive use among teens. Their contraceptive content ranges from a low of 11.1 percent in *Get Real About Aids* to a high of 41.4 percent in *Be Proud! Be Responsible!*

On average, abstinence-plus curricula devote nearly seven times more content to contraception than to abstinence. In some curricula, this ratio runs as high as 27 to one. Using the term "abstinence-plus" as a label for such curricula is simply misleading. A more accurate label would be "safe-sex programs with marginal references to abstinence."

While comprehensive sex-ed focuses overwhelmingly on promoting contraceptive use and minimally on encouraging abstinence, the opposite is true for authentic abstinence programs. In keeping with their mission, authentic abstinence curricula allocate zero percent of their content to promoting contraception.[1]

In sum, the two types of curricula pursue very different goals: Authentic abstinence programs encourage teens to abstain from sexual activity; comprehensive sex programs overwhelmingly focus on promoting "protected sex." On average, more than 70 percent of the content of authentic abstinence

1. When authentic abstinence curricula discuss contraception, it is typically to emphasize that it offers imperfect protection against STDs and pregnancy and no protection against the emotional harm caused by casual, transitory sexual relationships.

curricula deals with abstinence and the closely related topics of healthy relationships and marriage. This is almost 15 times greater than the comparable figure for abstinence content in comprehensive sex-ed programs, which devote an average of only 4.7 percent of their material to these topics. On the other hand, comprehensive sex-ed programs devote nearly a third of their content to contraception and "safe sex" instruction, while authentic abstinence programs eschew these topics completely.

To the extent that the content of the two types of curricula does overlap, such overlap is limited and is usually restricted to the less important subjects.

- Both types of curricula describe the dangers of sexually transmitted diseases and HIV in similar terms. On average, comprehensive sex-ed programs allocate 24.6 percent of their content to this issue, while authentic abstinence programs allocate 11.7 percent of their content to it.
- Both types of curricula provide basic information on biology and reproduction; 6.0 percent of the content of comprehensive sex-ed and 2.6 percent of the content of authentic abstinence programs covers this topic.
- Both types of curricula provide similar information about communication skills and decision-making. On average, comprehensive sex-ed curricula allocate 14.4 percent of their content to these topics, while authentic abstinence programs devote 10.9 percent of their content to them.

Overall, the similarities between authentic abstinence and comprehensive sex-ed curricula are modest and insignificant, while the differences are vast and of critical importance.

## Detailed Analysis of Authentic Abstinence Curricula

The nine authentic abstinence curricula reviewed in this study exhibited a high level of similarity in content. The average content of these programs includes the following topics.

### Abstinence-Related Material

On average, authentic abstinence curricula devote 53.7 percent of their page content to abstinence-related material. This category contains all content that promotes abstinence as the safest, most rewarding, and positive choice for teens. It includes the following content subcategories:

***Encouraging Abstinence.*** This subcategory encompasses any content that relates directly to the benefits of abstaining entirely from sexual involvement. On average, authentic abstinence curricula devoted 18.2 percent of their content to this type of subject matter. This material empowers teens with the message that they are fully capable of sticking with a decision to remain abstinent. Curricula list the many benefits of abstinence, including eliminating the risks of STD infection, pregnancy, and the emotional harm that typically follows adolescent sexual relationships. The curricula offer information on how to effectively say no to sexual relationships through assertive communication and practiced refusal skills. Abstinence is presented not as a short-term delay but as a long-term decision leading to a better life.

***Abstinence-Related Risk Avoidance.*** This content focuses on factors that can undermine a teen's commitment to abstinence. It discusses activities and outside influences that might make it more difficult for a teen to stick with his or her decision to be abstinent. Curricula provide guidelines for avoiding situations where sexual activity is likely to occur. Teens are reminded to be prepared for such situations by having a plan in place that will allow them to stick their principles; they are encouraged to establish personal boundaries in dating relationships from the start. On average, authentic abstinence curricula devote 15.0 percent of their total content to this type of subject matter.

## TABLE 3

Table 3 The Heritage Foundation

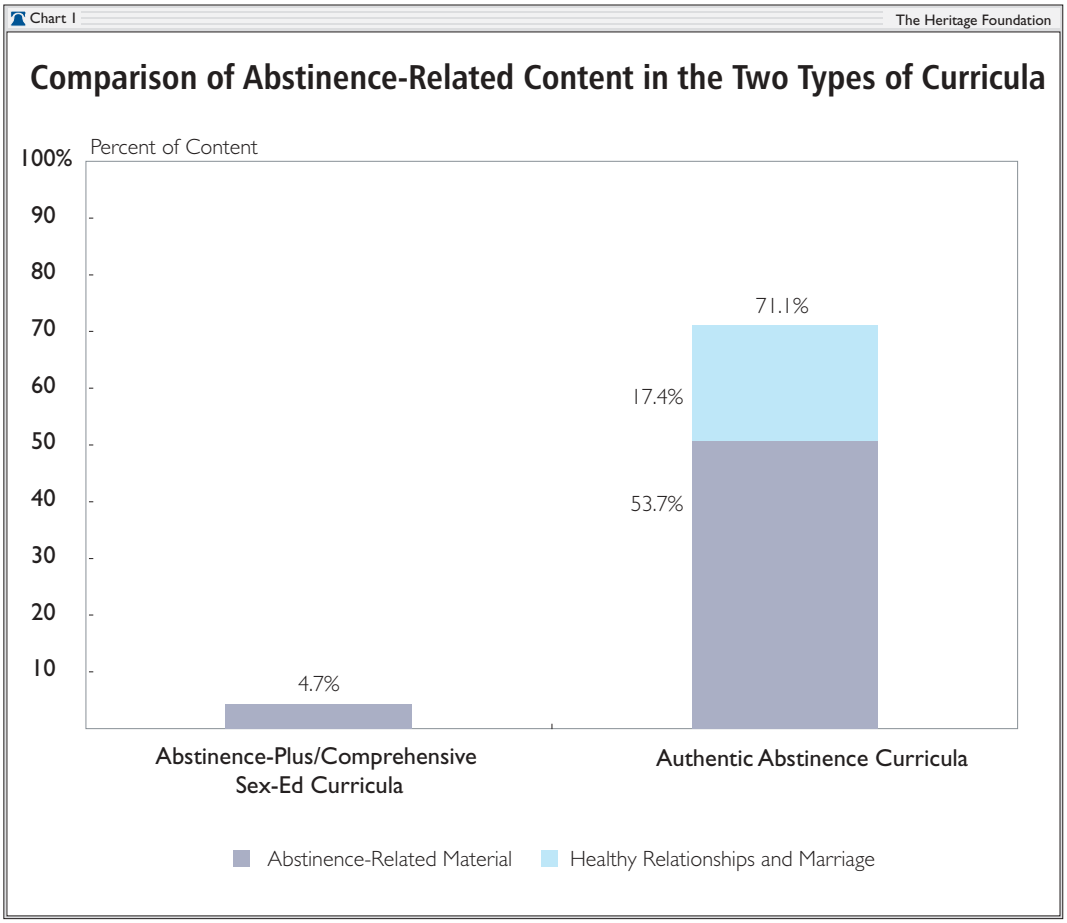
### Comparison of Content of Authentic Abstinence and Comprehensive Sex-Ed/Abstinence-Plus Curricula

| | Comprehensive Sex-Ed/ Abstinence-Plus Curricula* | Authentic Abstinence Curricula** |
|---|---|---|
| Abstinence-Related Material (Encouraging Abstinence; Abstinence-Related Risk Avoidance; Negative Consequences of Early, Non-marital Sex; Understanding the Differences Between "Love" and "Sex"; Promoting Abstinence) | 4.75% | 53.7% |
| Healthy Relationships and Benefits of Marriage | 0.0% | 17.4% |
| Promoting Contraception | 28.65% | 0.0% |
| HIV/STD Awareness | 24.6% | 11.7% |
| Biology and Reproduction | 6.0% | 2.6% |
| Sexual Behaviors and Sexual Alternatives to Intercourse | 1.6% | 0.0% |
| Date Rape | 1.1% | 0.6% |
| Dangers of Drugs and Alcohol | 1.6% | 3.1% |
| General Behavioral Skills (Communication Skills; Decision Making and Goal Setting; General and Short-Term Refusal Skills; General Risk Avoidance) | 25.0% | 10.9% |
| Miscellaneous (Volunteerism and Career Planning; Open-Ended Discussion on Families; Other) | 6.7% | 0.0% |
| Total | 100.0% | 100.0% |

* AIDS Prevention for Adolescents in School; Becoming a Responsible Teen; Be Proud! Be Responsible!; Focus on Kids; Get Real About AIDS; Reducing the Risk; Safer Choices 1 & 2; Teen Outreach Program; Teen Talk.

** Choosing the Best Life; Game Plan; Heritage Keepers; No Apologies; Operation Keepsake; Sex Respect; Teen-Aid; Wait Training; Why kNOw.

**CHART 1**




***Negative Consequences of Early, Non-marital Sex.*** This content category addresses the dangers of engaging in early sexual activity. The curricula cover the obvious negative consequences, such as STDs and pregnancy, and also focus on the less apparent but equally damaging emotional and psychological effects. Teens are made aware of the fact that the consequences of sexual involvement often interfere with long-term goals that they may have set for the future. This content reiterates the importance of making healthy decisions today that will support goals for the future. On average, authentic abstinence curricula devote 11.4 percent of their content to this material.

***Understanding the Differences Between "Love" and "Sex."*** This category explores the significant and often misunderstood differences between love and sex. Materials explain that although, when initiated at the appropriate time, there is a strong relationship between sex and true love, this connection is typically missing in adolescent sexual relationships, which are generally transitory and superficial. Teens are educated about the differences between heartfelt, authentic love, which is based on lifelong commitment, and the temporary feelings of lust and infatuation, and they are warned about the dangers of confusing the two types of emotion. On average, this information comprises 9.1 percent of the total content of authentic abstinence curricula.

## Healthy Relationships and the Benefits of Marriage

These categories comprise 17.4 percent of the total content in authentic abstinence programs. The first portion, "healthy relationships," comprises 8.6 percent of total content; these materials

describe the characteristics of healthy, loving relationships. This topic demonstrates the importance of choosing friends and dating partners wisely and of being a true friend to others. Friendship is portrayed as the healthiest basis for romantic relationships and teens are taught that dating relationships that are based on friendship, mutual respect, and character help prepare them for a healthy marriage relationship in the future.

The second portion of this category, "benefits of marriage," on average, comprises 8.8 percent of total curriculum content. This material directly addresses the long-term benefits of marriage and is often discussed in conjunction with abstaining from sex until marriage. The curricula explain that adults who marry are typically happier and healthier, both physically and mentally, and usually enjoy a better quality of life than those who do not marry. The curricula offer insight regarding the qualities and characteristics that provide the most stable foundation for a successful marriage. Marriage is presented as an exciting, healthy, long-lasting relationship that requires mutual work and determination but reaps infinite rewards.

### Promoting Contraception

Authentic abstinence curricula do not contain this type of content. When they do discuss contraception, it is generally to emphasize that it offers imperfect protection against STDs and pregnancy and no protection against the emotional harm caused by casual, transitory sexual relationships.

### HIV/STD Awareness

Authentic abstinence curricula devote an average of 11.7 percent of their entire content to HIV/STD awareness. This category provides students with the basic facts about HIV/STD infection. Teens are made aware of the various diseases, the means of transmission of the diseases, and their signs and symptoms. Teens are also prompted to consider the implications that HIV/STD infection would have on their future plans and relationships.

### Biology and Reproduction

Authentic abstinence curricula devote 6.0 percent of their entire content to this subject matter. This information covers the general anatomy and physiology of the male and female reproductive systems, as well as information about the female menstrual cycle. In addition, this category includes content about biological gender differences, fetal development, and pregnancy.

### Sexual Behaviors and Alternatives to Intercourse

Authentic abstinence curricula do not contain this type of content.

### Date Rape

Authentic abstinence curricula devote 0.6 percent of their content to information regarding date rape. Teens are sent a strong message that in order to avoid date rape they must first understand the facts about date rape and how to prevent it. Teens are reminded that the best defense is making wise choices about the people they spend time with.

### Dangers of Drugs and Alcohol

Authentic abstinence curricula devote 3.1 percent of total content to the dangers of drugs and alcohol. This category emphasizes the fact that drug and alcohol use often leads to unsafe and unwise sexual decisions. Teens are warned that using these substances causes an erosion of judgment and a loss of self- control. By forfeiting sound judgment, teens become more susceptible to all of the negative consequences of early, non-marital sex, such as pregnancy, disease, and emotional trauma.

Table 4 The Heritage Foundation

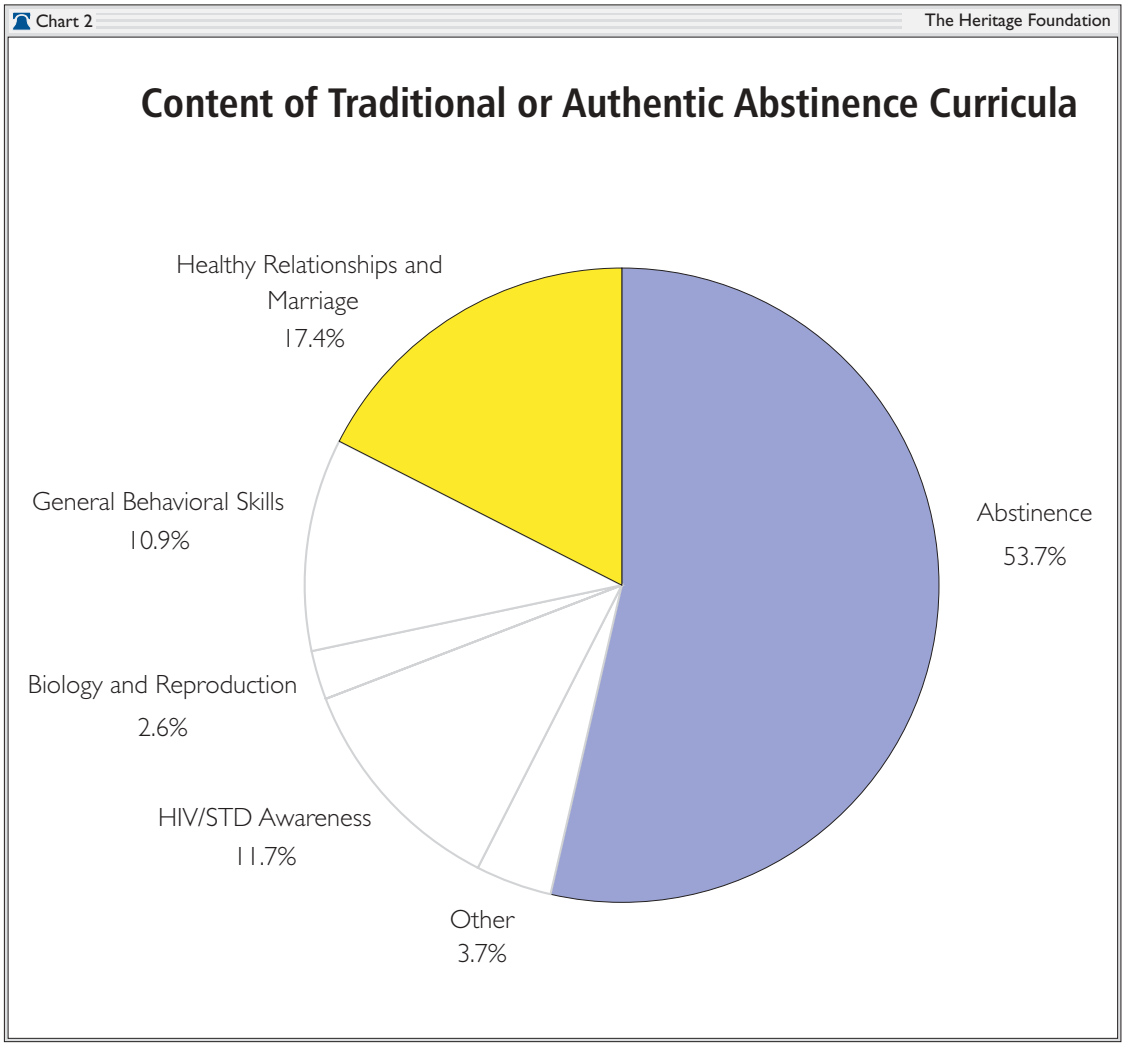
## Content of Authentic Abstinence Curricula

| Content Categories | Choosing the Best Life | Game Plan | Heritage Keepers | No Apologies | Operation Keepsake | Sex Respect | Teen-Aid | Wait Training | Why KNOw | 9 Program Average |
|---|---|---|---|---|---|---|---|---|---|---|
| Encouraging Abstinence* | 14.0% | 27.7% | 11.1% | 14.8% | 42.0% | 22.3% | 3.5% | 14.6% | 13.2% | 18.2%* |
| Abstinence-related Risk Avoidance* | 26.2% | 21.2% | 21.8% | 21.2% | 5.0% | 10.6% | 11.1% | 9.0% | 9.1% | 15.0%* |
| Negative Consequences of Early, Nonmarital Sex* | 20.9% | 5.1% | 2.3% | 7.2% | 9.0% | 8.5% | 9.3% | 11.3% | 28.9% | 11.4%* |
| Understanding the Difference Between Love and Sex* | 4.7% | 2.4% | 4.6% | 4.5% | 6.0% | 6.8% | 8.1% | 20.8% | 23.9% | 9.1%* |
| Benefits of Marriage | 0.0% | 6.2% | 17.9% | 11.5% | 0.0% | 7.7% | 16.9% | 12.3% | 6.6% | 8.8% |
| Healthy Relationships | 0.0% | 9.2% | 18.2% | 6.8% | 12.0% | 11.5% | 6.9% | 12.3% | 0.0% | 8.6% |
| Promoting Contraception | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| HIV/STD Information | 20.3% | 10.3% | 7.2% | 14.8% | 16.0% | 10.8% | 13.4% | 1.0% | 11.2% | 11.7% |
| Biology and Reproduction | 0.0% | 0.0% | 1.3% | 0.0% | 0.0% | 7.5% | 13.7% | 0.8% | 0.0% | 2.6% |
| Date Rape | 0.0% | 0.3% | 1.6% | 0.0% | 0.0% | 1.9% | 1.4% | 0.5% | 0.0% | 0.6% |
| Dangers of Drugs and Alcohol | 11.6% | 0.0% | 6.8% | 3.7% | 1.0% | 1.6% | 2.5% | 0.0% | 0.5% | 3.1% |
| Decision Making and Goal Setting | 1.2% | 14.7% | 5.5% | 10.7% | 7.0% | 8.9% | 10.2% | 10.8% | 6.6% | 8.4% |
| Communication | 1.2% | 2.7% | 1.6% | 4.7% | 1.0% | 1.9% | 3.0% | 6.7% | 0.0% | 2.6% |

* These four subcategories are combined into the single macro-category of "Abstinence-related Materials" in Table 3.

TABLE 4

**CHART 2**




## General Behavioral Skills

Authentic abstinence programs devote a large portion of their curricula to general behavioral skills. An average of 10.9 percent of the total content is devoted to the following content categories:

*Communication Skills.* This category deals with abstract non-specific information about effective communication. It covers references to communication that do not relate directly to abstinence, contraception, or any other major category of content. This type of material helps students understand different styles of communication and the rules of effective communication. Teens are also reminded of the benefits of keeping the lines of communication open between themselves and their parents. On average, communication skills comprise 2.6 percent of the total content of authentic abstinence curricula.

*Decision Making and Goal Setting.* Decision making and goal setting comprise 8.4 percent of the content of authentic abstinence curricula. This category discusses the importance of looking beyond today and making decisions that will positively contribute to goals for the future. This category also includes very basic guidelines for making decisions and solving problems. For example, the curriculum *Teen-Aid* discusses the following steps for effective problem solving: "Ventilation, Clarification, Fact-Finding, Discovery, Evaluation and Decision-mak-

ing."[2] Most curricula instruct teens to acknowledge that each person must be ready and willing to accept personal responsibility for the decisions he or she makes, both good and bad.

Materials found in this category also encourage teens to specifically define personal, long-term goals. Many curricula focus on the importance of developing strong personal character and the role that this plays in present and future achievement. Students are presented with the message that the recipe for success in life begins with determining where you would like life to take you.

## Detailed Analysis of Comprehensive Sex-Ed/Abstinence-Plus Curricula

As noted, comprehensive sex-ed curricula have a radically different emphasis than do authentic abstinence programs. The following is a detailed description of the average content of the nine comprehensive sex-ed curricula reviewed.

### Abstinence-Related Material

Abstinence-plus curricula devote 4.7 percent of content to promoting abstinence. This content is divided into two categories: material that promotes abstinence and mixed messages that promote both abstinence and safe sex.

*Promoting Abstinence.* All comprehensive sex-ed curricula note that abstaining from sex is the only 100 percent safe way to avoid STD infection and pregnancy. However, while abstinence is usually presented as the "safest choice" for teens, "protected sex" gets far more attention and is also depicted as safe. Several curricula encourage teens to wait to begin sexual activity "until they are ready." These curricula typically define being "ready" as being "mature" or "emotionally ready," but specific standards are not given, and teens are left to their own judgment to determine when the proper time has arrived.

Curricula instruct students on how to say no to sex through negotiation skills, refusal skills, and delay tactics. This material offers suggestions on how teens can avoid unwanted sexual situations by clearly communicating that they are not interested, or by distracting their partner as a way to buy some time while they decide what they would like to do. The refusal skills and delay tactics presented are usually short-term and apply to immediate situations. Teens are not encouraged to make a long-term commitment to abstinence while they are in high school, and there are only a handful of references to delaying sex until the teen is older. Comprehensive sex-ed curricula devote 4.2 percent of their curricula to promoting abstinence.

*Mixed Messages: Abstinence or Safe Sex.* Comprehensive sex-ed curricula often contain material that simultaneously conveys a double message to teens: abstain or use contraception. For example, in its teachers' instructions, *Reducing the Risk* states: "Remind students that there are two ways to avoid pregnancy and HIV infection: say no to sex or use protection."[3] *Be Proud! Be Responsible!* tells youth that "The best ways not to get infected through sexual contact are to use a latex condom or abstain from sex."[4] On average, mixed-message text comprises 1.1 percent of the content of comprehensive curricula. In Table 3 and Charts 1 and 3, the quantitative value of mixed-message content has been split into two categories: half (0.55 percent of total content) was assigned to "abstinence related material" and half to "promoting contraception."

2. *Teen-Aid: Sexuality, Commitment and Family*, p. 122.
3. *Reducing the Risk*, p. 95.
4. *Be Proud! Be Responsible!*, p. 54.

## Benefits of Marriage and Healthy Relationships

Comprehensive sex-ed curricula do not contain this type of content.

## Promoting Contraception

Promoting contraception represents 28.6 percent of the total content of comprehensive sex-ed curricula. This category encompasses any content that portrays contraception as a benefit to teens. A great deal of this content is devoted to listing the numerous contraception options and providing information on each (e.g. explaining how each form is used and the pros and cons of each method). The primary message is that using "protection" leads to "safer" sex. Contraception, specifically the use of condoms, is credited with preventing HIV, STDs, and unwanted pregnancy. In an attempt to encourage a more widespread use of condoms, many curricula instruct teens that condoms are "fun" and "sexy." Some curricula advise teens to keep condoms with them at all times; the message is that sex can take place at a moment's notice and that, therefore, teens should always be prepared.

Condoms are touted as the responsible solution to STD infection and teen pregnancy. The curricula repeatedly remind teens that they should always know where to find condoms, that they never need parental permission to obtain them, and that using condoms is something they should be proud of rather than something they should hide from others. In sum, the message is that teens should be well-versed on how to use condoms and should be ready to use them.

Comprehensive sex-ed curricula also devote a significant portion of their content to negotiation skills for teens to persuade their sexual partners to use protection during sex. The curricula teach refusal skills to help teens say no to unprotected sex. Teens are encouraged to become comfortable talking about sex and contraception and are given exercises that allow them to become more familiar and at ease when discussing these topics. The explicit message is that using condoms will nearly eliminate the risk of HIV/STD infection and unwanted pregnancy. Teens are reminded that abstaining from sex is difficult, and condoms are portrayed as a simple, inexpensive solution to the complex outcomes of sexual activity.

## HIV/STD Awareness

Comprehensive sex-ed curricula devote 24.6 percent of their total content to HIV/STD Awareness. Information included under this category deals with the basic facts about HIV/STD infection and is very similar in both authentic abstinence and abstinence-plus curricula. Teens are made aware of the various diseases, how they are transmitted, and their signs and symptoms. Teens are also prompted to consider the implications that an HIV/STD infection would have for their future plans and relationships.

## Biology and Reproduction

On average, 6.0 percent of the content of comprehensive sex-ed curricula is devoted to biology and reproduction. This material covers the general anatomy and physiology of the male and female reproductive systems, as well as information about the female menstrual cycle. In addition, this category includes content about biological gender differences and basic information regarding human sexual response.

## Sexual Behaviors, Values, and Alternatives to Intercourse

Material in this category encourages teens to define their own sexual values. The category also includes topics such as the definition of sexuality and the progression of human sexuality through the lifespan, discussions of masturbation, and detailed information on male and female sexual response. Teens are informed about alternatives to intercourse such as mutual masturbation. Abstinence-plus/comprehensive sex-ed curricula devote an average of 1.6 percent of their total content to this category.

## Date Rape

Comprehensive sex-ed curricula devote 1.1 percent of their content to date rape. The information on this topic provided in both authentic abstinence and abstinence-plus curricula is very similar. Teens are sent a strong message that, in order to avoid date rape, they must first understand the facts about date rape and how to prevent it. Teens are taught that strong communication skills can help them avoid situations that might become harmful, and they are reminded that the best defense is making wise choices about the people with whom they spend time.

## Dangers of Drugs and Alcohol

This category emphasizes the fact that drug and alcohol use often leads to unsafe sexual decisions. Teens are warned that using these substances causes a decline in judgment and a lack of personal control. By forfeiting sound judgment, teens become more susceptible to risks such as pregnancy and STD infection. The information provided on this subject is similar to that provided in authentic abstinence curricula. Comprehensive sex-ed curricula devote 1.6 percent of their total content to this category.

## General Behavioral Skills

Comprehensive sex-ed curricula devote 25.0 percent of their total content to general behavioral skills. This content can be divided into four subcategories:

*Communication Skills.* This category covers general material on communication that does not relate directly to abstinence, contraception, or any other major category of sex-ed content. The general information provided includes discussion of the qualities that define effective communication and instruction in assertive communication skills. *Becoming a Responsible Teen* provides the following information on assertive communication:

> Assertive communication is not something that we are born knowing how to do. It's a way of expressing ourselves that can be learned. It means: Clearly telling someone how you feel, or what you want or need, in a way that doesn't threaten, punish or put them down; Being able to express yourself without anxiety or fear; Communicating honestly or directly.[5]

Teens are also encouraged to talk with a parent or another trusted adult about issues related to sex.[6] On average, this category comprises 6.4 percent of the total content in comprehensive sex-ed curricula.

*Decision Making and Goal Setting.* This subject matter discusses the importance of looking beyond today and into the future. It also emphasizes the fact that each person must be ready and willing to accept personal responsibility for decisions that he or she makes, both good and bad. Materials in this category emphasize that the general decisions teens make about sex have both immediate and long-term consequences. Teens are encouraged to define personal, long-term goals and are reminded that they should determine goals regarding sex and life in general.

This category also includes very general guidelines for making decisions and solving problems. For example, in the "SODA Decision Making" model, students are told that sound decision making includes four steps: "Step 1. Stop and state the problem; Step 2. Consider the Options; Step 3. Decide and choose the best solution; and Step 4. Act on your decision."[7] On

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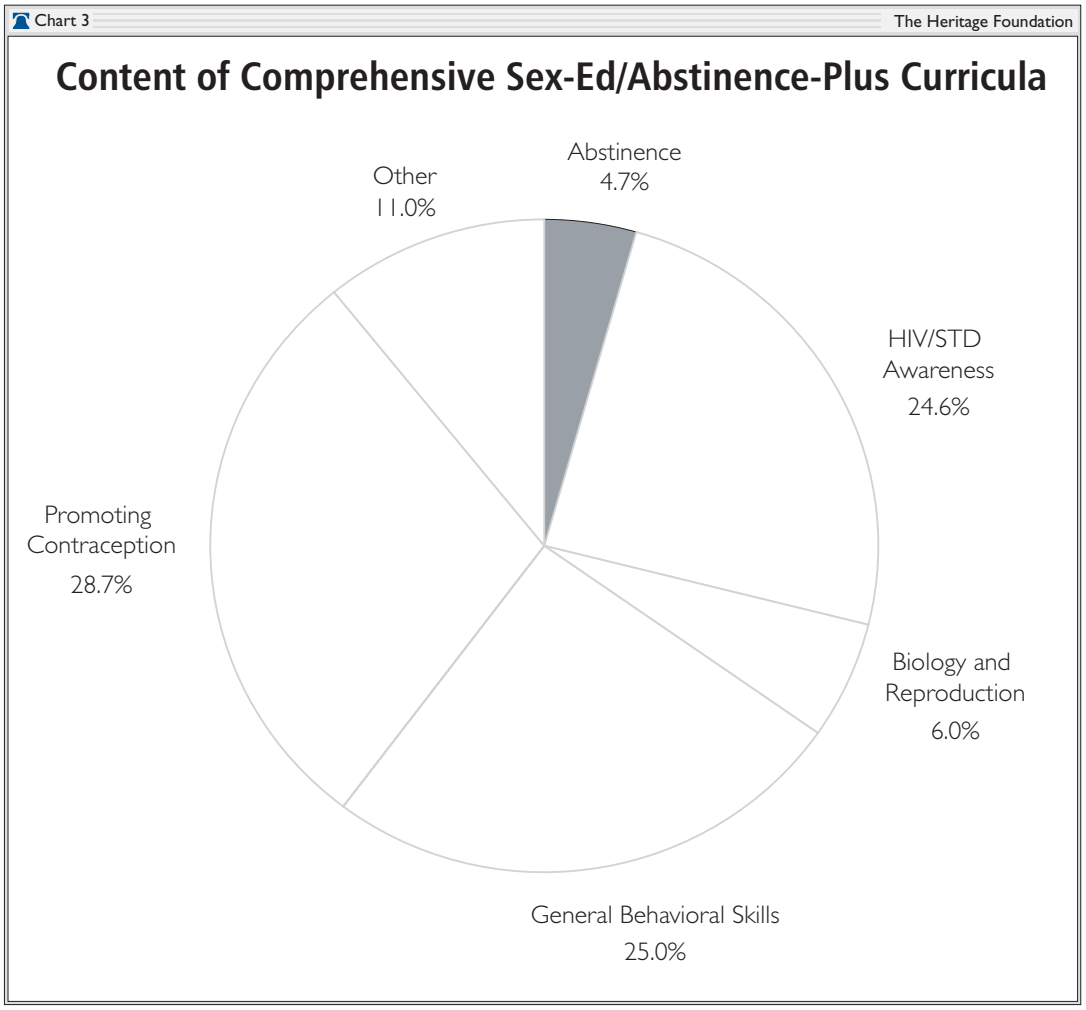
5. *Becoming a Responsible Teen*, p. 145.
6. Abstinence-plus curricula devote 1.3 percent of content in *Communication* to encouraging teens to talk to parents or another trusted adult about issues related to sex.
7. *Focus on Kids*, p. 46.

## CHART 3




average, 8.0 percent of the total content of comprehensive sex-ed curricula is devoted to this topic.

*General and Short-term Refusal Skills.* This content seeks to empower young people with skills to refuse activities that are unwanted or dangerous. The material is not linked directly to contraception or abstinence, but presents personal tools that can be used to meet a broad range of risks. Teens are taught to state their refusal clearly and forcefully or to avoid unwanted situations by offering alternative activities. This category comprises 6.5 percent of the total content of comprehensive sex-ed curricula.

*General Risk Avoidance.* The content in this category does not relate specifically to sexual behavior, abstinence, or contraception, but instead deals with risks in a broader, more generic sense. These materials explain that youths are typically faced with many different risks throughout adolescence and stress that, to avoid these risks, teens must first identify what they are and where they come from. The subject matter in this category explores why teens often feel invulnerable to risk and encourages them to take personal responsibility for their own safety. General Risk Avoidance comprises 4.0 percent of the content of comprehensive sex-ed curricula.

## Miscellaneous

Comprehensive sex-ed curricula devote 6.7 percent of their total content to miscellaneous topics. This category generally represents content that was found in only one, or primarily in one, curriculum and could not easily be classified in another content category. An example of such content is the topic "Volunteerism and Career Planning," a discussion of which was found at length in only one curriculum, the *Teen Outreach Program*.[8]

Another example is "Open-Ended Discussion on Relationships." This category, found primarily in only two curricula,[9] addresses general relationship issues, such as the implications of "blended" families. Typically, the discussion in this category does not focus on how to maintain specific relationships, but rather on how relationships are defined and how our relationships help to shape the people we become.

8. *Teen Outreach Program* devoted 27.7 percent of its total content to "Volunteerism and Career Planning."
9. *Teen Outreach Program* and *Focus on Kids*.

Table 5 The Heritage Foundation

## Content of Abstinence-Plus/Comprehensive Sexuality Education Curricula

| Content Categories | AIDS Prevention for Adolescents in School | Becoming a Responsible Teen | Be Proud! Be Responsible! | Focus on Kids | Get Real About AIDS | Reducing the Risk | Safer Choices 1 & 2 | Teen Talk | Teen Outreach Program | 9 Program Average |
|---|---|---|---|---|---|---|---|---|---|---|
| Promoting Abstinence | 7.1% | 1.1% | 3.2% | 0.2% | 4.4% | 10.3% | 9.5% | 1.2% | 0.9% | 4.2% |
| Mixed Message–Abstinence and Safe Sex* | 0.5% | 1.0% | 2.7% | 0.8% | 0.8% | 1.7% | 2.7% | 0.0% | 0.0% | 1.1% |
| Promoting Contraception | 25.3% | 29.0% | 41.4% | 25.1% | 11.1% | 35.8% | 33.7% | 32.4% | 19.0% | 28.1% |
| HIV/STD Information | 43.2% | 34.6% | 36.8% | 11.5% | 43.7% | 14.6% | 22.8% | 14.4% | 0.0% | 24.6% |
| Sexual Behaviors and Sexual Alternatives to Intercourse | 0.0% | 0.1% | 2.7% | 2.6% | 0.0% | 2.4% | 0.0% | 1.0% | 5.9% | 1.6% |
| Biology and Reproduction | 0.0% | 0.0% | 0.0% | 3.3% | 0.0% | 0.0% | 0.0% | 51.0% | 0.0% | 6.0% |
| Date Rape | 0.0% | 0.0% | 0.0% | 4.1% | 0.0% | 0.0% | 0.0% | 0.0% | 5.9% | 1.1% |
| Drug/Alcohol Awareness | 1.1% | 4.0% | 6.2% | 0.3% | 1.6% | 0.6% | 0.5% | 0.0% | 0.0% | 1.6% |
| Communication Skills** | 0.0% | 16.1% | 0.0% | 13.8% | 0.0% | 5.7% | 5.6% | 0.0% | 16.7% | 6.4% |
| Decision Making and Goal Setting** | 2.9% | 6.5% | 1.2% | 25.5% | 9.4% | 7.0% | 6.5% | 0.0% | 12.9% | 8.0% |
| General and Short-term Refusal Skills** | 0.0% | 3.9% | 3.5% | 0.0% | 23.6% | 15.9% | 12.0% | 0.0% | 0.0% | 6.5% |
| General Risk Avoidance** | 15.4% | 0.0% | 2.4% | 4.3% | 3.4% | 4.8% | 4.8% | 0.0% | 1.0% | 4.0% |
| Open-Ended Discussion on Relationships | 0.9% | 0.0% | 0.0% | 8.7% | 2.1% | 1.2% | 0.2% | 0.0% | 9.9% | 2.6% |
| Volunteerism and Career Planning | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 27.7% | 3.1% |
| Other | 3.6% | 3.6% | 0.0% | 0.0% | 0.0% | 0.0% | 1.7% | 0.0% | 0.0% | 1.0% |

* This category reflects explicit dual messages. In Table 3, this content is split equally between "Abstinence-related Material" and "Promoting Contraception."

** These four categories are included under "General Behavioral Skills" in Table 3.

TABLE 5

# Chapter 4

# Thematic Differences Between Authentic Abstinence Programs and Comprehensive Sex-Education/Abstinence-Plus Programs

The vast differences in content between authentic abstinence curricula and comprehensive sex-ed curricula reflect dramatic differences in their respective goals. The goal of comprehensive sex-ed curricula is to reduce the risk of sexually transmitted diseases and teen pregnancy that can result from unprotected intercourse. Contraception, particularly the use of condoms, is presented as the predominant means to achieve this goal, although abstinence is also mentioned briefly as an option.

None of the comprehensive sex-ed curricula depict teen abstinence as a goal or objective *per se*. Rather, abstinence is presented as one technique for avoiding the immediate health risks of sexually transmitted diseases (STDs) and pregnancy—a technique meriting only modest attention at that.

By contrast, the goal of authentic abstinence curricula is to encourage teens to delay the onset of sexual activity, preferably until marriage. Authentic abstinence programs exhibit a strong theme throughout their curricula: that abstinence is the best lifestyle for every teen and that choosing to remain abstinent through adolescence is an important decision that reaps great rewards.

Authentic abstinence curricula present teen abstinence not merely as the best solution to the immediate problems of pregnancy, STDs, and emotional harm, but as a pathway leading to respect for one's self and others, to healthier relationships, and, eventually, to love and happiness in marriage. Since teen abstinence is the goal, these programs do not discuss contraception except to describe its shortcomings relative to abstinence.

## The Themes of Authentic Abstinence

Comprehensive sex-ed programs describe human sexuality primarily as a physical process and focus on the negative physical consequences of unprotected sex. By contrast, authentic abstinence programs present human sexuality holistically, with a major emphasis on love, intimacy, and commitment. Young people are taught that human sexuality is not primarily physical, but moral, emotional, and psychological in nature. Sex without love, intimacy, and commitment is depicted as unrewarding and potentially harmful.

Authentic abstinence curricula help teens to understand that most teen sexual relationships are physical and short-term. Such ephemeral relationships are not lasting or truly rewarding because teens are not ready for real intimacy, love, and commitment.

A good example of authentic abstinence's holistic approach to sexuality is found in *Sex Respect*, which describes sex as the union of two entire persons. The curriculum explains that sexual union "brings with it an awesome meaning and responsibility for the persons involved. In a way, it is a physical, emotional, psychological and social union. This personal union involves the power to give love and the power to give life."[1] The text continues: "Two things that contraceptives can never pro-

tect you from are the psychological and emotional risks of sex outside of marriage. These effects are very real, because we are human beings with minds and feelings."[2] But "When two whole persons come together in full sexual maturity and express a life-long, loving commitment, they can experience much deeper pleasure and fulfillment than anyone can with genital sex alone."[3]

Authentic abstinence courses teach that, in the proper context, human sexuality inherently involves long-term emotional bonding and that this bonding is one of life's greatest rewards.

- "The emotional bonds of sex are like nature's glue that can help hold a couple together for life." — *Sex Respect*[4]
- "Sex is good, sex is pleasurable, sex is powerful, sex is intimate, sex is bonding." — *No Apologies*[5]
- "Sharing deeply with another not only physically but also emotionally and socially builds that intimate bond that is unique to marriage. When we share the depths of our being, we enter into a trust relationship which implies fidelity to one another." — *Teen-Aid*[6]

### Abstinence Theme: Sex at an early age and with many partners can undermine the ability to develop commitment and intimacy.

In most cases, teen sexual relationships are based on short-term ego needs and physical infatuation; teen sex is very unlikely to lead to the emotional bonding that is natural in mature, healthy sexual relationships. Teen sexual relationships are almost always unstable and short-term. Casual sex and broken relationships can interfere with an individual's ability to develop bonding and intimacy in the future.

- "What can happen to people who continue to set up their [sexual] relationships unwisely?… These choices often reflect a lack of respect for sexual intimacy applicable to both themselves and others.… Without intervention, their choices can lead to emotional scarring, the likelihood of sexually transmitted diseases, and the inability to develop healthy, lasting adult relationships." — *Wait Training*[7]
- "Sexual intercourse unites a man and a woman resulting in an intimate bond. Saving sex for marriage protects the special bond produced by sexual union. Having sex outside of marriage weakens that bond in a way that the person can end up becoming calloused to sex." — *Sex Respect*[8]
- "In premarital sex…commitment is not there and sex complicates lives and ruins future relationships." — *Why kNOw*[9]

### Abstinence Theme: Marriage is the best place for sex, love, and intimacy.

Authentic abstinence curricula teach that personal happiness, love, and intimacy are most likely to occur within the commitment of a faithful marriage. Sex at an early age can significantly undermine the chances of intimacy and a stable marriage in adulthood. Being abstinent until marriage increases the prospects for marital success.[10]

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1. *Sex Respect*, p. 6.
2. *Ibid.*, p. 48.
3. *Ibid.*, p. 9.
4. *Ibid.*, p. 57.
5. *No Apologies*, p. 5.1.
6. *Teen-Aid*, p. 59.
7. *Wait Training*, p. 74.
8. *Sex Respect*, p. 73.
9. *Why kNOw*, p. 81.

- "The best context for this deeply personal and profound [sexual] act is within the bonds of a committed and faithful marriage where life and love can grow and benefit individuals and society." — *No Apologies*[11]
- "To keep a sex life strong, there must be commitment, love, feelings of comfort, a willingness to sacrifice for each other, and many, many more things! The only relationship that has all of these things is marriage. That is why marriage is the very best situation for sex and should be the standard for all people." — *Heritage Keepers, Level II*[12]
- "Abstinence before marriage increases the chance of more long-term fulfillment in marital intimacy.… In the shelter of a good marriage, the couple experiences companionship, helpfulness, trust, completeness, and a sense of security and well-being." — *Sex Respect*[13]
- "Stress to the students that good and healthy relationships don't revolve around sex. Basing a relationship on mutual friendship and respect helps to build one's character and form the foundation for a successful marriage someday." — *Game Plan*[14]

**Abstinence Theme: The harmful illusions of teen sex.**

Teen sexual relationships generally involve large elements of self-delusion; despite hopeful expectations, nearly all such relationships are unstable and short-term. Two-thirds of sexually active teens state that they regret their initial sexual experience and wish they had waited. *Sex Respect* explains:

> Only five percent of people actually marry their teenage sweetheart, so odds are that most of you will break up. "Breaking up" with someone hurts a lot, no matter how long the two people are together.… It's hard to face disappointment, rejection, doubt, guilt, or the feeling of being used for sex. These feelings can make it difficult to build friendships and trust others.[15]

## The Themes of Comprehensive Sex Education

The vast differences in content between authentic abstinence and comprehensive sex-ed curricula reflect dramatic differences in their respective goals and themes. Comprehensive sex-ed curricula warn young people about the real threats of teen pregnancy and sexually transmitted diseases that can result from unprotected sexual activity. Young people are strongly urged to use contraception during sexual activity.

A very large portion of comprehensive sex-ed curricula is devoted to describing various types of contraception and discussing the pros and cons of each type. In most curricula, students are told how to put on condoms, and condom use is either demonstrated or practiced. Students are told:

- "Condoms are available at any drugstore or family planning clinic. They may also be available in outdoor or all-night condom vending machines. Anyone can buy condoms, regardless of age, and no prescription is needed." — *Reducing the Risk*[16]
- "Tell students that you will be discussing the methods of protection that are used by teens *most often* and are more *easily accessible* to them." — *Safer Choices, Level 1*[17]

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10. See Robert E. Rector, Kirk A. Johnson, Lauren R. Noyes, and Shannan Martin, "The Harmful Effects of Early Sexual Activity and Multiple Sexual Partners Among Women: A Book of Charts," The Heritage Foundation, June 23, 2003.
11. *No Apologies*, p. 5.1.
12. *Heritage Keepers, Level II*, p. 6.
13. *Sex Respect*, p. 73.
14. *Game Plan*, p. 45.
15. *Sex Respect*, p. 49.
16. *Reducing the Risk*, p. 110.
17. *Safer Choices, Level 1*, p. 187 (emphasis in original).

- "But being ready means more than love. We're not ready if we don't have protection. I am saying no to getting pregnant and to HIV." — *Reducing the Risk*[18]
- "People who use condoms are responsible, health-conscious people who care about their families, themselves, their partners, and their communities…. Using condoms correctly during sexual activity is a central part of becoming a responsible teen and acting responsibly to protect yourself and others." — *Becoming a Responsible Teen*[19]

Students are given skills to increase condom use. Most sex-ed curricula have role-playing exercises in which teens act out scenarios with the aim of convincing their sex partners to use condoms.

- *Safer Choices* states: "Explain that the next roleplay is about getting and using protection. In the roleplay, the couple has had sex before and one person is pressuring the other to continue having sex without protection. Tell students they will complete the half-scripted roleplay individually."[20]
- *Becoming a Responsible Teen* has students act out the following scenario: "My partner and I are alone. We've been leading up to sex for a couple of weeks. The only thing we haven't discussed is protection. My partner needs to persuade me to use a latex condom."[21]
- *Reducing the Risk* has students act out the following scenario: "Tony and Dylan have been to a party and then go to Tony's home to be alone. They start to kiss and undress each other. Dylan reaches into his jacket pocket, and realizes that he doesn't have the condom he planned to use. He says, 'I think somebody stole the rubber I had.' What can Tony and Dylan do to avoid unprotected sex?"[22]
- *AIDS Prevention for Adolescents in School* states: "You've been going out with someone for a while. Both you and your partner have had sex with other people in the past, and you both agree that you'd like to start having a sexual relationship with each other….Your partner doesn't feel that condoms are necessary. How would you convince your partner to use condoms?"[23]
- In *Be Proud! Be Responsible!*, girls must devise and act out ways to convince a boyfriend to use condoms. "You and your partner, Carlos, are in his living room with the lights down low, and you are starting to get physical. You have just started to tell him that you want to use a condom, and he is beginning to get angry. Carlos does not want to use a condom because he thinks sex does not feel as good with one. However, you want to use a condom because you respect yourself. Your health is important to you and you want to protect yourself. You need to persuade him that sex can be just as pleasurable with condoms."[24]
- *Reducing the Risk* presents students with the following scenario: "You and your boyfriend or girlfriend have not had sex before, but you have been going out for a long time. You think it may be time for sex but you are not exactly sure what he/she thinks. If you do decide to have sex, you want to be sure that you are protected from HIV, other STD and pregnancy by using a condom and foam." Students are instructed to write out a detailed step-by-step plan for convincing the partner to use condoms and foam and for obtaining the contraception. This is followed by an optional exercise of preparing a detailed plan for the couple to use

18. *Reducing the Risk*, p. 43. The quotation is a line students are given to recite during a role-playing exercise.
19. *Becoming a Responsible Teen*, pp. 121 and 122.
20. *Safer Choices, Level 1*, p. 207.
21. *Becoming a Responsible Teen*, p. 153.
22. *Reducing the Risk*, p. 149.
23. *AIDS Prevention for Adolescents in School*, p. 54.
24. *Be Proud! Be Responsible!*, p. 100.

protection, which includes answering the question: "What would be the most romantic way to use the condom and foam?"[25]

Comprehensive sex-ed's pervasive emphasis on contraception and teen contraceptive use, as well as its frank and uncritical depiction of teen sexual activity, conveys an implicit message that teen sex is both expected and accepted.

## The Notable Weakness of Abstinence Messages in Comprehensive Sex-Ed.

The majority of comprehensive sex-ed curricula reviewed do not devote a specific segment of their courses to promoting abstinence. Perfunctory references to abstinence are often scattered throughout text that is largely about contraception. The assertion that comprehensive sex-ed/abstinence-plus curricula, on average, allocate 4.7 percent of their page content to abstinence actually overstates the vigor of the abstinence theme in these programs.

In addition to the vast difference in the *quantity* of abstinence material in authentic abstinence and comprehensive sex-ed curricula, there are equally large differences in the *quality* of the abstinence messages of the two types of curricula. With few exceptions, the abstinence messages in comprehensive sex-ed are perfunctory, simplistic, unconvincing, and equivocal.[26]

The most fundamental difference between the two types of curricula is that authentic abstinence courses express teen abstinence as a standard or goal and encourage all students to strive to meet that standard. By contrast, comprehensive sex-ed curricula do not teach abstinence as a principal goal for teens. The goal of comprehensive sex-ed curricula is not to have teens abstain from sexual activity but to reduce the risk of STDs and pregnancy that can result from unprotected sex. Comprehensive sex-ed curricula briefly discuss abstinence as one option to meet that goal; but since they place far more emphasis on contraception, the implicit message seems to be that abstinence is of secondary importance.

Contrary to claims made by some advocacy groups, comprehensive sex-ed curricula do not teach abstinence as the primary and preferred goal for teens, instructing students about contraception only as a less desirable "fallback" position when abstinence fails. Instead, abstinence and contraception are presented as two valid options, with the overwhelming emphasis placed on contraception. For example, *Be Proud! Be Responsible!* asserts that:

> proud and responsible behavior includes protecting yourself by using a condom during sexual intercourse; abstaining from sexual behavior when no condom is available; [and]…abstaining from sex altogether, if that is your choice.[27]

### Comprehensive Sex-Ed Message: Abstinence is marginally safer than safe sex.

It is true that all comprehensive sex-ed curricula reviewed state, clearly and repeatedly, that abstinence is the only 100 percent certain way to avoid STDs and pregnancy. Nearly all also state that abstinence is the "safest option." For example:

- "Stress that choosing not to have sex is the SAFEST choice." — *Safer Choices, Level 1*[28]

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25. *Reducing the Risk*, pp. 189–190.
26. *Reducing the Risk* and *Safer Choices* have the strongest abstinence components among the comprehensive sex-ed curricula. Overall, the abstinence messages in these two curricula are more complex and thoughtful than similar messages in the other comprehensive sex-ed curricula. However, even in these curricula, the abstinence messages are brief and are dwarfed by a far heavier emphasis on using contraceptives. The very heavy emphasis on contraception undermines the effectiveness of the limited abstinence material.
27. *Be Proud! Be Responsible!*, p. 24.

- "The only method of birth control which is 100 percent effective is abstinence, not having sexual intercourse. Although this means not having sexual intercourse, it does not exclude sexual play." — *Teen Talk*[29]

But comprehensive sex-ed curricula also place a very heavy emphasis on convincing teens of the effectiveness and importance of contraceptives in preventing STDs and pregnancy. The curricula state or strongly imply that protected sex is also quite safe. For example:

- "Condoms, also called rubbers, or prophylactics, are a very effective contraceptive which can be easily obtained." — *Teen Talk*[30]
- "Using a latex condom correctly every time you have sexual intercourse is very effective in preventing HIV infection.… When condoms are used correctly, they are effective because they don't break easily and they don't leak." — *Reducing the Risk*[31]
- "Condoms made of latex can reduce the risk of HIV transmission when used properly. They can provide a high degree of protection for people choosing to be sexually active." — *Get Real About AIDS*[32]
- "Abstinence is obviously the method with perfect effectiveness.…Birth control pills and rubbers with spermicides are next most effective. Then comes the IUD and rubbers alone which are slightly less effective." — *Teen Talk*[33]
- "Emphasize that *only* choosing not to have sex or using a latex condom if having sex protects from HIV, other STD and pregnancy." — *Safer Choices, Level 2*[34]

The overall message given to teens is merely that abstinence is marginally safer than protected sex. Beyond this modest health message, most of the curricula have difficulty finding favorable things to say about abstinence or positive reasons to be abstinent. Since abstinence requires greater character and self-control and a stronger determination to resist social trends and pressures than does "safe sex," the failure to a make a strong, broad-based case that abstinence is clearly superior to protected sex makes the brief abstinence "message" that is given both flat and unconvincing.

### Comprehensive Sex-Ed: No clear encouragement to delay sex.

The comprehensive sex-ed curricula provide no clear standards about when students should begin sexual activity. While 94 percent of adults and 92 percent of teens believe that it is important for society to give a "strong message" that young people "should not have sex until they are, at least, out of high school," none of the comprehensive sex-ed curricula convey this message.[35] None encourage abstinence through high school as a goal. Indeed, out of 942 pages of text in the nine curricula reviewed, only one incidental sentence on abstinence through high school was found.[36]

Even the vague notion that students should "wait until they are older" before beginning sex is largely absent from the comprehensive sex-ed curricula. Throughout the nine curricula, fewer than 10 sentences could be found urging or suggesting that young people "wait until they were older" before beginning sexual activity. In most cases, even these sentences lacked force.

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28. *Safer Choices, Level 1*, p. 190 (emphasis in original).
29. *Teen Talk*, p. 13.
30. *Teen Talk*, p. 16.
31. *Reducing the Risk*, p. 103.
32. *Get Real About AIDS*, p. 79.
33. *Teen Talk*, p. 20.
34. *Safer Choices, Level 2*, p. 155.
35. National Campaign to Prevent Teen Pregnancy, *Americans Sound Off About Teen Pregnancy*, December 2003, p. 8.
36. *Get Real About AIDS* contains 24 different role-playing exercises for students. One open-ended scenario involves a boy who had "promised himself" to abstain from sex at least through high school. He is currently facing a strong sexual temptation and his resolve is crumbling. Students are to act out various responses to this dilemma. Although the skit mentions abstinence through high school, it in no way endorses or promotes this as a general goal.

- *Safer Choices* informs students that "many teens are deciding to wait until they are older or until marriage."[37]
- *AIDS Prevention for Adolescents in School* has students "think of as many good reasons as you can for delaying a sexual relationship until you are older."[38]

The strongest statement about delaying sexual activity appears in the *TOP* program, where, at one point, teachers are instructed to tell students: "I am hoping that all of you have decided to wait until you are older to have sexual intercourse."[39] A similar sentence appears later on the same page. These are by far the strongest pro-abstinence remarks in the nine comprehensive sex-ed curricula; they are, in fact, unique within those curricula.

Ironically, the *TOP* curriculum contains the least abstinence content of all the curricula. The two strong sentences are not developed or extended, and are largely unsupported by other abstinence material within *TOP*. In fact, the two isolated remarks about delaying sex are in the introduction to a chapter entitled "Basics of Contraception" and are followed by a 21-page discussion that is overwhelmingly about contraception and contraceptive use.[40] The isolated pro-abstinence sentences are not part of a clear, well-developed abstinence lesson, but seem to have been put in the text primarily to justify the extensive contraceptive discussion. This example underscores the fact that looking at isolated sentences in a curriculum can be misleading; to understand the major messages of a curriculum, it is important to review the curriculum as a whole.

Several of the sex-ed curricula do state that young people should not engage in sex until they feel "ready." However, no standards are offered to define what "ready" might mean. Instead, teens are left to work out this important issue with little or no guidance. It is interesting to note that, with respect to doing one's homework or not smoking, teachers can be quite "judgmental." But when it comes to teen sexual activity, the adult world—as presented by many comprehensive sex-ed curricula—is silent: No standard other than avoiding unprotected sex is given, and teens are left in a value-free limbo to chart their own lives.

### Comprehensive Sex-Ed: No clear sexual standards.

Aside from their repeated insistence that students avoid unprotected sex, comprehensive sex-ed curricula do not provide clear standards for sexual activity among young people. Several curricula suggest that sexual decisions are personal and subjective and that adolescents must rely on their own judgment. Students are given open-ended exercises to "clarify" their own standards and limits. For example, *Get Real About AIDS* informs students that "in the next lesson they'll discuss just which limits each of them will set in regards to having sex and to using condoms."[41]

Several curricula explicitly take a value-free or neutral approach to teen sexuality. They state that the decision regarding whether or not a young person should become sexually active must be left to the students themselves, or to their parents. For example:

- *Get Real About AIDS* asserts that the course "doesn't state that sex is good or bad, only that unprotected sexual intercourse is one way for HIV to be transmitted."[42]
- *Safer Choices* warns teachers: "Be careful not to impose your personal values. Every person has his or her own thoughts, beliefs and values about sexuality issues, based on background

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37. *Safer Choices, Level 1*, p. 33.
38. *AIDS Prevention for Adolescents in School*, p. 37.
39. *Teen Outreach Program*, p. 92.
40. The *TOP* program actually presents abstinence as one of 12 "contraceptive methods," each of which is given equal attention. A separate chapter focuses on "Using Condoms Correctly."
41. *Get Real About AIDS*, p. 131.
42. *Get Real About AIDS*, p. 67.

and experience. Although a student may ask directly what you think, be careful not to impose your own values, but rather present a range of options."[43]

- *AIDS Prevention for Adolescents in School* warns teachers that they should "Try to refrain from: Taking a morally 'right' stance. Remain non-judgmental and encourage all points of view."[44]

### Comprehensive Sex-Ed: Teens should avoid unwanted sex.

On a positive note, all the comprehensive sex-ed curricula teach that young people should not let themselves be pressured into unwanted sexual activity. The curricula advise that, if a young person feels uncomfortable or ambivalent about having sex with a particular person at a particular time, he or she should refuse.

"For many reasons," says *Reducing the Risk*, "it's usually better to simply say no to offers you don't like. But people often feel confused about how to say no."[45] The curricula generally offer "refusal skills" to help in these situations. For example, if a girl is being pushed toward intercourse by her boyfriend but is not certain she wants to go along, the curricula may offer techniques to help her delay the issue until she makes up her mind.

However, even though teaching young people to avoid sexual situations that cause ambivalence or discomfort is helpful, it is not really the same as teaching abstinence. Advising teens to avoid unwanted sex is very different from sending a firm message to delay sex until they have finished high school or until they are married.

### Comprehensive Sex-Ed: Non-critical depiction of teen sex.

The overwhelming focus on teen condom use creates the impression that nearly all teens either are or soon will be sexually active. In fact, the Centers for Disease Control and Prevention reports that 56 percent of high school students are virgins. This sort of information is commonplace in authentic abstinence courses—but conspicuously absent in most comprehensive sex-ed courses.

Similarly, polls show that more than two-thirds of teens who are sexually active regret their initial sexual experience and state that they wish they had waited until they were older.[46] While this sort of information would appear to be essential in helping teens to make reasonable decisions about sex, it is absent from nearly all comprehensive sex-ed courses.

### Comprehensive Sex-Ed: It's okay for teens to have sex as long as they use contraception.

As noted above, advocacy groups suggest that comprehensive sex-ed curricula teach abstinence as the primary and preferred goal for teens and instruct students about contraception only as a less desirable "fallback" position when abstinence fails. This is not true. The sex-ed curricula do not emphasize abstinence as a primary goal or standard for teens; contraception is the predominant focus throughout these courses. Beyond saying that abstinence is marginally safer than "safe sex," most of the curricula find little favorable to say on the subject. Abstinence appears as a choice for the hyper–risk-averse.

Overall, none of the curricula dispel the typical illusions of teen sexual infatuation. None provide convincing reasons for teens to resist physical passions or risk the apparent unpopularity and social "isolation" that might ensue from choosing abstinence. None present abstinence as an insightful and mature choice that is clearly superior to safe sex in manifold ways. In short, none of the curricula

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43. *Safer Choices, Level 1*, p. 24.
44. *AIDS Prevention for Adolescents in School*, p. 5.
45. *Reducing the Risk*, p. 82.
46. National Campaign to Prevent Teen Pregnancy, *Americans Sound Off*, p. 17.

provide young people with strong and convincing reasons not to have sex; for the most part, they do not really try.

While comprehensive sex-ed curricula do not overtly encourage teens to engage in sexual activity, they do not really discourage it. The focus is on reducing the risks of STDs and pregnancy among teens. While abstinence is presented as one technique for avoiding immediate risks, the predominant emphasis is on using contraception, especially condoms. For the most part, teens are not urged to avoid sex *per se*, but to avoid sex without contraception. As long as the teen feels "ready" and comfortable with the activity, protected teen sex in not criticized, but is presented as commonplace, healthy, and largely unproblematic. The decision to use contraception during sex is almost always presented in a very favorable light, while sexual activity itself is seldom criticized.

The underlying message that pervades each of the curricula reviewed is that it is okay for teens to engage in sex as long as "protection" is used.[47] Indeed, it is difficult to find any passage in the curricula where voluntary teen sex with protection is either criticized or depicted as "not okay."[48]

47. One exception to this, it might be argued, is *TOP* with its two isolated sentences that clearly urge teens to wait until they are older before having sex. Nonetheless, these sentences promoting abstinence make up a very small part of the course. See discussion in the text, above.
48. A few of the curricula do mention that teens should avoid sex with complete strangers.

## Table 6

Table 6 — The Heritage Foundation

### Major Themes

| Authentic Abstinence | Comprehensive Sex-Ed/Abstinence-Plus |
|---|---|
| The goal is to promote sexual abstinence among teens with an emphasis on abstinence until marriage. | The goal is to reduce the risk of STDs and pregnancy that can result from unprotected sex. The main emphasis is on encouraging young people to use contraception, although "not having sex" is also mentioned briefly as an option. |
| Teens should not be sexually active until they have, at least, finished high school and, preferably, should wait until they are married. Abstinence until marriage is best. | It is okay for teens to have sex as long as they use contraception to protect against pregnancy and disease. |
| Human sexuality is not primarily physical. Sex should be linked to intimacy, love, and commitment; these qualities are not likely to be present in teen sexual relationships. Sex properly involves long-term emotional bonding between two individuals. | Love, intimacy, and commitment are not discussed. |
| Love, intimacy, and commitment are most likely to occur inside marriage. | Marriage and its relationship to sexuality is not discussed. |
| Abstinence is the best choice for teens. Teen abstinence is a reflection of strong character. Teen abstinence is a pathway to intimacy, love, commitment, and a successful marriage. | Abstinence is marginally safer than protected sex; otherwise, abstinence has few particular benefits. The long-term effects of abstinence are not discussed. |
| Sexual activity at an early age leads to more non-marital partners and relationship instability. Sexual activity at an early age and sexual activity with multiple non-marital partners are likely to have harmful long-term consequences. | These topics are not discussed. |
| Teen sexual relationships are almost always short-term and unstable. Love, intimacy, and commitment are not likely to be present in teen sexual relationships. Most sexually active teens say they wish they had waited. Many teens are not sexually active. | These topics are not discussed. |
| Teens should not allow themselves to be pressured into sexual activity. | Teens should not allow themselves to be pressured into sexual activities that are unwanted or that make them feel uncomfortable. |
| Condoms and other forms of contraception provide imperfect protection against disease and pregnancy. | Protected sex provides very good protection against pregnancy and disease. |
| Information about contraception is not provided except to present failure rates. | Provides a great deal of information about various types of contraception. |

# Chapter 5

# Most Comprehensive Sex-Education/ Abstinence-Plus Curricula Contain Explicit and Controversial Material

**WARNING: This chapter contains sexually explicit, graphic material, as quoted from the material reviewed.**

Many of the comprehensive sex-ed/abstinence-plus curricula reviewed for this study contain explicit sexual material that is offensive to most parents. While the actual number of pages devoted to such objectionable material is not enormous, such subject matter does play a significant role in establishing the overall tone of the curricula.

These materials send a very clear implicit message to students that society expects and accepts teen sexual activity and that casual, transitory sexual relationships in the teen years will be exciting, "fun," and "sexy." For example, *Be Proud! Be Responsible!* instructs teachers to:

> Invite [students] to brainstorm ways to increase spontaneity and the likelihood that they'll use condoms.... Examples:... Store condoms under mattress.... Eroticize condom use with partner.... Use condoms as a method of foreplay.... Think up a sexual fantasy using condoms.... Act sexy/sensual when putting the condom on.... Hide them on your body and ask your partner to find it.... Wrap them as a present and give them to your partner before a romantic dinner.... Tease each other manually while putting on the condom.[1]

Similarly, *Focus on Kids* prompts teachers to:

> State that there are other ways to be close to a person without having sexual intercourse. Ask youth to brainstorm ways to be close. The list may include…body massage, bathing together, masturbation, sensuous feeding, fantasizing, watching erotic movies, reading erotic books and magazines….[2]

Offensive material found in comprehensive sex-ed curricula includes discussions of anal sexual intercourse, graphic sexual descriptions, homosexual role playing, discussion of dental dams, encouraging mutual masturbation, encouraging teens to watch erotic movies, demonstrations of condom use, having teens practice using condoms, and instructing teens on how to obtain birth control without parental knowledge or permission.

## Not All Comprehensive Sex-Ed Curricula Are the Same

It is important to note that the amount of explicit and controversial material varies widely among the nine comprehensive sex-ed curricula reviewed. Some curricula contain a substantial amount of sexually explicit material while others contain relatively little.

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1. *Be Proud! Be Responsible!*, p. 78, 79.
2. *Focus on Kids*, p. 137.

By far, the most shocking material appears in *Be Proud! Be Responsible!*, *Becoming a Responsible Teen*, and *Focus on Kids*. These three curricula were designed for inner-city youth but are described by their distributors as appropriate for use in general suburban schools.[3] By contrast, *Teen Talk* and *Reducing the Risk* contain relatively low levels of controversial material. Nonetheless, all the curricula reviewed have at least some questionable items. In general, the tone of the curricula is incompatible with the goal of encouraging long-term abstinence.

## Condom Demonstration and Practice

Eight of the nine curricula reviewed include either a condom demonstration or a session of condom practice. For example, teachers using the *Be Proud! Be Responsible!* curriculum are given the following instructions:

> While [students] open the [condom] packages and begin exploring the condoms, model your comfort with the condoms. Open a package, take the condom out. Put it on over your hand and pull it up your arm, showing them how strong it is and how it can accommodate any sized penis…. Use humor and allow them to be nervous and silly. Handle the condoms with confidence and comfort. Do not appear worried about mess or stickiness. Demonstrate on both your hand and penis model.[4]

Similar demonstrations, which involve unrolling condoms on fingers, bananas, or plastic phalluses, occur in other curricula:

- "Demonstrate the correct use of condoms and discuss the characteristics of condoms that should be considered when purchasing them…. Materials: Optional 'props,' such as banana, cucumber, etc…. Demonstrate the correct use of a condom. Explain each step as you demonstrate." — *AIDS Prevention for Adolescents in School*[5]
- "Demonstrate the use of a condom by unwrapping a condom and unrolling it over the index and middle finger of one hand." — *Get Real About AIDS*[6]
- "Use a real condom to demonstrate the steps for the class…. Roll the condom down to the base of your fingers, being sure to leave a reservoir at the tip. Say, "Now the two people are ready to have intercourse." *TOP—Changing Scenes, Level IV*[7]
- "Show condoms. Have several different brands including lubricated and reservoir tip. Open packages and unroll condoms for students to inspect. You may pass them around. Use plastic model of penis or two fingers for demonstration…. You may blow up rubber to demonstrate how strong they are." — *Teen Talk*[8]

## Practicing Condom Use

Several curricula include condom exercises in which students practice unrolling a condom on their fingers:

- "Give each participant (or pair of participants) a condom and lubricant. Each participant should practice putting condoms on their fingers. Then let them give you a demonstration." — *Be Proud! Be Responsible!*[9]

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3. Based on telephone conversations on February 9, 2004, with curriculum distributors at Education, Training and Research (ETR) Associates and Select Media.
4. *Be Proud! Be Responsible!*, p. 75.
5. *AIDS Prevention for Adolescents in School*, pp. 64–65.
6. *Get Real About AIDS*, p. 128.
7. *TOP—Changing Scenes, Level IV*, p. 106.
8. *Teen Talk*, p. 16.

- "Explain that students will now have a chance to work in pairs to practice with condoms. Explain that one person will read the directions on the worksheet while the other practices unrolling a condom over 2 fingers. After the first student has finished, he/she will read the directions while the second student unrolls a condom over 2 fingers." — *Safer Choices, Level 1*[10]
- "Have students pair up. Distribute a condom and a copy of the 'Condom Practice' worksheet to each student…. Pinch the tip of the condom between your thumb and forefinger to get rid of any air pockets and to create a space for the semen during ejaculation. Then unroll the condom over the index and middle finger of your other hand. Unroll the condom all the way down to the bottom of your fingers." — *Safer Choices, Level 2*[11]

## Condom Races and Games

Two curricula have teens practice putting condoms on physical objects, such as penile models, dildos, and cucumbers. These exercises are designed as games. In *Becoming a Responsible Teen*, students team up to practice condom application together, giving positive encouragement to one another as they work. *Focus on Kids* has students team up and race to see who can correctly apply condoms and lubricants in the shortest time. Instructions for these exercises are as follows:

- "Give each group a penile model, some lubricant, spermicide, and paper towels." [The instructor then reads] "One step at a time, I want each of you to practice the condom application and removal steps, with or without a lubricant. Your teammates have a task, too…. [T]hey are going to give you a round of applause and praise what you did right. Then they're going to offer some constructive criticism and make suggestions about what you could do differently to improve your condom skills." — *Becoming a Responsible Teen*[12]
- "Youth will practice the proper way to put on a condom…. Divide youth into two teams and give everyone a condom. Have the teams stand in two lines and give the first person in each line a dildo or cucumber. Each person on the team must put the condom on the dildo or cucumber and take it off…. The team that finishes first wins." — *Focus on Kids*[13]

The *Focus on Kids* instructions for this "condom race" end with the following note to teachers: "Everyone has fun with this game…. Have extra condoms for youths who want some."[14]

## Obtaining Condoms

Most abstinence-plus curricula devote time to instructing teens on how and where to obtain condoms and other forms of contraception. Curricula offer ideas for reducing anxiety when purchasing contraception devices and encourage teens to overcome their sense of embarrassment. For example:

- "Lead the group through a visualization of a successful condom purchase. Ask them in your own words to: Close your eyes. Imagine you are walking up to the counter with a box of condoms. You are calm and relaxed. You put down the box of condoms. The clerk rings up your purchase and tells you the price. You pay for them. The clerk puts the box of condoms

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9. *Be Proud! Be Responsible!*, p. 77. The curriculum states: "Participants who have been abused or raped, for example, might feel very uncomfortable with the demonstration and should not be required to actively participate."
10. *Safer Choices, Level 1*, p. 203. The curriculum instructs teachers: "Do not force students to practice using condoms if they are uncomfortable with the idea. These students can read the steps or watch their partners go through with the steps."
11. *Safer Choices, Level 2*, pp. 159, 165.
12. *Becoming a Responsible Teen*, p. 119.
13. *Focus on Kids*, p. 108.
14. *Focus on Kids*, p. 108.

in a bag. You say "thanks" and walk away, feeling good about pulling this off." — *Becoming a Responsible Teen*[15]

- "Performance Objectives: Students will feel comfortable about buying condoms. Students will learn how to use a condom correctly." — *AIDS Prevention for Adolescents in School*[16]
- "Do any of you have a story you can share about getting or buying condoms? It can be successful, embarrassing or funny." — *Becoming a Responsible Teen*[17]
- "How can you minimize your embarrassment when buying condoms? Wear 'shades' or a disguise so no one will recognize you, have a friend or sibling who isn't embarrassed buy them for you, make up a condom request card that you can hand to the store clerk." — *AIDS Prevention for Adolescents in School*[18]
- "Given the general uptightness in our culture about sexuality, and especially about the sexuality of young people, you may want to prepare your students to deal with stupid questions like 'What are you going to do with them [the condoms]?'" — *TOP—Changing Scenes, Level IV*[19]

## Condom Hunts

Several curricula include exercises in which students go out into their communities and practice obtaining condoms:

- "Tell students that the object of the activity is for teams to determine how difficult it is to find condoms…. When you get to the store, ask an employee where the condoms are, even if you already know. The idea is for you to describe the response of the employee. Complete the work sheet as well as you can. If the store you identified has no condoms, then go to another store. Remember, this isn't a game. This is a way to get important information to stay safe." — *Get Real About AIDS*[20]
- "Pass out a local phone directory (or several) and have students find the clinic section in the yellow pages. Select two or three conveniently located clinics from which they can choose…. Encourage students to go with their boyfriends or girlfriends, even those who aren't in the class. Tell students they should bring back some literature available from the clinic." — *Reducing the Risk*[21]
- "Explain that, with their partners, they should go to a local market or drugstore to gather information about protective products, such as condoms and vaginal spermicides. After finding the protective products they should complete the homework, identifying what types of protection are available, how much they cost, and whether they are accessible to teens who may want to purchase them. Finally, they should decide how comfortable they would be buying protection in that store and whether they would recommend that store to a friend, and explain why or why not." — *Safer Choices, Level 1*[22]
- "Put down the store's hours…. [I]t may be important to know where to get some contraception at some odd hours." — *Reducing the Risk*[23]

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15. *Becoming a Responsible Teen*, p. 116.
16. *AIDS Prevention for Adolescents in School*, p. 62.
17. *Becoming a Responsible Teen*, p. 116.
18. *AIDS Prevention for Adolescents in School*, p. 63.
19. *TOP—Changing Scenes, Level IV*, p. 107.
20. *Get Real About AIDS*, p. 130.
21. *Reducing the Risk*, p. 121.
22. *Safer Choices, Level 1*, p. 191.
23. *Reducing the Risk*, p. 113.

## Mom and Dad Don't Need to Know About Your Condoms

Finally, teens are reminded that contraception is something that can and should be kept hidden from their parents:

- "Teenagers can obtain birth control pills from family planning clinics and doctors without permission from a parent: Truth. You do not need a parent's permission to get birth control at a clinic. No one needs to know…." — *Reducing the Risk*[24]
- "What do you do if your parents find them (condoms)? Try not to leave packages of condoms lying about in common areas. Treat them as you would any personal and private possession—keep them in your own, not shared, space. However, if a parent or teacher should come upon your supply by accident (or by intention) remind them that this is evidence of your responsible, mature and well-planned approach to life." — *AIDS Prevention for Adolescents in School*[25]

## The Wonderful World of Condoms

Abstinence-plus curricula contain an abundance of information detailing the many characteristics and virtues of condoms. Many of the passages encourage teens to use condoms by claiming that, rather than detracting from sexual encounters, condoms will enhance them. One curriculum reminds teens to keep condoms with them, handy, at all times and ends the session by distributing condoms in the classroom.

The following examples describe the many options that are available in selecting and using condoms. One example encourages students to shop for condoms with their sexual partners and then to spend time together experimenting with their purchases:

- "Go to the store together. Buy lots of different brands and colors. Plan a special day when you can experiment. Just talking about how you'll use all of those condoms can be a turn on." — *Be Proud! Be Responsible!*[26]
- "Pick up a few different condoms and discuss their special features, size, texture, color, flavor, packaging and names. Try to keep this session light and maintain a sense of humor." — *Becoming a Responsible Teen*[27]

*Becoming a Responsible Teen* also encourages young people to daydream about using condoms and advises teens that unusual condom lubricants can be picked up at the local grocery store:

- "Daydream safely. Even when you daydream about sex, you can imagine using a latex condom."[28]
- "Sometimes people don't have a water-based lubricant handy. If you were trying to find something around the house, or at a convenience store, to use as a substitute, what would be safe? Why? Some 'grocery store' lubricants are safe to use if they do not contain oil: grape jelly, maple syrup, and honey."[29]

Many curricula enthusiastically inform teens that condom use will enhance their sex lives:

- "Is it true that condoms reduce sexual pleasure for both partners? No, not usually…. Lubricated condoms often make intercourse more pleasurable for a partner because there is less

24. *Reducing the Risk*, p. 137.
25. *AIDS Prevention for Adolescents in School*, p. 66.
26. *Be Proud! Be Responsible!*, p. 80.
27. *Becoming a Responsible Teen*, p. 113.
28. *Becoming a Responsible Teen*, p. 181.
29. *Becoming a Responsible Teen*, pp. 114–115.

friction, and condoms often help a man maintain his erection longer, which is good for him and his partner." — *TOP—Changing Scenes, Level IV*[30]

- "How can people make condoms feel good and be fun? Have your partner play with you and/or roll a condom on, put lubricant and spermicide inside to make them feel wet, use colored or decorated condoms, etc." — *Be Proud! Be Responsible!*[31]
- "Putting on a condom can be an act of affection and of a commitment by each person to care for the other." — *Get Real About AIDS*[32]
- "[Condoms] kill the mood only if you let them. With a little imagination, condoms can actually increase feeling." — *Becoming a Responsible Teen*[33]
- "Q: If a man lost his erection after putting on a condom and before intercourse, what could the couple do? A: Continue stimulating one another, relax and enjoy the fun, wait a while and start playing again using the condom as part of the play." — *Be Proud! Be Responsible!*[34]
- "Excuse: When I stop to put it (condom) on, I'll lose my erection. Response: Don't worry, I'll help you get it back." — *Be Proud! Be Responsible!*[35]

In *Becoming a Responsible Teen*, condoms are distributed in the classroom, and teens are encouraged to keep condoms with them at all times:

> Remind participants that although you just handed them a few condoms to use in this session, eventually they will have to get their own if they choose to be sexually active and choose to stay safe.... [Advise them to] Keep condoms around at home, in your jacket or purse, and with you. Unless they're nearby when you need them, they won't get used.[36]

## Sexual Alternatives to Intercourse, Dental Dams, and Anal Intercourse

Some abstinence-plus curricula provide teens with graphic lists of sexual alternatives to intercourse:

- "Safer sex means sexual activities during which body fluids are not exchanged. These activities could include hugs, massages, and mutual masturbation, as well as sexual intercourse using latex condoms." — *Get Real About AIDS*[37]
- "When discussing 'Don't have sex,' be sure to help youth identify other options, such as finding fun ways to be together that don't involve sex, or finding different ways to please a partner without sex (e.g., kissing, rubbing, mutual masturbation)." — *Focus on Kids*[38]

This theme is also presented in the *Teen Outreach Program (TOP)*, which tells teachers to:

> Discuss forms of sexual expression other than intercourse candidly with teens.... Acknowledge that young people, like adults, can find other ways than

30. *TOP—Changing Scenes, Level IV*, p. 106.
31. *Be Proud! Be Responsible!*, p. 84.
32. *Get Real About AIDS*, p. 129.
33. *Becoming a Responsible Teen*, p. 121.
34. *Be Proud! Be Responsible!*, p. 84.
35. *Be Proud! Be Responsible!*, p. 90.
36. *Becoming a Responsible Teen*, pp. 116, 181.
37. *Get Real About AIDS*, p. 79.
38. *Focus on Kids*, p. 83.

> sexual intercourse of sharing their feelings, expressing their sexual attraction, and satisfying their arousal.[39]

*TOP* goes so far as to define "abstinence" as behavior that "still allows for expression of sexual feelings or release of sexual tension through behaviors that do not include intercourse."[40]

Other sexual materials that would be disturbing to parents appear in the comprehensive sex-ed curricula. For example, *Be Proud! Be Responsible!* provides students with instructions to fashion a dental dam, for use in cunnilingus, out of a condom:

> When performing oral sex on a woman, you can protect yourself and your partner by placing a dental dam (a flat, square piece of latex) over the vulva (the entire outer region of the vagina, including the clitoris and the vaginal opening). You can make your own dental dam by splitting a condom the long way and opening it up.[41]

Two curricula provide discussions about anal sex. *Becoming a Responsible Teen* informs students that "Both gay and straight couples engage in anal sex."[42] And *Focus on Kids* tells group leaders: "You might need to describe anal intercourse. (When a man puts his penis into another person's rectum or asshole. The other person can be male or female.)"[43]

## Graphic Sexual Discussions

Some comprehensive sex-ed curricula also contain graphic sexual discussions and descriptions. *Be Proud! Be Responsible!* provides the following script as part of an optional activity:[44]

> I am going to spend the next few minutes discussing sex and sexual response because this information can help you learn to enjoy sex with condoms and make your partner more interested in using condoms…. Sex is not something that people are born knowing how to do. People need to learn about it, just like they need to learn to eat and talk…. Most women need to have their clitoris (the arousal organ in their vulvas) touched, directly or indirectly in order to have an orgasm. This sometimes happens during intercourse, but only if a partner rubs it manually or with the pelvis…. Touching and stroking each other all over can be very pleasurable. People who are better lovers know about their own body and their partner's body. Many times young people rush their sexual experiences. This makes it difficult to relax and explore each other with various kinds of touch. Touching and stroking can lead to orgasms for both males and females…. Using a condom can become part of the touching and stroking that happens prior to intercourse. Putting a condom on won't interrupt or ruin the mood if the actions are part of playing, touching, and stroking. Although some guys may be uncomfortable with a young woman who is very assertive, most guys get very turned on if their partner touches them, especially if she touches his penis and strokes it. Applying lubrication directly on his penis will probably make him very excited…. During this entire time, her own arousal level also will increase, preparing her vagina for a comfortable penetration. The lubrication will make it more comfortable for her and more slippery and exciting for him. You will have a lot more sensations and

39. *Teen Outreach Program,* p. 3.
40. *Ibid.*, p. 99.
41. *Be Proud! Be Responsible!*, p. 69.
42. *Becoming a Responsible Teen*, p. 33.
43. *Focus on Kids*, p. 55.
44. *Be Proud! Be Responsible!*, pp. 125–126.

> both partners will feel better too. Then you will both be ready for intercourse. Using a condom also can make a male's erection last longer. Most men say that the longer they are stimulated without having an orgasm, the better the orgasm feels when they have it…. Since many women need more stimulation to have an orgasm, having him stay hard longer is beneficial.[45]

## Homosexual Themes

*Be Proud! Be Responsible!* contains discussions of homosexuality and homosexual activity. In one optional exercise, teenage girls act out a lesbian relationship under the names "Tyceia" and "Felicia" and boys act out a male homosexual skit involving "Gerald" and "Allen," using the following guidelines.[46]

> Tyceia: Recently, you've realized that you might be bisexual. You've been sexually active with boyfriends in the past, but lately you've had strong feelings for a girl on your softball team, Felicia. The two of you have been physically intimate, but mostly just kissing and touching. You can accept your bisexuality, but you're not sure if you have to worry about STDs or HIV infection when two women make love. You decide to ask Felicia if she will go with you to talk to the family life educator at your school.
>
> Felicia: You have become physically intimate with Tyceia, another player on your softball team…. You have been involved in lesbian relationships for two years. She's concerned about STDs and AIDS and unclear on how diseases can be spread between two women…. You have heard about some things like dental dams but don't feel there's any need to worry.
>
> Gerald: You're having a difficult time accepting that you're gay. You suspected you might be and now you've been with somebody—Allen. You are worried enough about how people will react to this news once they hear it, but you're really worried about getting HIV…. You decide to talk to Allen about your concerns and about using condoms. Do you need a special kind? Maybe he'll know.
>
> Allen: You know Gerald cares a lot about you, but he just doesn't get it. He thinks you can't succeed in life unless you're a popular jock like he was. Now he's convinced that he's going to get HIV for choosing a gay lifestyle. You have tried to explain that it's no more a choice to be gay than it is to be straight, it's just the way you naturally feel about things. Furthermore, there's no such thing as a "gay lifestyle." Individuals, gay or otherwise, live life the best way they can and it's different for everybody. It's obvious that Gerald doesn't know very much about preventing HIV infection through condom use, so you decide to teach him everything you know and tell him where he can go to get more information.[47]

Elsewhere in *Be Proud! Be Responsible!*, teachers are advised: "These questions [concerning condom use] are geared toward heterosexual partners. Encourage participants to discuss these issues in the context of same-sex partners."[48]

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45. Even the providers of *Be Proud! Be Responsible!* recognize the controversial nature of this activity; the curriculum warns, "This material is very sexually explicit."
46. *Be Proud! Be Responsible!*.
47. *Be Proud! Be Responsible!*, pp. 119–120.
48. *Be Proud! Be Responsible!*, p. 84.

## Encouraging Masturbation

The *Teen Talk* curriculum contains explicit discussions of masturbation:

> As they (boys and girls) grow older they may learn to stimulate themselves in order to feel pleasant sensations or even come to a climax (have an orgasm). This is called masturbation whether performed by oneself or by a partner. Sometimes during puberty when sexual feelings are increasing, teenagers practice masturbation. It can be a normal way to learn about the body and release sexual tension. Many grown-ups do it. There is nothing abnormal or unhealthy about masturbating.... People also often have daydreams about sex or sexual fantasies. This is also normal. People may have these fantasies when they masturbate as well as other times.[49]

## Parents Oppose Explicit Materials in Comprehensive Sex-Ed Curricula

In January 2003, Zogby International conducted a poll of a nationally representative sample of parents of school-aged children to ascertain parental attitudes toward materials in some comprehensive sex-ed curricula. In most cases, the poll questions either directly quoted from or paraphrased material from *Be Proud! Be Responsible!*, *Focus on Kids*, *Becoming a Responsible Teen*, and other curricula. Not surprisingly, when informed about the sexually explicit materials contained in many sex-ed curricula, the vast majority of parents expressed disapproval.

For example, 71 percent of the parents objected to having their children practice unrolling condoms on their fingers, cucumbers, or model phalluses. Only 18 percent of the parents approved. This type of exercise was found in four of the nine comprehensive sex-ed curricula reviewed.[50]

Similarly, 88 percent of the parents disapproved of children being exposed to the following section of *Be Proud! Be Responsible!*:

> Use condoms as a method of foreplay. Use different colors and types and textures. Think up a sexual fantasy using condoms. Tell your partner how using a condom can make a man last longer. Hide a condom on your body and ask your partner to find it. Plan a special day when you can experiment.[51]

Some 88 percent of parents objected to material from *Becoming a Responsible Teen* advising teens that grape jelly, maple syrup, and honey could be used as condom lubricants, and 79 percent of parents objected to middle-school children being exposed to the following material from *Focus on Kids*:

> There are many ways to be close. The list may include body massage, bathing together, masturbation, sensuous feeding, fantasizing, watching erotic movies, and reading erotic books and magazines.[52]

For the full text of the questions, see Table 7.

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49. *Teen Talk*, pp. 6–7.
50. The poll question refers to instructing middle-school students to practice unrolling condoms on fingers or objects. Four of the abstinence-plus curricula reviewed contain this type of exercise. These curricula cover different age groups: *Focus on Kids* is aimed at middle-school students; *Be Proud! Be Responsible!* is aimed at adolescents; *Becoming a Responsible Teen* and *Safer Choices* target high-school students. While the poll question mentions middle-school students only, it also seems unlikely that most parents would approve of this exercise for high-school students.
51. The poll question used material from page 78 of *Be Proud! Be Responsible!* The poll question refers to middle-school or high-school students, which appears to match the *Be Proud! Be Responsible!* program's specified target audience of "adolescents."
52. The poll question used material from page 137 of *Focus on Kids*.

## Graphic Materials and "Abstinence"

As noted, although the level of graphic and sexually explicit material varies widely among the nine comprehensive sex-ed curricula, each contains at least some controversial or questionable material. Several of the curricula contain material that would be shocking and offensive to most parents. The fact that advocacy groups have promoted these curricula with the term "abstinence plus" is stunning.

## Table 7

Table 7 The Heritage Foundation

### Parental Attitudes Toward Explicit Sexual Material in Some Comprehensive Sex-Ed Curricula

Question: Please state your level of approval for a child in middle school or high school (ages 12 to 15) to be taught the following in school: "Use condoms as a method of foreplay. Use different colors and types and textures. Think up a sexual fantasy using condoms. Tell your partner how using a condom can make a man last longer. Hide a condom on your body and ask your partner to find it. Plan a special day when you can experiment."

| | |
|---|---|
| Approve | 4% |
| Neutral | 7% |
| Disapprove | 88% |

Question: Please state your level of approval for a child ages 9 to 15 to be taught the following in school: "There are many ways to be close. The list may include body massage, bathing together, masturbation, sensuous feeding, fantasizing, watching erotic movies, reading erotic books and magazines."

| | |
|---|---|
| Approve | 8% |
| Neutral | 13% |
| Disapprove | 79% |

Question: Please state your level of approval or disapproval if your middle school-aged child (ages 12 to 15) would be asked to unroll a condom and practice putting it on his or her fingers, a banana, or a wooden model of a penis.

| | |
|---|---|
| Approve | 18% |
| Neutral | 11% |
| Disapprove | 71% |

Question: Please state your level of approval for child in high school (ages 14 to 18) to be taught the following in school: Grape jelly, maple syrup, and honey could be used as a lubricant on condoms.

| | |
|---|---|
| Approve | 5% |
| Neutral | 7% |
| Disapprove | 88% |

Question: Please state your level of approval to have your child's school provide him or her with contraceptives or the procedures for obtaining contraception without your knowledge or approval.

| | |
|---|---|
| Approve | 18% |
| Neutral | 11% |
| Disapprove | 70% |

**Source:** Zogby International Poll of a nationally representative sample of 1,245 parents of school-age children, conducted in January 2003.

# CHAPTER 6

# WHAT DO PARENTS WANT TAUGHT IN SEX EDUCATION PROGRAMS?

Authentic abstinence curricula and comprehensive sex-ed curricula have radically divergent themes and content. The two types of curricula are based on two very different viewpoints regarding human sexuality.

Abstinence programs teach that human sexuality is primarily emotional and psychological, not physical, in nature. They teach that sexual happiness is inherently linked to intimacy, love, and commitment—qualities found primarily within marriage —and that, in the proper circumstances, sexual activity leads to long-term emotional bonding between two individuals. Abstinence programs strongly encourage abstinence during teen years—preferably, until marriage. They teach that casual sex at an early age not only poses grave threats of pregnancy and infection by sexually transmitted diseases (STDs), but can also undermine an individual's capacity to build loving, intimate relationships as an adult. These programs, therefore, encourage teen abstinence as a preparation and a pathway to healthy adult marriage.

By contrast, comprehensive sex-ed curricula are written from a limited medical or health perspective. Human sexuality is presented primarily as a physical phenomenon (such as nutrition) and the predominant focus is on avoiding the physical problems of pregnancy and STD infection. As a result, the curricula are devoted overwhelmingly to teaching about contraception and encouraging teens to use it. With very rare exceptions, the curricula neither discourage nor criticize teen sexual activity, as long as "protection" is used. By presenting "protected" teen sexual activity as commonplace, healthy, and unproblematic, comprehensive sex-ed courses send an implicit anti-abstinence message to teens.

In general, comprehensive sex-ed curricula exhibit a frank acceptance of teen sexual activity and do not encourage teens to wait until they are older to become sexually active. (For example, the curricula do not encourage teens to abstain from sex until they have finished high school.) The fact that teen sexual relationships are inherently short-term and unstable is not discussed. With extremely rare exceptions, sex at an early age, and sex with many different partners, are not treated as problems. Comprehensive sex-ed curricula ignore the vital linkages between sexuality, love, intimacy, and commitment. There is no discussion that sex is best within marriage.

## Polling Parental Values and Attitudes

In December 2003, a major poll was undertaken by Zogby International to ascertain parental attitudes towards sex education. [1] The questions were designed to measure the degree to which parents supported the major messages and themes in authentic abstinence curricula compared to the major messages and themes in comprehensive sex-ed curricula. Zogby conducted telephone interviews with a nationally representative sample of 1,004 parents who had children under age 18. Par-

1. The poll questions were designed by, and the poll was funded by, Focus on the Family.

ents were asked 14 questions concerning messages and priorities in sex education. The margin of error on each question is plus or minus 3.2 percentage points. The responses to the questions showed only modest variation based on geographic region, race, or gender of the parent. (Responses to individual questions categorized by region, race, and gender of respondents are available upon request.)

## Findings

The exact wording of the 14 individual questions and responses to each are presented in Appendix D. Overall, the poll shows that parents are extremely supportive of the values and messages contained in abstinence programs. By contrast, very few parents support the basic themes of comprehensive sex-ed courses. Responses to the individual questions are discussed below.

## Sex Should Be Linked to Marriage: Delaying Sex Until Marriage Is Ideal

Abstinence education curricula stress strong linkages between sex, love, and marriage. The Zogby poll shows strong parental support for this message.

**•Parents want teens taught that sexual activity should be linked to marriage.**

Parents want teens to be taught to delay sexual activity until they are married or close to marriage. Some 47 percent of parents want teens to be taught that "young people should not engage in sexual activity until they are married." Another 32 percent of parents want teens taught that "young people should not engage in sexual intercourse until they have, at least, finished high school and are in a relationship with someone they feel they would like to marry."

When these two categories are combined, we see that 79 percent of parents want young people to be taught that sex should be reserved for marriage or for an adult relationship leading to marriage. Another 12 percent of parents believe that teens should be taught to delay sexual activity "until they have, at least, finished high school." Only 7 percent of parents want teens to be taught that sexual activity in high school is okay as long as teens use contraception. (See Chart 4 below and Question #1, Appendix D.)

These parental values are strongly reinforced by abstinence education programs, which teach that sex should be linked to marriage and that it is best to delay sexual activity until marriage. By contrast, comprehensive sex-ed programs send the message that teen sex is okay as long as contraception is used. The underlying permissive values of these programs have virtually no support among parents.

**•Parents want teens taught that sex should be linked to love, intimacy, and commitment, and that these qualities are most likely to occur in marriage.**

As Chart 5 shows, 91 percent of parents want teens taught this message about sexuality. (See Question #2, Appendix D.) This is a predominant theme of all abstinence curricula. By contrast, comprehensive sex-ed programs do not discuss love, intimacy, or commitment and seldom mention marriage; the fact that teen sexual relationships are inherently unstable and short-term is not mentioned, and casual sex is seldom criticized. Sex is presented primarily as a physical process. The main message is to avoid the physical threats of pregnancy and disease through the proper use of contraception. Comprehensive sex-ed programs do not present sexuality in a way that is acceptable to most parents.

**•Parents want teens taught that it is best to delay sex until marriage.**

Some 68 percent of parents want schools to teach teens that "individuals who are not sexually active until marriage have the best chances of marital stability and happiness." (See Question #3, in Appendix D.) This theme is strongly supported by abstinence programs, all of which urge teens to delay sexual activity until marriage. This theme is ignored completely by comprehensive sex-ed courses—these courses seldom mention marriage or discuss any linkage between marriage and sex.

## General Support for Abstinence

The Zogby poll shows overwhelming parental support for other abstinence themes as well.

**•Parents want teens taught to abstain from sexual activity during high school years.**

Some 91 percent of parents support this message. (See Question #4, Appendix D.) Moreover, for most parents this is only a minimum standard; 79 percent want a higher standard taught—that youths should remain abstinent until they are married or near marriage. (See Chart 4.) All abstinence curricula strongly urge abstinence, at least through high school and preferably until marriage. By contrast, comprehensive sex-ed curricula do not encourage teens to delay sex until they have finished high school; most do not even encourage adolescents to wait until they are older.

**•Parents want teens to be taught that abstinence is best.**

Some 96 percent of parents support this message. (See Question #5, Appendix D.) Abstinence curricula obviously support this theme. Although comprehensive sex-ed programs may claim to support this message, in reality they do not. While these programs teach that abstinence is the "safest" choice, they also teach that teen sex with protection is safe. Their overall message is that abstinence is marginally safer than "safe sex." Beyond this, they have little that is positive to say about abstinence.

## Sex at an Early Age, Sex with Many Partners, and Casual Sex Have Harmful Consequences

Parents believe that sex at an early age, casual sex, and sex with many partners are all likely to have harmful consequences. They want teens to be taught to avoid these behaviors.

**•Parents want teens taught that the younger the age an individual begins sexual activity, the greater the probability of harm.**

Some 93 percent of parents want teens to be taught that "the younger the age an individual begins sexual activity, the more likely he or she is to be infected by sexually transmitted diseases, to have an abortion, and to give birth out-of-wedlock." (See Question #6, Appendix D.) Abstinence programs strongly support this message: They teach teens to delay sex until they are older—preferably until they are married.

Comprehensive sex-ed programs teach about the threat of unprotected sex, not the problems of sex at an early age. With rare exceptions, they do not urge young people to delay sex until they are older. In general, voluntary sex among teenagers at any age level is depicted as okay as long as protection is used.

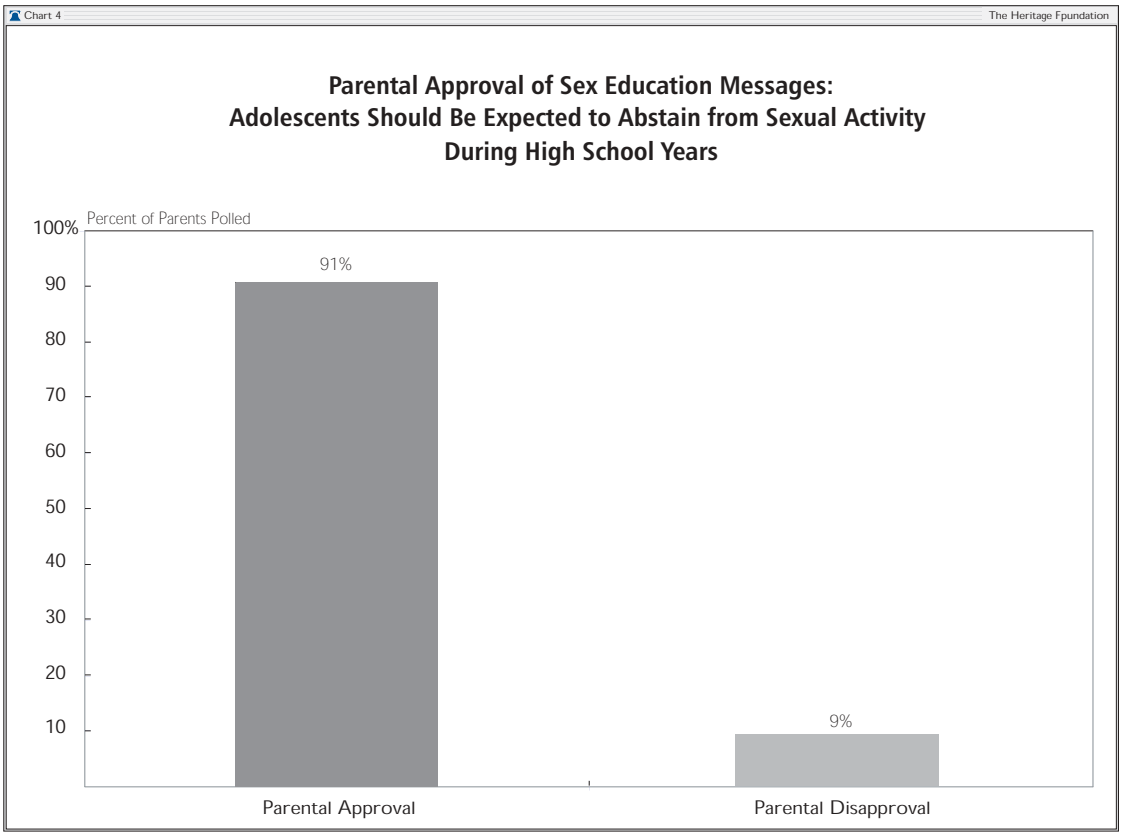
**•Parents want teens taught that teen sexual activity is likely to have harmful psychological and physical effects.**

Some 79 percent of parents want teens taught this message. (See Question #7, Appendix D.) Abstinence curricula clearly teach this message; comprehensive sex-ed curricula do not. Comprehensive sex-ed curricula teach about the physical perils of "unprotected sex" and focus on encouraging teens to use condoms. They do not criticize or discourage voluntary teen sex as long as "protection" is used, and they rarely discuss the harmful psychological effects of teen sexual activity.

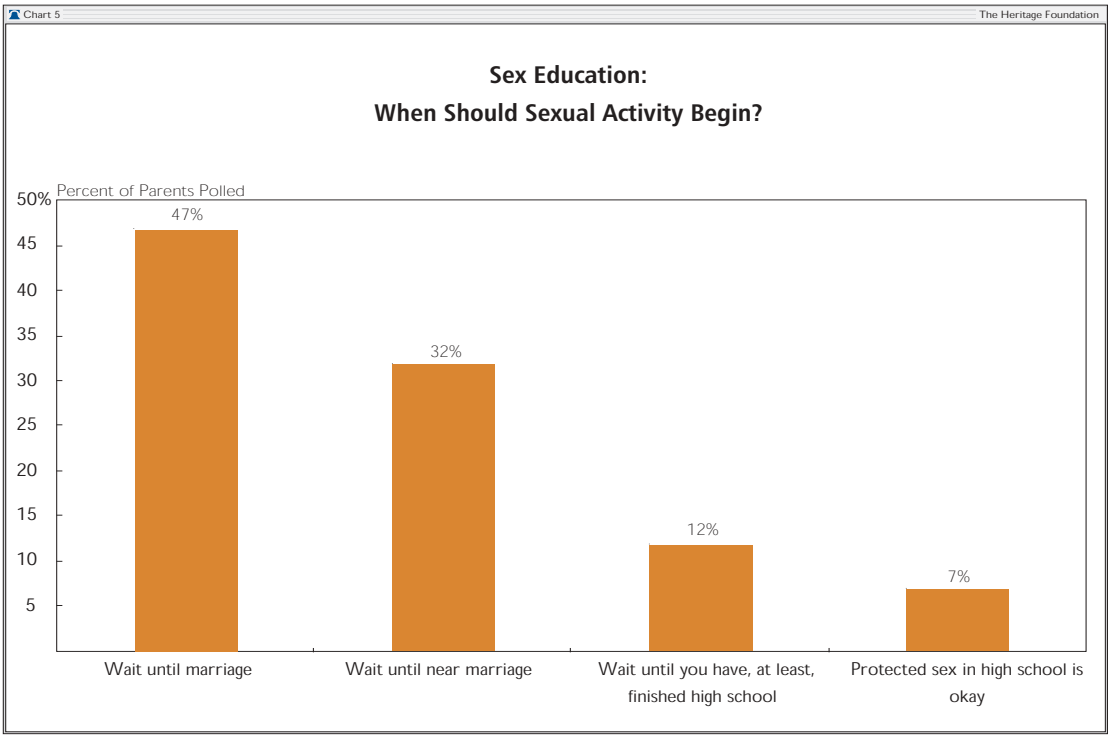
**•Parents want schools to teach that sexually active teens are more likely to be depressed.**

Some 67 percent of teens who have had sexual intercourse regret it and say they wish they had waited until they were older. (The figure for teen girls is 77 percent.)[2] Sexually active teens are far more likely to be depressed and to attempt suicide than are teens who are not sexually active.[3] Nearly two-thirds of parents support the message that sexually active teens are more likely to be depressed;

## Chart 4




## Chart 5



one-quarter of parents oppose it. (See Question #8, Appendix D.) Abstinence curricula inform teens about the basic facts of regret and depression. Comprehensive sex-ed curricula largely ignore this topic, although some curricula mention that broken sexual relationships may cause hurt feelings.

- **Parents want sex education to teach that the more sexual partners a teen has, the greater the likelihood of physical and psychological harm.**

Some 90 percent of parents want this message taught to teens. (See Question #9, Appendix D.) Abstinence curricula emphasize the harmful effects of casual teen sex; comprehensive sex-ed curricula rarely mention this.

- **Parents want teens to be taught that having many sexual partners at an early age may undermine one's ability to develop and sustain loving and committed relationships as an adult.**

Some 85 percent of parents want teens to be taught that "having many sexual partners at an early age may undermine an individual's ability to develop love, intimacy, and commitment." (See Question #10, Appendix D) Another 78 percent of parents want teens to be taught that "having many different sexual partners at an early age may undermine an individual's ability to form a healthy marriage as an adult." (See Question #11, Appendix D.) These are major themes of abstinence programs, which teach that teen sexual relationships are inherently short-term and unstable. Multiple fractured relationships can lead to difficulties in bonding and commitment in later years. This perspective is accurate: Women who begin sexual activity at an early age will have far more sexual partners and are less likely to have stable marriages as adults.[4] Comprehensive sex-ed curricula ignore this topic completely.

## Parents Overwhelmingly Reject the Main Values and Messages of Comprehensive Sex Education

Advocacy groups such as SIECUS and Advocates for Youth consistently claim that the public overwhelmingly supports comprehensive sex education. This claim is based on polls that show the public wants students to be taught about both sexual abstinence and contraception. While it is true that most parents want students to be taught both subjects, this attitude does not translate into support for the actual content of comprehensive sex-ed/abstinence-plus curricula.

The assertion that the public supports comprehensive sex-ed also rests on the pretense that comprehensive sex-ed curricula contain a major, if not predominant, abstinence message. As our content analysis has demonstrated, this claim is manifestly false. Comprehensive sex-ed/abstinence-plus programs contain, at best, marginal and perfunctory references to abstinence. Most parents reject the actual content of comprehensive sex-ed programs. In fact, the Zogby poll of parental attitudes shows that less than 10 percent of parents support the main values and messages in comprehensive sex-ed programs. For example:

- **Parents reject a predominant focus on teaching about contraception.**

Comprehensive sex-ed/abstinence-plus curricula focus overwhelmingly on teaching teens about contraception and how to use it. Discussion of abstinence is marginal, at best. Nearly all parents reject this focus. In the Zogby poll, only 2 percent of parents agreed with the statement that "abstinence from sexual intercourse is not important. Sex-ed classes should focus on teaching teens how to

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2. National Campaign to Prevent Teen Pregnancy, *America's Adults and Teens Sound Off About Teen Pregnancy*, December 2003, p. 17.
3. Robert E. Rector, Kirk A. Johnson, Ph.D., and Lauren R. Noyes, "Sexually Active Teenagers Are More Likely to Be Depressed and to Attempt Suicide," Heritage Foundation *Center for Data Analysis Report* No. CDA03–04, June 3, 2003.
4. Robert E. Rector, Kirk A. Johnson, Lauren Noyes, and Shannan Martin, "The Harmful Effects of Sexual Activity and Multiple Sexual Partners Among Women: A Book of Charts," The Heritage Foundation, June 23, 2003, pp. 4, 10.

# Table 8

Table 8 — The Heritage Foundation

## Parental Attitudes

| Question | Percent of Parents Who Want Message Included in High School Curricula | Percent of Parents who Oppose Message | Authentic Abstinence Message: Contained in Curricula? | Comprehensive Sex-Ed Message: Contained in Curricula? |
|---|---|---|---|---|
| Young people should abstain from sexual activity until they are married or near marriage. | 79% | 19% | Yes | No |
| The best choice is for sexual intercourse to be linked to love, intimacy, and commitment. These qualities are most likely to occur in a faithful marriage. | 91% | 9% | Yes | No |
| Individuals who are not sexually active until they are married have the best chances of marital stability and happiness. | 68% | 31% | Yes | No |
| Adolescents should be expected to abstain from sexual activity during high school years. | 91% | 8% | Yes | No |
| Abstinence from sexual activity is best for teens. | 96% | 4% | Yes | Abstinence is marginally safer than protected sex. |
| Teen sexual activity is likely to have harmful psychological and physical effects. | 79% | 21% | Yes | Unprotected sex at any age may lead to pregnancy and disease. |
| Teens who are sexually active are more likely to be depressed. | 65% | 26% | Yes | No |
| The more sexual partners a teen has, the greater the likelihood of physical and psychological harm. | 90% | 9% | Yes | No* |
| Having many sexual partners at an early age may undermine an individual's ability to develop love, intimacy, and commitment. | 85% | 14% | Yes | No |
| Having many different sexual partners at an early age may undermine an individual's ability to form a healthy marriage as an adult. | 78% | 21% | Yes | No |

* In a few instances, curricula mention that an increase in the number of sex partners leads to greater STD risk.

Source: Zogby International Poll.

use condoms when engaging in sexual activity." In contrast, 98 percent of parents reject this approach to sex education. (See Question #13, Appendix D.)

**•Parents reject the idea that teaching about contraception is more important than teaching about abstinence.**

On average, comprehensive sex-ed curricula contain six times more information about contraception than they do about abstinence. The abstinence content they do contain is generally weak and equivocal. Parents overwhelmingly reject this emphasis: Only 8 percent of parents believe that teaching about contraception is more important than teaching about abstinence. (See Question #12, Appendix D.)

**•Parents oppose teaching that teen sex is okay if condoms are used.**

In comprehensive sex-ed curricula, "protected" teen sex is neither criticized nor discouraged. These courses implicitly send the strong message that "it's okay for teens in school to engage in sexual intercourse as long as they use condoms." Only 7 percent of parents support this message; 91 percent reject it. (See Chart 4.)

**•At a minimum, parents want teens to be taught to abstain from sexual activity until they have finished high school.**

Some 91 percent of parents want teens to be taught this minimum standard; most want a far higher standard. (See Question #4, Appendix D.) But comprehensive sex-ed curricula do not teach that teens should abstain until they have finished high school. In fact, these courses do not provide any clear standards concerning when sexual activity should begin. For the most part, they do not even encourage young people to wait until they are vaguely "older"; they are simply silent on the issue.

**•Parents want their children taught to abstain until they are married or are in an adult relationship that is leading to marriage.**

Some 79 percent of parents want students to be taught to abstain from sex until they are married or are close to marriage. (See Chart 1 and Question #1, Appendix D.) These values are light years away from the content of "abstinence-plus" courses.

**•Comprehensive sex-ed courses are silent on vital issues such as casual sex, intimacy, commitment, love, and marriage.**

As questions 1 through 11 in Appendix D illustrate, parents overwhelmingly support the main themes of abstinence education and want these topics to be taught to their children. But these themes are conspicuously absent in comprehensive sex-ed. As a result, these courses fail to meet the needs and desires of most parents.

Finally, the fact that most parents want students to be taught about contraception does not mean that they support the type of contraceptive education contained in most comprehensive sex-ed courses. For example, the Zogby poll found that 22 percent of parents wanted teens to be taught only about abstinence. Another 52 percent of parents state that sex-ed class should teach that "abstinence from sexual intercourse is best for teens, but schools should provide basic biological health information about contraception." However, most comprehensive sex-ed courses go beyond teaching "basic biological and health information about contraception." In general, they encourage contraceptive use, teach teens how to convince sex partners to use contraception, teach youths how to obtain contraception, and provide demonstrations or practice sessions in condom use. (See Chapter 5.)

Relatively few parents are comfortable with this type of instruction: Only 23 percent of parents agree that sex education should teach that "abstinence from sexual intercourse is best for teens, but schools should also encourage teens to use condoms when having sex, teach teens where to obtain condoms, and have teens practice how to put on condoms." (See Question #13, Appendix D.)

This response actually overstates support for comprehensive sex-ed since, for the most part, the curricula do not sincerely teach that abstinence is the "best choice."

## Should Abstinence Programs Teach About "Safe Sex" or Contraception?

The Zogby poll shows an apparent divergence between abstinence education and parental attitudes on only one issue. Some 75 percent of parents want teens taught about both abstinence *and* contraception. (See Question #13, Appendix D.) But, except for describing the likely failure rates of various types of birth control, abstinence curricula do not teach about contraception.

However, the fact that abstinence programs, *per se*, do not include contraceptive information does not mean that teens will not be taught this material. Abstinence and sex education are seldom taught as stand-alone subjects in schools. They are usually offered as a brief part of a larger course, most typically a health course.[5] In addition, sex education is usually taught not once, but in multiple doses at different grade levels as the students mature. When students are taught about abstinence, in most cases, they will also receive biological information about reproduction and contraception in another part of their course work. By 11th or 12th grade, some 91 percent of students have been taught about birth control in school.[6]

There is no logical reason for contraceptive information necessarily to be presented as part of an abstinence curriculum. Not only would this reduce the limited time allocated to the abstinence message, but nearly all abstinence educators assert that it would substantially undermine the effectiveness of the abstinence message. In general, parents tend to agree that abstinence and contraceptive instruction should not be directly mixed. As Chart 6 shows, some 56 percent of parents believe either that contraception should not be taught at all or that, if both abstinence and contraception are taught, they should be taught separately. (Some 22 percent of parents believe that contraception should not be taught, while 35 percent want the two subjects taught separately.) While most parents want teens to be taught about both abstinence and contraception, there is no strong sentiment that these topics must be combined into one curriculum. (See question #4, Appendix D.) The stronger a parent's support for abstinence, the less likely he or she is to want abstinence and contraception merged into a single curriculum.

The Zogby poll suggests that most parents would be satisfied if young people were given a vigorous abstinence course and were taught about contraception basics separately. This is probably the typical situation in most schools where authentic abstinence is taught. On the other hand, extremely few parents (less than 10 percent) would be happy if abstinence were replaced by comprehensive sex-ed.

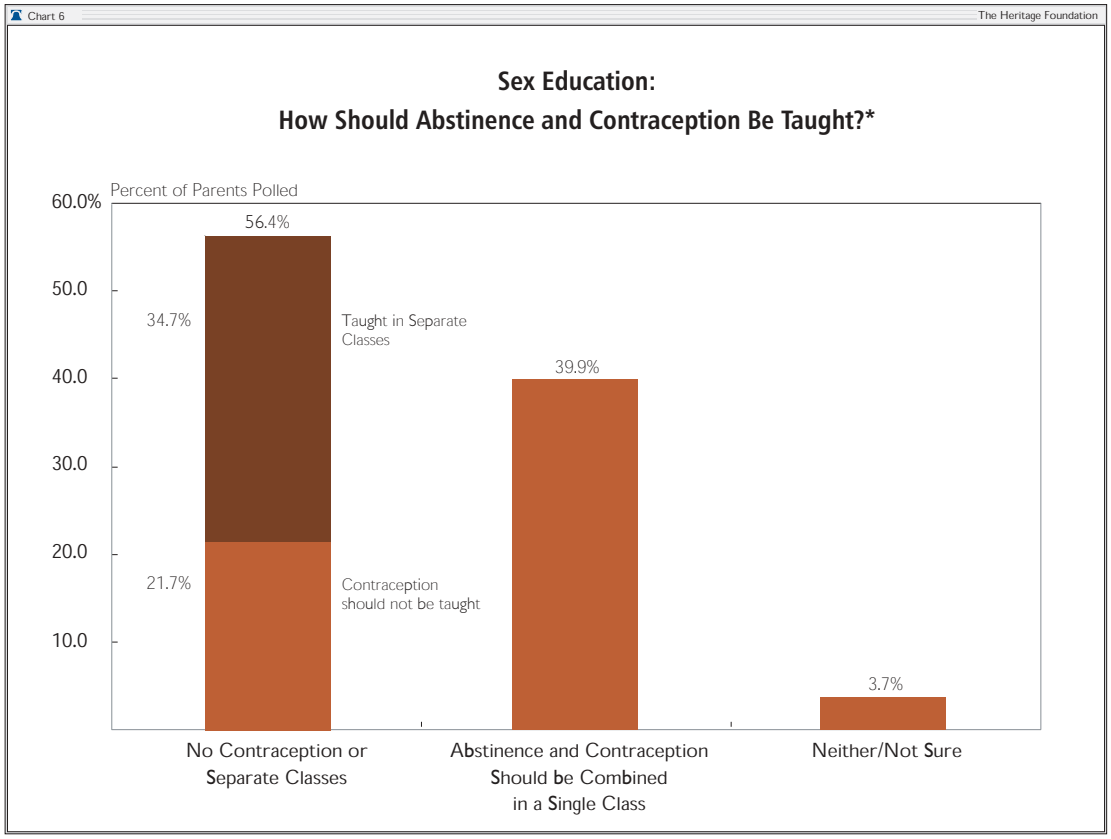
## Conclusion

Polling data show strong (in many cases nearly unanimous), support for the major themes of abstinence education. Abstinence programs provide young people with the strong, uplifting, moral messages wanted by nearly all parents.

However, most parents want not only vigorous abstinence instruction, but also for teens to be taught basic biological information about contraception. Such information is not contained in abstinence curricula but is frequently provided in a separate setting, such as a health class. Overall, the values and objectives of the overwhelming majority of parents can be met by providing teens with a

5. Some 85 percent of the sex education taught in the United States is part of a larger course on a broader subject—most typically a health or biology class. See Tina Hoff, Liberty Greene, *et al.*, *Sex Education in America* (Menlo Park, Cal.: Kaiser Foundation, 2000), p. 90.
6. *Ibid.*, p. 18. Based on teachers' report.

## CHART 6




strong abstinence program while teaching basic biological information about contraception in a separate health or biology class. This arrangement appears to be common in schools where abstinence is taught.

In recent years, groups such as Advocates for Youth and SIECUS have sought to eliminate funding for abstinence education or to replace it with comprehensive sex-ed instruction. This is always done under the pretext that comprehensive sex-ed contains a strong abstinence message and thereby renders traditional abstinence education superfluous. In reality, comprehensive sex-ed curricula have weak-to-non-existent abstinence content. Replacing abstinence education with these programs would mean eliminating the abstinence message in most U.S. schools: Nearly all parents would object to this change.

Only a tiny minority of parents (less than 10 percent) supports the permissive values and messages taught in comprehensive sex-ed curricula. Since the themes of these courses (such as "It's okay for teens to have sex as long as they use condoms") contradict and undermine the basic values parents want taught, these courses would be unacceptable, even if combined with other materials.

The popular culture bombards teens with messages that encourage casual sexual activity at an early age. To counteract this, parents want teens to be taught a strong abstinence message. Parents overwhelmingly support abstinence curricula that link sexuality to love, intimacy, and commitment and that urge teens to delay sexual activity until maturity and marriage. Regrettably, this sort of clear abstinence education is not taught in most schools. This means that the messages regarding sexual activity that parents deem most important are not getting through to teens.

# CHAPTER 7

# CONCLUSION

The vast differences in the content and messages of authentic abstinence curricula and comprehensive sex-ed curricula reflect fundamental differences in their respective goals. The goal of comprehensive sex-ed/abstinence-plus curricula is to reduce the immediate risk of sexually transmitted diseases (STDs) and pregnancy to teens. The predominant focus is on reducing risk by encouraging young people to use contraception. "Not having sex" is also mentioned as a tactic for avoiding risk, but relatively little attention is paid to this option.

By contrast, the goal of authentic abstinence programs is to encourage adolescents to delay the onset of sexual activity and to help them gain a more mature understanding of sexuality.

## Authentic Abstinence Curricula

Authentic abstinence programs approach human sexuality in a holistic manner, focusing on its social and psychological aspects. These curricula place a major emphasis on love, intimacy, and commitment. They teach young people that human sexuality is not primarily about short-term physical passion, but that it is moral, emotional, and psychological in nature. Authentic abstinence programs teach that, in proper conditions, human sexuality involves long-term emotional bonding and that personal happiness, love, and intimacy are most likely to occur within the commitment of a faithful marriage. In addition, these programs teach that casual sex with multiple partners is likely to undermine the natural process of bonding and intimacy.

Authentic abstinence programs send a strong message throughout their curricula: Abstinence is the best lifestyle for every teen, and choosing to remain abstinent through adolescence is an important decision that reaps great rewards. Authentic abstinence courses instruct teens about the differences between lust, infatuation, and real love. Their curricula teach that teen sexual relationships generally involve large elements of self-delusion and that, despite expectations that they will last, nearly all such relationships are unstable and short-term.

Most sexually active teens state that they regret their initial sexual experience and wish they had waited until they were older before having sex. Authentic abstinence programs present teen abstinence not merely as a solution to the immediate problems of pregnancy, STDs, and emotional harm, but as a pathway leading to respect for one's self and others, to healthier relationships, and, eventually, to love and happiness in marriage.

## Comprehensive Sex-Ed Curricula

In stark contrast to authentic abstinence curricula, comprehensive sex-ed curricula largely depict human sexuality as a physical process. They seek to warn young people about the threats of teen pregnancy and sexually transmitted diseases that can result from unprotected sexual activity. Their predominant goal is to reduce the level of "unprotected" sexual activity by encouraging young people to use contraception.

A very large portion of these curricula is devoted to describing various types of contraception and discussing the pros and cons of each type. Students are strongly urged to use contraception (particularly condoms) for protection and are given skills to help increase contraceptive use. For example, students are coached on how to convince a resistant sex partner to use condoms.

## Comparing the Quantity and Quality of Abstinence Messages

The different goals of the two types of curricula are reflected in the amount of page content each type devotes to various topics. On average, authentic abstinence curricula devote over half of their page content to promoting abstinence. In addition, these curricula devote 17 percent of their content to the subjects of healthy relationships and the benefits of marriage, both of which directly reinforce the main theme of teen abstinence. Authentic abstinence curricula allocate zero percent of their content to promoting contraception.

In contrast, comprehensive sex-ed/abstinence-plus curricula take the opposite approach. On average, these curricula devote only 4.7 percent of their page content to the topic of abstinence and zero percent to healthy relationships and marriage. The primary focus of these curricula is on encouraging young people to use contraception: On average, comprehensive sex-ed curricula devote nearly 30 percent of their page content to describing contraception and encouraging the use of contraceptives. Overall, these curricula devote six times more content to promoting contraception than to promoting abstinence.

Moreover, the vigor of the abstinence message in comprehensive sex-ed curricula is even lower than the 4.7 percent content figure suggests. The abstinence material in these curricula is not only sparse, but also poor in quality. With few exceptions, the abstinence messages in comprehensive sex-ed are simplistic and unconvincing. Abstinence is presented not as a goal, but simply as one option that teens can consider. None of the curricula urge students to abstain from sex through high school. Out of nearly 1,000 pages of text in the nine comprehensive sex-ed programs reviewed, fewer than 10 sentences were found that urged or suggested that teens wait "until they were older" before beginning sexual activity.

It is true that all the comprehensive sex-ed curricula reviewed do state repeatedly that abstinence is the only 100 percent certain way to avoid STDs and pregnancy. However, since the curricula also present protected sex as safe, the implicit message in most cases is merely that abstinence is marginally safer than "safe sex." Beyond this weak, health-related message, most of the curricula have difficulty finding positive things to say about abstinence.

Thus, in a very limited sense, Advocates for Youth is truthful in claiming that comprehensive sex-ed curricula mention abstinence as the most effective "method for avoiding STDs and unintended pregnancy."[1] However, this statement reveals little that is useful about actual curriculum content. As noted, these curricula do state the obvious—that not having sex is the only 100 percent certain way to avoid pregnancy and STDs. However, contrary to what Advocates for Youth implies, simply mentioning this obvious fact a handful of times within text that is otherwise devoted to promoting contraception, does not constitute a meaningful abstinence program.

To call these curricula "abstinence plus" is simply misleading. A more accurate term would be "safe sex–plus," meaning that such courses focus predominantly on contraceptive use with only minor references to abstinence. The term "comprehensive sexuality education" is also misleading, because there is nothing "comprehensive" about these curricula. In reality, there is a lot more to sex than avoiding STDs and pregnancy. Indeed, most of what is important about human sexuality is missing from these courses.

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1. Advocates for Youth, "Sexuality Education Programs: Definitions & Point-by-Point Comparison," *Transitions*, Vol. 12, No. 3 (March 2001), p. 4, at *www.advocatesforyouth.org/publications/transitions/transitions1203_3.htm*.

Finally, it is worth repeating that the terms "abstinence-plus" and "comprehensive sex-ed" are used mainly by political advocacy groups. The actual authors and distributors of the nine curricula of this type that were reviewed usually refer to the curricula simply as "HIV/STD prevention" or "STD/pregnancy prevention" programs.[2]

## Deceptive Ploy for Parental Support

Advocates for Youth and other advocates of comprehensive sex-ed/abstinence-plus curricula, such as the Sexuality Information and Education Council of the United States (SIECUS), claim that most parents support these programs. However, this claim is based on the false assertion that comprehensive sex-ed courses place a strong emphasis on abstinence. In reality, parents almost unanimously reject the permissive values and aggressive promotion of contraception contained in these curricula.

On the other hand, parents overwhelmingly embrace the positive, uplifting messages contained in authentic abstinence programs. While polls suggest that parents also want teens to be taught the basic facts about contraception, most parents believe this should be taught separately, rather than as part of the abstinence curricula.

Groups such as Advocates for Youth and SIECUS have launched a national effort to remove abstinence courses from the schools and replace them with "comprehensive sex-ed/abstinence-plus" programs. The effort to generate support for this move relies on misrepresenting the content of "comprehensive sex-ed" programs. If the actual content of these curricula were to be revealed, only a handful of parents would support this change, and most would strongly oppose it.

2. See Resource Center for Adolescent Pregnancy Prevention (ReCAPP) Web site, at *www.etr.org/recapp/programs*.

## Appendix A: Curricula Reviewed

*(To the best of our knowledge, the version of each curriculum reviewed represents the most current edition of the curriculum.)*

## Comprehensive Sex Education/Abstinence-Plus Programs

*AIDS Prevention for Adolescents in School*
High School Students; School-Based
Stephanie Kasen, Ph.D.
Iris Tropp, M.A.
1998

*Becoming a Responsible Teen*
Students Ages 14–18; Community-Based
Janet S. St. Lawrence, Ph.D.
1998

*Be Proud! Be Responsible!*
Adolescents; School-Based and Community-Based
Loretta Sweet Jemmott, Ph.D., R.N., F.A.A.N.
John B. Jemmott III, Ph.D.
Konstance A. McCaffree, Ph.D.
Fifth Printing 1996

*Focus on Kids*
Students Ages 9–15; Community-Based
University of Maryland Department of Pediatrics
1998

*Get Real About AIDS*
High School Students; School-Based
Second Edition, 1995

*Reducing the Risk*
High School Students; Classroom-Based
Richard P. Barth, MSW, Ph.D.
Fourth Edition, 2004

*Safer Choices, Levels I and II*
High School Students; School-Based
*Level I*
Joyce V. Fetro, Ph.D., CHES
Richard P. Barth, MSW, Ph.D.
Karin K. Coyle, Ph.D.
1998

*Level II*
Karin K. Coyle, Ph.D.
Joyce V. Fetro, Ph.D., CHES
1998

*Teen Outreach Program—Changing Scenes, Level IV*
Students Age 17; Classroom-Based
2001 Edition

*Teen Talk—Reproduction and Contraception Curriculum*
Students Ages 13–19; School-Based and Community-Based
Barbara Hill, B.S., R.N., M.P.H.
Sheri Allen, B.S.N.
Marvin Eisen, Ph.D.
1998

## Authentic Abstinence Education

*Choosing the Best Life*
Grades 9–12; School-Based
Bruce Cook
Second Edition, 2003

*Game Plan*
Adolescents; School-Based
Scott Phelps
Libby Gray
2001

*Heritage Keepers Abstinence Education I and II*
Grade 6 through College; School-Based
*Level I*
Anne Badgley, M.Ed.
Carrie Musselman
1999
*Level II*—Updated Version

*No Apologies*
Adolescents; School-Based and Community-Based
Focus on the Family
1999

*Operation Keepsake (Grade 7 version)*
Grade 7; School-Based
No date given.

*Sex Respect*
Junior and Senior High School Students; School-Based and Community-Based
Dr. Coleen Kelly Mast
2001

*Teen-Aid—Sexuality, Commitment, and Family*
Grades 9–11; School-Based
1998

*WAIT Training*
Junior and Senior High School Students; School-Based and Community-Based
J. Krauth
1996

*Why kNOw*
Grade 6 through High School; School-Based
Kris Frainie
2002

# Choosing the Best Life

(Authentic Abstinence)

Choosing the Best Life is an Authentic Abstinence program for grades 9-12

| | Pages | Percentage of content pages |
|---|---|---|
| | | 100.0% |
| **Encouraging Abstinence** | **6** | **14.0%** |
| Abstinence can strengthen self-respect | 0.25 | 0.6% |
| Abstinence is the most effective method of birth control | 0.25 | 0.6% |
| Abstinence eliminates the risk of STD/HIV | 0.25 | 0.6% |
| Choosing abstinence | 1 | 2.3% |
| Reasons teens decide to abstain | 0.5 | 1.2% |
| Abstinence provides freedom | 0.5 | 1.2% |
| Abstinence helps relationships develop | 0.5 | 1.2% |
| Abstinence provides the best foundation for marriage | 0.25 | 0.6% |
| Secondary virginity | 0.25 | 0.6% |
| Abstinence helps teens reach their goals | 0.75 | 1.7% |
| Abstinence shows self-discipline | 0.5 | 1.2% |
| Abstinence shows courage | 1 | 2.3% |
| **Abstinence Related Risk Avoidance** | **11.25** | **26.2%** |
| Risks of condom use | 1 | 2.3% |
| Failure rates of contraception methods | 0.75 | 1.7% |
| Importance of honesty in sexual relationships | 0.5 | 1.2% |
| Dealing with pressure to have sex | 2 | 4.7% |
| Setting boundaries to avoid the pressure to have sex | 1.25 | 2.9% |
| Verbal responses for dealing with the pressure to have sex | 4.5 | 10.5% |
| Using assertive communication to avoid sex | 0.75 | 1.7% |
| Alternatives for creative dating | 0.5 | 1.2% |
| **Negative Consequences of Early, Nonmarital Sex** | **9** | **20.9%** |
| Ways sex is misused to meet emotional needs | 0.5 | 1.2% |
| Emotional effects of early, nonmarital sex | 2.75 | 6.4% |
| Sexually active teens are at risk for STD/HIV infection | 2 | 4.7% |
| Sexually active teens are at risk for pregnancy | 2 | 4.7% |
| Consequences of teen pregnancy | 1 | 2.3% |
| Reasons teens decide to have sex | 0.5 | 1.2% |
| Negative effects of early, nonmarital sex on relationships | 0.25 | 0.6% |
| **Understanding the Differences Between Love and Sex** | **2** | **4.7%** |
| Differences between love and infatuation | 0.5 | 1.2% |
| Guys and girls view sex differently | 1.5 | 3.5% |

| | Pages | Percentage of content pages |
|---|---|---|
| **Benefits of Marriage** | **0** | **0.0%** |
| **Healthy Relationships** | **0** | **0.0%** |
| **Promoting Contraception** | **0** | **0.0%** |
| **HIV/STD Information** | **8.75** | **20.3%** |
| STD information | 6 | 14.0% |
| HIV information | 2.75 | 6.4% |
| **Biology and Reproduction** | **0** | **0.0%** |
| **Date Rape** | **0** | **0.0%** |
| **Decision Making and Goal Setting** | **0.5** | **1.2%** |
| Teens must take responsibility for their actions | 0.5 | 1.2% |
| **Communication** | **0.5** | **1.2%** |
| Demonstrating compassion to those with HIV | 0.5 | 1.2% |
| **Dangers of Drugs and Alcohol** | **5** | **11.6%** |
| Alcohol can lead to bad sexual decisions | 2 | 4.7% |
| Facts about alcohol | 1 | 2.3% |
| Dangers of alcohol | 0.5 | 1.2% |
| Facts about alcoholism | 0.5 | 1.2% |
| Physical effects of alcohol abuse | 1 | 2.3% |
| **Classroom Mechanics, Blank Pages and Handouts** | **14** | |
| Total Pages | 57 | |
| **Total Content Pages** | **43** | |

**Note:** Percentages may not sum to 100 percent due to rounding.

# Game Plan

(Authentic Abstinence)

Game Plan is an Authentic Abstinence program for adolescents

| | Pages | Percentage of content pages |
|---|---|---|
| | | 100.0% |
| **Encouraging Abstinence** | **20.25** | **27.7%** |
| Abstinence is a positive and healthy choice | 0.25 | 0.3% |
| Positive example of someone who chose abstinence | 3.75 | 5.1% |
| Abstinence has many benefits | 1.5 | 2.1% |
| Definition of abstinence | 0.25 | 0.3% |
| Abstinence helps teens accomplish future goals | 1.25 | 1.7% |
| Saving sex for marriage is the healthiest option | 0.25 | 0.3% |
| Abstinence is the safest, healthiest lifestyle | 0.25 | 0.3% |
| Teens want to hear a strong abstinence message | 0.25 | 0.3% |
| Teens have the power to abstain | 0.25 | 0.3% |
| Abstinence is the only 100% effective way to prevent STDs /pregnancy | 1 | 1.4% |
| Teens can choose abstinence regardless of past behavior | 0.75 | 1.0% |
| It is never too late to choose abstinence | 4 | 5.5% |
| Abstinence shows self-respect, confidence and self-control | 2.25 | 3.1% |
| Abstinence requires commitment | 1 | 1.4% |
| Abstinence helps prepare for a good marriage | 2.25 | 3.1% |
| Virginity pledge | 1 | 1.4% |
| **Abstinence Related Risk Avoidance** | **15.5** | **21.2%** |
| Media influence in teen sexuality | 9.25 | 12.7% |
| Setting personal boundaries helps teens remain abstinent | 3 | 4.1% |
| Condoms are not safe | 1.25 | 1.7% |
| Teens should plan out how to resist pressures in choosing abstinence | 2 | 2.7% |
| **Negative Consequences of Early, Nonmarital Sex** | **3.75** | **5.1%** |
| Early, nonmarital sex causes emotional pain | 0.5 | 0.7% |
| Early, nonmarital sex can result in teen pregnancy | 0.75 | 1.0% |
| Early, nonmarital sex has many negative consequences | 1 | 1.4% |
| Consequences of early, nonmarital sex will impact the future | 0.5 | 0.7% |
| Consequences of teen pregnancy | 0.75 | 1.0% |
| Sexually active teens are more likely to be involved in other risk behaviors | 0.25 | 0.3% |
| **Understanding the Difference Between Love and Sex** | **1.75** | **2.4%** |
| Characteristics of love | 0.25 | 0.3% |
| Love is more than just a feeling | 0.25 | 0.3% |
| Defining love | 0.5 | 0.7% |
| Progression of intimacy | 0.25 | 0.3% |
| Sexual activity is more than intercourse | 0.5 | 0.7% |
| **Benefits of Marriage** | **4.5** | **6.2%** |
| Marriage has many positive benefits | 1 | 1.4% |
| Teens should "dream" about their future wedding day | 0.75 | 1.0% |
| Teens should determine what qualities are important in a spouse | 1 | 1.4% |
| Most teens hope to have a successful marriage | 0.25 | 0.3% |
| Faithfully married people have a better sex life than unmarried people | 0.75 | 1.0% |
| Couples who live together are more likely to divorce | 0.25 | 0.3% |
| A successful marriage is possible even if you haven't seen one before | 0.5 | 0.7% |
| **Healthy Relationships** | **6.75** | **9.2%** |
| It is important for teens to choose their friends wisely | 1.75 | 2.4% |
| Defining "character" and its importance | 1 | 1.4% |
| Essential qualities of a good friend | 1 | 1.4% |
| Characteristics of a healthy relationship | 2 | 2.7% |
| Unhealthy relationships have negative consequences | 1 | 1.4% |
| **Promoting Contraception** | **0** | **0.0%** |
| **Biology and Reproduction** | **0** | **0.0%** |
| **HIV/STD Information** | **7.5** | **10.3%** |
| STD information | 5.5 | 7.5% |
| Negative effects of having an STD | 2 | 2.7% |
| **Date Rape** | **0.25** | **0.3%** |
| **Decision Making and Goal Setting** | **10.75** | **14.7%** |
| Decision making-general | 0.5 | 0.7% |
| Decisions we make today affect our future | 2.25 | 3.1% |
| Teens must make long-term decisions in order to accomplish goals | 1.25 | 1.7% |
| Teens should identify their long-term goals | 2 | 2.7% |
| Following rules-general | 1.5 | 2.1% |
| Teens should evaluate their plan for accomplishing future goals | 1 | 1.4% |
| Teens should determine a "Game Plan" for their life | 2.25 | 3.1% |
| **Communication** | **2** | **2.7%** |
| Teens should communicate with parents | 2 | 2.7% |
| **Dangers of Drugs and Alcohol** | **0** | **0.0%** |
| **Classroom Mechanics, Blank Pages and Handouts** | **4** | |
| Blank pages | 4 | |
| Total Pages | 77 | |
| **Total Content Pages** | **73** | |

**Note:** Percentages may not sum to 100 percent due to rounding.

# Heritage Keepers

Abstinence Education I and II
(Authentic Abstinence)
Heritage Keepers Abstinence Education I and II are Authentic Abstinence programs for students in 6th grade-college

| | Pages | Percentage of content pages |
|---|---|---|
| | | 100.0% |
| **Encouraging Abstinence** | **8.5** | **11.1%** |
| Introduction to abstinence | 0.5 | 0.7% |
| Secondary virginity | 1.5 | 2.0% |
| Establishing a plan for abstinence | 2.25 | 2.9% |
| Using resistance skills to say no to sex | 1 | 1.3% |
| Making a commitment to abstinence | 0.5 | 0.7% |
| Abstinence eliminates the risk of STDs | 0.5 | 0.7% |
| Abstinence is the best choice for teens | 0.5 | 0.7% |
| Using communication skills for abstinence | 1.5 | 2.0% |
| Teens should share their decision to be abstinent with others | 0.25 | 0.3% |
| **Abstinence Related Risk Avoidance** | **16.75** | **21.8%** |
| Responding to poor reasons to have sex | 4.75 | 6.2% |
| Teens need to hear accurate information about sex | 0.5 | 0.7% |
| Media portrayal of sex | 1.75 | 2.3% |
| Giving in to peer pressure to be popular | 0.75 | 1.0% |
| Balancing popularity, values and boundaries | 0.75 | 1.0% |
| Importance of setting physical boundaries | 0.75 | 1.0% |
| Dangers of pornography | 2.5 | 3.3% |
| Importance of modesty | 0.5 | 0.7% |
| Communicating values and boundaries in relationships | 0.75 | 1.0% |
| The power of the media | 2.5 | 3.3% |
| Advcating our values and boundaries | 1.25 | 1.6% |
| **Negative Consequences of Early, Nonmarital Sex** | **1.75** | **2.3%** |
| Negative consequences of early sexual activity | 1.5 | 2.0% |
| Consequences of out-of-wedlock pregnancy | 0.25 | 0.3% |
| **Understanding the Differences Between Love and Sex** | **3.5** | **4.6%** |
| Sex can be positive and negative | 0.25 | 0.3% |
| Sex is positive within the appropriate boundaries | 0.5 | 0.7% |
| Differences between love, lust and infatuation | 2.75 | 3.6% |
| **Benefits of Marriage** | **13.75** | **17.9%** |
| Monogamous married couples experience the best sex | 2.75 | 3.6% |
| Meaning of a "marriage union" | 0.75 | 1.0% |
| Marriage is different from all other relationships | 1 | 1.3% |
| Dangers of living together before marriage | 3.5 | 4.6% |
| Marriage involves a lifetime commitment | 0.25 | 0.3% |
| Teens should dream about their future wedding | 1 | 1.3% |
| Benefits of marriage | 3 | 3.9% |
| Marriage is the best situation for sex | 0.5 | 0.7% |
| History of marriage | 0.5 | 0.7% |
| Difference between a wedding and marriage | 0.25 | 0.3% |
| Most teens hope to eventually marry | 0.25 | 0.3% |
| **Healthy Relationships** | **14** | **18.2%** |
| Teens should set high standards for dating/marriage partners | 0.25 | 0.3% |
| Important qualities in a girlfriend/boyfriend/future spouse | 0.25 | 0.3% |
| Relationship stages | 0.5 | 0.7% |
| Thinking of the opposite sex as people, not objects | 0.75 | 1.0% |
| What defines a real man/woman | 4 | 5.2% |
| The pressures of early dating | 1 | 1.3% |
| Ideas for group dates | 0.25 | 0.3% |
| Dealing with the opposite sex | 0.75 | 1.0% |
| How to know when you're ready to date | 1.5 | 2.0% |
| Assessing relationship compatibility | 0.25 | 0.3% |
| Importance of keeping dating casual | 0.25 | 0.3% |
| Fun dating ideas | 0.5 | 0.7% |
| Respecting boundaries in dating relationships | 0.75 | 1.0% |
| Avoiding/ending unhealthy and dangerous relationships | 1 | 1.3% |
| Building lasting relationships with friends | 1 | 1.3% |
| Characteristics of a healthy relationship | 1 | 1.3% |
| **Promoting Contraception** | **0** | **0.0%** |
| **HIV/STD Information** | **5.5** | **7.2%** |
| STD slides | 1.25 | 1.6% |
| Spread of STDs | 0.5 | 0.7% |
| STD/HIV information | 3.75 | 4.9% |
| **Biology and Reproduction** | **1** | **1.3%** |
| Growth of a fetus | 0.75 | 1.0% |
| Sexual health | 0.25 | 0.3% |
| **Date Rape** | **1.25** | **1.6%** |
| Date rape and sexual abuse | 0.25 | 0.3% |
| Treating those who have been sexually victimized with respect | 0.25 | 0.3% |
| Domestic violence | 0.75 | 1.0% |
| **Decision Making and Goal Setting** | **4.25** | **5.5%** |
| Teens should determine values and goals | 1.25 | 1.6% |
| General risk avoidance | 0.5 | 0.7% |
| Importance of setting goals | 1.25 | 1.6% |
| Taking personal responsibility for your future | 1.25 | 1.6% |
| **Communication** | **1.25** | **1.6%** |
| Communication skills-general | 1.25 | 1.6% |
| **Dangers of Drugs and Alcohol** | **5.25** | **6.8%** |
| Dangers of drugs and alcohol | 5.25 | 6.8% |
| **Classroom Mechanics, Blank Pages and Handouts** | **24.25** | |
| Teacher notes | 16.5 | |
| Blank pages | 7.75 | |
| Total Pages | 101 | |
| **Total Content Pages** | **76.75** | |

**Note:** Percentages may not sum to 100 percent due to rounding.

# No Apologies

(Authentic Abstinence)

No Apologies is an Authentic Abstinence program for adolescents

| | Pages | Percentage of Content Pages |
|---|---|---|
| | | 100.0% |
| **Encouraging Abstinence** | **19** | **14.8%** |
| Reasons why abstinence is the best choice for teens | 2 | 1.6% |
| Secondary virginity | 3.25 | 2.5% |
| Abstinence is the only way to completely avoid STDs | 1 | 0.8% |
| Abstinence requires self-control | 1.25 | 1.0% |
| Abstinence is growing in popularity | 0.5 | 0.4% |
| Definition of abstinence | 2 | 1.6% |
| Abstinence requires "whole person" commitment | 1 | 0.8% |
| Teens should identify personal reasons to abstain | 2 | 1.6% |
| Abstinence is worth the wait | 4 | 3.1% |
| Abstinence pledge | 2 | 1.6% |
| **Abstinence Related Risk Avoidance** | **27.25** | **21.2%** |
| Teens must set standards to avoid unhealthy behaviors | 2 | 1.6% |
| Media influence on teens | 16.5 | 12.9% |
| Teens must set boundaries in order to remain abstinent | 0.5 | 0.4% |
| Ideas for avoiding early, nonmarital sex | 0.5 | 0.4% |
| Condoms are not safe | 1.5 | 1.2% |
| Outercourse is not a safe sexual alternative | 1 | 0.8% |
| How to reject negative peer pressure to have sex | 2.25 | 1.8% |
| Creative dates and safe boundaries | 3 | 2.3% |
| **Negative Consequences of Early, Nonmarital Sex** | **9.25** | **7.2%** |
| Early, nonmarital sex has many negative consequences | 1.75 | 1.4% |
| Reasons why teens have early, nonmarital sex | 1 | 0.8% |
| Early, nonmarital sex has negative effects on long-term goals | 4.5 | 3.5% |
| Sexual decision making | 2 | 1.6% |
| **Understanding the Differences Between Love and Sex** | **5.75** | **4.5%** |
| Differences between love, lust and infatuation | 2.5 | 1.9% |
| Sex is more than physical | 0.25 | 0.2% |
| Qualities of love | 0.5 | 0.4% |
| Progression of intimacy | 2.5 | 1.9% |
| **Benefits of Marriage** | **14.75** | **11.5%** |
| The best context for sex is in marriage | 0.75 | 0.6% |
| Marriage has personal and societal benefits | 1 | 0.8% |
| Benefits of marriage | 2 | 1.6% |
| Reasons for waiting until marriage to have sex | 2 | 1.6% |
| Finding the right marriage partner | 5 | 3.9% |
| Components for a healthy marriage | 2 | 1.6% |
| Marriage and problem solving | 2 | 1.6% |
| **Healthy Relationships** | **8.75** | **6.8%** |
| Importance of friendship in a relationship | 0.75 | 0.6% |
| What defines good character | 7 | 5.5% |
| Importance of maturity | 1 | 0.8% |
| **Promoting Contraception** | **0** | **0.0%** |
| **HIV/STD Information** | **19** | **14.8%** |
| Sexually active teens are at risk for STDs | 1 | 0.8% |
| STD information | 14 | 10.9% |
| Transmission of STDs | 4 | 3.1% |
| **Biology and Reproduction** | **0** | **0.0%** |
| **Date Rape** | **0** | **0.0%** |
| **Decision Making and Goal Setting** | **13.75** | **10.7%** |
| Having goals is important | 2 | 1.6% |
| Importance of long-term goals | 0.75 | 0.6% |
| Identifying obstacles to meeting goals | 1 | 0.8% |
| Identifying values | 3 | 2.3% |
| Using refusal skills to avoid unhealthy behavior | 2 | 1.6% |
| How to reject negative peer pressure | 5 | 3.9% |
| **Communication** | **6** | **4.7%** |
| Teen/parent discussion on curriculum | 6 | 4.7% |
| **Dangers of Drugs and Alcohol** | **4.75** | **3.7%** |
| Drugs and alcohol can lead to poor sexual decisions | 0.5 | 0.4% |
| How to reject negative peer pressure to drink/use drugs | 0.75 | 0.6% |
| Using drugs/alcohol has negative affects on future goals | 3.5 | 2.7% |
| **Classroom Mechanics, Blank Pages and Handouts** | **55.75** | |
| Teacher outline | 4.5 | |
| Blank pages and handouts | 51.25 | |
| Total Pages | 184 | |
| **Total Content Pages** | **128.25** | |

**Note:** Percentages may not sum to 100 percent due to rounding.

# Operation Keepsake

(Authentic Abstinence)

Operation Keepsake is an Authentic Abstinence program for grades 6 and 7

This content represents grade 7

| | Pages | Percentage of Content Pages |
|---|---|---|
| | | 100.0% |
| **Encouraging Abstinence** | **15.75** | **42.3%** |
| Virginity is special and should be saved | 0.5 | 1.3% |
| Secondary virginity | 0.5 | 1.3% |
| Remaining abstinent will allow you to achieve goals | 0.25 | 0.7% |
| Abstinence is the only 100% safe way to prevent STDs | 0.25 | 0.7% |
| Character helps in remaining abstinent | 1 | 2.7% |
| Self-control is necessary in remaining abstinent | 1 | 2.7% |
| Teens should establish boundaries to remain abstinent | 1 | 2.7% |
| To remain abstinent, you must have a plan | 3.25 | 8.7% |
| Assertive communication and remaining abstinent | 2 | 5.4% |
| Avoiding peer pressure and remaining abstinent | 2.5 | 6.7% |
| Remaining abstinent helps keep life balanced | 0.5 | 1.3% |
| Remaining abstinent requires commitment | 1 | 2.7% |
| Abstinence pledge | 1 | 2.7% |
| Abstinence helps avoid STDs, pregnancy and emotional pain | 1 | 2.7% |
| **Abstinence Related Risk Avoidance** | **1.75** | **4.7%** |
| Condoms are not 100% safe in preventing STDs | 1.75 | 4.7% |
| **Negative Consequences of Early, Nonmarital Sex** | **3.5** | **9.4%** |
| Sexual activity can have a negative impact on future goals | 1.75 | 4.7% |
| Sexual intimacy carries long-term emotional consequences | 1.25 | 3.4% |
| Sexual intimacy carries the risk for STD infection | 0.5 | 1.3% |
| **Understanding the Difference Between Love and Sex** | **2.25** | **6.0%** |
| Sexuality is special | 1.75 | 4.7% |
| Defining terms | 0.5 | 1.3% |
| **Benefits of Marriage** | **0** | **0.0%** |
| **Healthy Relationships** | **4.5** | **12.1%** |
| Qualities of a good friend/girlfriend/boyfriend | 1 | 2.7% |
| Outer beauty vs. inner beauty | 1 | 2.7% |
| Qualities of a good relationship | 1 | 2.7% |
| Defining character | 1 | 2.7% |
| Strong character leads to good decisions | 0.5 | 1.3% |
| **Promoting Contraception** | **0** | **0.0%** |
| **HIV/STD Information** | **6** | **16.1%** |
| STD information | 6 | 16.1% |
| **Biology and Reproduction** | **0** | **0.0%** |
| **Date Rape** | **0** | **0.0%** |
| **Decision Making and Goal Setting** | **2.5** | **6.7%** |
| Decisions made today affect the future | 1 | 2.7% |
| To achieve a goal, you must have a plan (general) | 1 | 2.7% |
| We must focus on the future to have a balanced life | 0.5 | 1.3% |
| **Communication** | **0.5** | **1.3%** |
| Teens should communicate with parents | 0.5 | 1.3% |
| **Dangers of Drugs and Alcohol** | **0.5** | **1.3%** |
| Avoiding peer pressure to do drugs | 0.25 | 0.7% |
| Avoiding peer pressure to drink | 0.25 | 0.7% |
| **Classroom Mechanics, Blank Pages and Handouts** | **11.75** | |
| Teacher Outline | 9 | |
| Teacher Notes | 0.5 | |
| Classroom Goals | 1.25 | |
| Classroom Boundaries | 1 | |
| Total Pages | 49 | |
| **Total Content Pages** | **37.25** | |

**Note:** Percentages may not sum to 100 percent due to rounding.

# Appendix B



## Sex Respect

(Authentic Abstinence)

Sex Respect is an Authentic Abstinence program for Jr. High or Sr. High students

| | Pages | Percentage of Content Pages |
|---|---|---|
| | | 100.0% |
| **Encouraging Abstinence** | **23.75** | **22.3%** |
| Abstinence poem/song/puzzle | 5.25 | 4.9% |
| Abstinence leads to future sexual maturity | 0.5 | 0.5% |
| Abstinence removes risk | 1 | 0.9% |
| Teens must make the choice to remain abstinent | 0.5 | 0.5% |
| How to say no to sex | 1.25 | 1.2% |
| Benefits of abstinence | 2 | 1.9% |
| Abstinence prevents the risk of STDs | 0.25 | 0.2% |
| Abstinence is the best way to avoid HIV | 1 | 0.9% |
| Abstinence means saying yes to love and no to fear | 2.25 | 2.1% |
| Freedom of abstinence | 1 | 0.9% |
| Abstinence helps create better marriages | 0.5 | 0.5% |
| Abstinence leads to long-term marital intimacy | 0.25 | 0.2% |
| Talking to others about the benefits of abstinence | 0.5 | 0.5% |
| Planning ahead to say no to sex | 1 | 0.9% |
| Saying no through assertive communication | 1 | 0.9% |
| It's never too late to change (secondary virginity) | 5.5 | 5.2% |
| **Abstinence Related Risk Avoidance** | **11.25** | **10.6%** |
| Influence of the media | 1.25 | 1.2% |
| Importance of physical boundaries and communication in relationships | 1.75 | 1.6% |
| Identifying and resisting pressures to have sex | 3.25 | 3.1% |
| Resisting peer pressure | 1 | 0.9% |
| Eliminating negative influences | 0.25 | 0.2% |
| Media pressure | 0.5 | 0.5% |
| Dangers of contraception | 1 | 0.9% |
| Condoms are not completely safe | 1.25 | 1.2% |
| Teens can decide to stop risky behaviors | 0.5 | 0.5% |
| Planning ahead allows us to avoid pressure to have sex | 0.5 | 0.5% |
| **Negative Consequences of Early, Nonmarital Sex** | **9** | **8.5%** |
| Negative consequences of early sexual activity | 3 | 2.8% |
| Emotional and psychological consequences of early sexual activity | 1.25 | 1.2% |
| Emotional bonding from sex can lead to poor long-term decisions | 1 | 0.9% |
| Early sexual activity carries the risk of STDs | 0.25 | 0.2% |
| Teens who have been sexually active should be tested for STDs | 0.5 | 0.5% |
| Realities of teen pregnancy | 1.5 | 1.4% |
| Consequences of abortion | 0.25 | 0.2% |
| Benefits of adoption | 1.25 | 1.2% |
| **Understanding the Difference Between Love and Sex** | **7.25** | **6.8%** |
| Definition of human sexuality | 1 | 0.9% |
| Power and responsibility of sexuality | 0.25 | 0.2% |
| Growing in sexual maturity | 0.5 | 0.5% |
| Sex is more than physical | 0.25 | 0.2% |
| The importance of sexual respect | 0.5 | 0.5% |
| Progression of intimacy | 0.75 | 0.7% |
| Importance of intimacy | 0.25 | 0.2% |
| Meeting the need to love and be loved | 0.75 | 0.7% |
| The danger of substituting sex for love | 0.5 | 0.5% |
| Sexual desire is controllable | 1 | 0.9% |
| Dangers of using sex as an escape from other problems | 0.5 | 0.5% |
| Difference between love and infatuation | 0.75 | 0.7% |
| Showing love without having sex | 0.25 | 0.2% |
| **Benefits of Marriage** | **8.25** | **7.7%** |
| Monogamous married couples experience the most sexual satisfaction | 0.25 | 0.2% |
| Reasons sex is best in marriage | 0.25 | 0.2% |
| The intimate bond of sex in marriage | 0.25 | 0.2% |
| Factors for a good marriage | 0.5 | 0.5% |
| Most people hope to be married one day | 0.75 | 0.7% |
| Benefits of marriage | 0.5 | 0.5% |
| Marriage is hard work and rewarding | 0.5 | 0.5% |
| Characteristics of a healthy marriage | 1.25 | 1.2% |
| Risks of living together | 0.75 | 0.7% |
| Poor and positive reasons to get married | 0.5 | 0.5% |
| The commitment of marriage | 0.25 | 0.2% |
| Stages of marriage | 1.5 | 1.4% |
| Getting ready for parenthood in marriage | 1 | 0.9% |
| **Healthy Relationships** | **12.25** | **11.5%** |
| History of dating and marriage | 1 | 0.9% |
| Positive reasons to date | 1 | 0.9% |
| Dating is a time to learn and grow | 0.75 | 0.7% |
| Developing character during dating years | 0.5 | 0.5% |
| Fun dating ideas | 1.5 | 1.4% |
| Risks of single dating | 0.5 | 0.5% |
| Making the most of dating | 0.25 | 0.2% |
| Pros and cons of dating | 1 | 0.9% |
| Characteristics of a respectful dating partner | 1 | 0.9% |
| Characteristics of healthy relationships | 0.75 | 0.7% |
| Preparing for dating relationships | 0.5 | 0.5% |
| Ending dating relationships | 0.75 | 0.7% |
| Healthy behaviors to fulfill the need for love, dignity and self-control | 2 | 1.9% |
| Avoiding unhealthy relationships | 0.75 | 0.7% |
| **Promoting Contraception** | **0** | **0.0%** |
| **HIV/STD Information** | **11.5** | **10.8%** |
| STD/HIV information | 10.75 | 10.1% |
| Realities of life with HIV | 0.5 | 0.5% |
| Treating AIDS patients with respect and kindness | 0.25 | 0.2% |
| **Biology and Reproduction** | **8** | **7.5%** |
| Biological differences between males and females | 1 | 0.9% |
| Gender identity and differences | 1.5 | 1.4% |
| Differences between humans and animals | 1.75 | 1.6% |
| Differences between needs and drives | 0.5 | 0.5% |
| Sex is a drive, not a need | 0.25 | 0.2% |
| Human reproductive system | 1.5 | 1.4% |
| Puberty | 0.5 | 0.5% |
| Stages of human growth (in utero) | 1 | 0.9% |
| **Date Rape** | **2** | **1.9%** |
| Sexual harassment | 1 | 0.9% |
| Date rape | 1 | 0.9% |
| **Decision Making and Goal Setting** | **9.5** | **8.9%** |
| Definition of maturity | 0.5 | 0.5% |
| Exploring personal maturity | 1.75 | 1.6% |
| Importance of practicing self-control | 1 | 0.9% |
| 13 important character traits | 2 | 1.9% |
| Difference between freedom and impulsiveness | 0.5 | 0.5% |
| Managing behaviors | 0.25 | 0.2% |
| Teens should work on developing personal talents | 0.5 | 0.5% |
| Developing standards to help meet future goals | 0.5 | 0.5% |
| Mature vs. immature judgment | 0.25 | 0.2% |
| The essence of destiny | 0.25 | 0.2% |
| Teens should set high standards for their future marriage partner | 1.25 | 1.2% |
| Setting goals leads to future success | 0.5 | 0.5% |
| How to build self-confidence | 0.25 | 0.2% |
| **Communication** | **2** | **1.9%** |
| Teens should communicate with parents about maturity | 0.25 | 0.2% |
| Teens should communicate with parents about dating | 1.75 | 1.6% |
| **Dangers of Drugs and Alcohol** | **1.75** | **1.6%** |
| Drugs and alcohol cloud judgment | 0.25 | 0.2% |
| Dangers of drugs and alcohol | 1 | 0.9% |
| Drugs and alcohol increase risk of HIV | 0.5 | 0.5% |
| **Classroom Mechanics, Blank Pages and Handouts** | **36.5** | |
| Review | 28 | |
| Other (cover page, acknowledgements, table of contents, bibliography) | 8.5 | |
| Total Pages | 143 | |
| **Total Content Pages** | **106.5** | |

**Note:** Percentages may not sum to 100 percent due to rounding.

# APPENDIX B



## Teen-Aid

Sexuality, Commitment and Family
(Authentic Abstinence)
Sexuality, Commitment and Family is an Authentic Abstinence program
for grades 9-11

| | Pages | Percentage of Content Pages |
|---|---|---|
| | | 100.0% |
| **Encouraging Abstinence** | **3.75** | **3.5%** |
| Benefits of abstinence | 1 | 0.9% |
| Abstinence prevents HIV | 0.75 | 0.7% |
| Teens want to hear the message of abstinence | 0.25 | 0.2% |
| Secondary virginity | 0.5 | 0.5% |
| Developing a plan for secondary virginity | 0.5 | 0.5% |
| Those who abstain understand the difference between love and sex | 0.25 | 0.2% |
| Resisting peer pressure to have sex | 0.25 | 0.2% |
| Saying no to sex | 0.25 | 0.2% |
| **Abstinence Related Risk Avoidance** | **12** | **11.1%** |
| Importance of setting standards/boundaries in relationships | 1.25 | 1.2% |
| Strong families result in less early sexual activity in teens | 0.25 | 0.2% |
| Consequences of compromise | 0.25 | 0.2% |
| Saying no to peer pressure while maintaining friendships | 2 | 1.9% |
| Danger of sending teens mixed messages about abstinence/contraception | 0.25 | 0.2% |
| Contraception failure rates | 0.25 | 0.2% |
| Condoms are not 100% effective in preventing HIV/STDs | 2 | 1.9% |
| Teens feel pressure to be sexually active | 0.5 | 0.5% |
| Influence of the media | 1.25 | 1.2% |
| Media represents sex in an inaccurate and unhealthy way | 0.25 | 0.2% |
| Negative influence of the media on society's attitudes about love and sex | 0.75 | 0.7% |
| Influence of peer pressure | 0.5 | 0.5% |
| Positive and negative peer pressure | 1.25 | 1.2% |
| Ways to say no to peer pressure | 1.25 | 1.2% |
| **Negative Consequences of Early, Nonmarital Sex** | **10** | **9.3%** |
| Early sexual activity leads to teen pregnancy | 1 | 0.9% |
| Adoption information | 1 | 0.9% |
| Abortion statistics | 1 | 0.9% |
| Abortion procedures | 0.5 | 0.5% |
| History of abortion laws | 0.5 | 0.5% |
| Physical and psychological consequences of abortion | 1.75 | 1.6% |
| Early sexual activity leads to STDs | 1.25 | 1.2% |
| Early sexual activity leads to serious medical concerns | 0.25 | 0.2% |
| Social and psychological effects of early sexual activity | 1 | 0.9% |
| Consequences of teen pregnancy | 0.75 | 0.7% |
| Negative consequences of early sexual activity | 0.75 | 0.7% |
| Emotional consequences of early sexual activity | 0.25 | 0.2% |
| **Understanding the Difference Between Love and Sex** | **8.75** | **8.1%** |
| Meaning of love | 1 | 0.9% |
| Stages of love | 0.75 | 0.7% |
| Love poem | 0.25 | 0.2% |
| Unconditional love | 0.25 | 0.2% |
| Human emotion | 0.75 | 0.7% |
| Difference between love and infatuation | 2.5 | 2.3% |
| Factors that help determine "love" | 1.25 | 1.2% |
| Qualities which express love | 0.5 | 0.5% |
| Progression of intimacy | 0.5 | 0.5% |
| Sexual dimension of a teenager | 0.25 | 0.2% |
| Difference between love and sex | 0.25 | 0.2% |
| Misuses of sex | 0.5 | 0.5% |
| **Benefits of Marriage** | **18.25** | **16.9%** |
| Qualities of a lasting marriage | 2.75 | 2.5% |
| Purposes of marriage | 1 | 0.9% |
| Stress factors in marriage | 1.75 | 1.6% |
| Preparation for marriage | 0.25 | 0.2% |
| Joys of marriage | 0.25 | 0.2% |
| Marriage doesn't change people | 1 | 0.9% |
| Parenting | 0.25 | 0.2% |
| Important characteristics and skills for parenting | 2.25 | 2.1% |
| Balance of responsibility between parents and child | 1 | 0.9% |
| Adults influence children's behavior | 1.25 | 1.2% |
| History of the family | 0.75 | 0.7% |
| Importance of family | 0.5 | 0.5% |
| Challenges to the family-divorce | 0.25 | 0.2% |
| Single parent families | 0.5 | 0.5% |
| Positively changing state of the family | 0.5 | 0.5% |
| Change in family roles | 1.75 | 1.6% |
| Creating healthy families | 2 | 1.9% |
| Benefits of strong family ties | 0.25 | 0.2% |

| | Pages | Percentage of Content Pages |
|---|---|---|
| **Healthy Relationships** | **7.5** | **6.9%** |
| Importance of self-esteem | 1.75 | 1.6% |
| Friendship and dating | 1 | 0.9% |
| Purposes of dating | 2 | 1.9% |
| Relationship development | 0.5 | 0.5% |
| Importance of modesty in relationships | 0.25 | 0.2% |
| Having respect for others | 0.25 | 0.2% |
| Changing role of teenagers through history | 0.25 | 0.2% |
| Characteristics of a common teenager | 1.5 | 1.4% |
| **Promoting Contraception** | **0** | **0.0%** |
| **HIV/STD Information** | **14.5** | **13.4%** |
| STD/HIV education | 14.5 | 13.4% |
| **Biology and Reproduction** | **14.75** | **13.7%** |
| Reproductive anatomy | 2 | 1.9% |
| Reproductive physiology | 2 | 1.9% |
| Biology | 1 | 0.9% |
| Genetics | 1.25 | 1.2% |
| Fertility | 1 | 0.9% |
| Fetal development | 4.25 | 3.9% |
| Pregnancy | 1.5 | 1.4% |
| Labor and delivery | 1.75 | 1.6% |
| **Date Rape** | **1.5** | **1.4%** |
| Date rape | 0.75 | 0.7% |
| Warning signals of rape offenders | 0.25 | 0.2% |
| Preventing date rape | 0.5 | 0.5% |
| **Decision Making and Goal Setting** | **11** | **10.2%** |
| Self-esteem leads to positive choices | 0.5 | 0.5% |
| Finding a successful career | 0.25 | 0.2% |
| Choosing a career path | 0.5 | 0.5% |
| Career planning | 0.75 | 0.7% |
| Skills for a successful career | 1 | 0.9% |
| Establishing career values and goals | 1 | 0.9% |
| Balancing family and career | 0.25 | 0.2% |
| Problem solving and communication | 0.5 | 0.5% |
| Basic dynamics of problem solving | 1.5 | 1.4% |
| Effective problem solving | 2 | 1.9% |
| Making good decisions through leadership | 1 | 0.9% |
| Saying no to peer pressure through leadership | 0.75 | 0.7% |
| Using problem solving skills to resist peer pressure | 1 | 0.9% |
| **Communication** | **3.25** | **3.0%** |
| Communication skills | 0.5 | 0.5% |
| Effective communication skills | 1.25 | 1.2% |
| Barriers to effective communication | 0.5 | 0.5% |
| Assertiveness | 1 | 0.9% |
| **Dangers of Drugs and Alcohol** | **2.75** | **2.5%** |
| Negative influence of drugs/alcohol in relationships | 0.25 | 0.2% |
| Negative risk of drugs and alcohol | 0.25 | 0.2% |
| Effects of harmful substances on an unborn baby | 1.5 | 1.4% |
| Sharing needles leads to the spread of HIV | 0.75 | 0.7% |
| **Classroom Mechanics, Blank Pages and Handouts** | **106** | |
| Blank | 44 | |
| Table of contents, miscellaneous | 4 | |
| References | 12 | |
| Outline | 28 | |
| Review | 8 | |
| Glossary | 10 | |
| Total Pages | 214 | |
| **Total Content Pages** | **108** | |

**Note:** Percentages may not sum to 100 percent due to rounding.

# WAIT Training

(Authentic Abstinence)

WAIT Training is an Authentic Abstinence program for Jr. High and Sr. High

| | Pages | Percentage of Content Pages |
|---|---|---|
| | | 100.0% |
| **Encouraging Abstinence** | **14.25** | **14.6%** |
| Saving sex for marriage reduces divorce risk | 2 | 2.1% |
| Teens are capable of using self-control to say no to sex | 1 | 1.0% |
| Teens can say "no" to sex but "yes" to relationships | 1.5 | 1.5% |
| Ways to say no to sex | 4.25 | 4.4% |
| Characteristics of teens who wait | 0.5 | 0.5% |
| Refusal skills for saying no to sex | 2.5 | 2.6% |
| Reasons to say no to sex | 2 | 2.1% |
| Secondary virginity | 0.5 | 0.5% |
| **Abstinence Related Risk Avoidance** | **8.75** | **9.0%** |
| Advertising affects our opinions of sex | 4.25 | 4.4% |
| Media encourages teens to have sex | 2 | 2.1% |
| Portrayal of love/lust in the media | 0.5 | 0.5% |
| People who love us most encourage us to wait | 1 | 1.0% |
| It is important for teens to set sexual boundaries | 1 | 1.0% |
| **Negative Consequences of Early, Nonmarital Sex** | **11** | **11.3%** |
| Negative consequences of early sexual activity | 7 | 7.2% |
| Many young people regret early sexual activity | 1 | 1.0% |
| Number of partners increases risk | 1 | 1.0% |
| Poor reasons that teens have sex | 1 | 1.0% |
| Early sexual activity causes negative emotional consequences | 1 | 1.0% |
| **Understanding the Difference Between Love and Sex** | **20.25** | **20.8%** |
| The meaning of love | 1 | 1.0% |
| Five categories of giving & receiving love | 2 | 2.1% |
| Love vs. lust | 2 | 2.1% |
| Infatuation vs. love | 2.75 | 2.8% |
| Definition of sexuality | 1 | 1.0% |
| Sexuality is more than physical | 1 | 1.0% |
| Differences between sexuality and sexual activity | 0.5 | 0.5% |
| Sex is not necessary for survival | 1.5 | 1.5% |
| The importance of bonding | 1 | 1.0% |
| Casual sex eliminates true bonding | 0.25 | 0.3% |
| Definition of intimacy | 0.5 | 0.5% |
| Progression of physical intimacy | 2.75 | 2.8% |
| Ways teens misuse sex | 2 | 2.1% |
| Difference between sex in marriage and sex outside marriage | 1 | 1.0% |
| Basic needs of the human heart | 1 | 1.0% |
| **Benefits of Marriage** | **12** | **12.3%** |
| Monogamous married people are the most sexually satisfied | 5 | 5.1% |
| Benefits of marriage | 3 | 3.1% |
| Marriage has many positive effects on society | 1 | 1.0% |
| Teens should decide what is important to them in a future spouse | 1 | 1.0% |
| Teens should dream about their future wedding | 1 | 1.0% |
| Teens should understand who they are compatible with as a future spouse | 1 | 1.0% |
| **Healthy Relationships** | **12** | **12.3%** |
| Identifying similarities/differences in a dating partner | 2 | 2.1% |
| Differences between men and women | 4.25 | 4.4% |
| It is important for teens to see examples of healthy relationships | 0.5 | 0.5% |
| Stages of relationships | 0.5 | 0.5% |
| Building blocks of healthy relationships | 0.5 | 0.5% |
| Importance of setting boundaries in relationships | 1.25 | 1.3% |
| Creative dating ideas | 3 | 3.1% |
| **Promoting Contraception** | **0** | **0.0%** |
| **HIV/STD Information** | **1** | **1.0%** |
| Causes of AIDS | 0.5 | 0.5% |
| Who is at risk for AIDS | 0.5 | 0.5% |
| **Biology and Reproduction** | **0.75** | **0.8%** |
| Reproduction information | 0.25 | 0.3% |
| Biology of sexual response | 0.5 | 0.5% |
| **Date Rape** | **0.5** | **0.5%** |
| Those who have been sexually abused/assaulted should seek help | 0.25 | 0.3% |
| Date rape | 0.25 | 0.3% |
| **Decision Making and Goal Setting** | **10.5** | **10.8%** |
| Personal Strengths | 2 | 2.1% |
| Character traits | 1 | 1.0% |
| My place in the world | 1 | 1.0% |
| The value of planning ahead/setting long-term goals | 1 | 1.0% |
| Teens should identify their hopes and dreams | 1 | 1.0% |
| Teens should develop a plan for achieving their dreams | 1 | 1.0% |
| All actions have consequences | 1.5 | 1.5% |
| Teens should reflect on what they learned in WAIT training | 2 | 2.1% |
| **Communication** | **6.5** | **6.7%** |
| Communication skills – general | 3 | 3.1% |
| Communication with loved ones | 0.5 | 0.5% |
| Teens should communicate with parents about love and sex | 2 | 2.1% |
| Teens should discuss boundaries with parents | 1 | 1.0% |
| **Dangers of Drugs and Alcohol** | **0** | **0.0%** |
| **Classroom Mechanics, Blank Pages and Handouts** | **42.5** | |
| Introduction | 6 | |
| Blank page | 16.5 | |
| Blank test | 6 | |
| Optional activities | 1 | |
| Bibliography and endnotes | 13 | |
| Total Pages | 140 | |
| **Total Content Pages** | **97.5** | |

**Note:** Percentages may not sum to 100 percent due to rounding.

# Why kNOw

(Authentic Abstinence)

Why kNOw is an Authentic Abstinence program for 6th grade-High School

| | Pages | Percentage of Content Pages |
|---|---|---|
| | | 100.0% |
| **Encouraging Abstinence** | **6.5** | **13.2%** |
| Abstinence has many benefits | 1.75 | 3.6% |
| Teens are capable of abstaining | 3.25 | 6.6% |
| Abstinence is the only 100% effective way to prevent STD/pregnancy | 1.25 | 2.5% |
| Secondary virginity | 0.25 | 0.5% |
| **Abstinence Related Risk Avoidance** | **4.5** | **9.1%** |
| Teens should establish personal dating standards | 4 | 8.1% |
| Risk of older dating partners | 0.5 | 1.0% |
| **Negative Consequences of Early, Nonmarital Sex** | **14.25** | **28.9%** |
| Early, nonmarital sex causes pregnancy | 3.5 | 7.1% |
| Early, nonmarital sex causes STDs | 1.25 | 2.5% |
| Early, nonmarital sex causes lack of trust and bonding | 1.5 | 3.0% |
| Early, nonmarital sex causes emotional pain | 1 | 2.0% |
| Negative effects of multiple sex partners | 1.75 | 3.6% |
| Early, nonmarital sex has negative consequences for self and others | 2 | 4.1% |
| Financial impact of teen pregnancy | 0.5 | 1.0% |
| Sex with condoms is not safe | 2.75 | 5.6% |
| **Understanding the Difference Between Love and Sex** | **11.75** | **23.9%** |
| Defining what is and isn't "love" | 4 | 8.1% |
| Gender differences | 5 | 10.2% |
| Stages of intimacy | 1.5 | 3.0% |
| The value of "self" and sexuality | 1.25 | 2.5% |
| **Benefits of Marriage** | **3.25** | **6.6%** |
| Marriage has many benefits | 2.5 | 5.1% |
| Characteristics of a good marriage | 0.75 | 1.5% |

| | Pages | Percentage of Content Pages |
|---|---|---|
| **Healthy Relationships** | **0** | **0.0%** |
| **Promoting Contraception** | **0** | **0.0%** |
| **HIV/STD Information** | **5.5** | **11.2%** |
| STD general | 5.5 | 11.2% |
| **Biology and Reproduction** | **0** | **0.0%** |
| **Date Rape** | **0** | **0.0%** |
| **Decision Making and Goal Setting** | **3.25** | **6.6%** |
| Our choices affect our future | 1.25 | 2.5% |
| Personal goal setting | 1 | 2.0% |
| Accepting personal responsibility for our decisions | 1 | 2.0% |
| **Communication** | **0** | **0.0%** |
| **Dangers of Drugs and Alcohol** | **0.25** | **0.5%** |
| Drugs and alcohol are dangerous | 0.25 | 0.5% |
| **Classroom Mechanics, Blank Pages and Handouts** | **15.75** | |
| Teacher outline | 7 | |
| Teacher Notes | 0.5 | |
| Blank pages and handouts | 8.25 | |
| Total Pages | 73.25 | |
| **Total Content Pages** | **49.25** | |

**Note:** Percentages may not sum to 100 percent due to rounding.

## AIDS Prevention for Adolescents in School

(Abstinence-Plus)

AIDS Prevention is an Abstinence-Plus program for High School students

| | Pages | Percentage of content pages |
|---|---|---|
| | | 100.0% |
| **Promoting Abstinence** | **3.95** | **7.1%** |
| Delaying Sex Prevents HIV | 0.25 | 0.5% |
| Positive reasons for delaying sex until you are older | 0.7 | 1.3% |
| Negotiation skills for delaying sex | 0.1 | 0.2% |
| Ways to say no to having sex | 0.25 | 0.5% |
| Most teens feel that they should not be having sex | 0.6 | 1.1% |
| Poor reasons to have sex now | 0.55 | 1.0% |
| Decision making and negotiation skills for delaying sex | 1.25 | 2.3% |
| Decreasing number of partners decreases risk | 0.25 | 0.5% |
| **Mixed Message- Abstinence or Safe Sex** | **0.25** | **0.5%** |
| When is it difficult to say no? | 0.25 | 0.5% |
| **Promoting Contraception** | **14** | **25.3%** |
| Using Condoms Prevents HIV | 1.5 | 2.7% |
| Negotiating condom use with partner | 4 | 7.2% |
| Overcoming barriers to buying condoms | 1.25 | 2.3% |
| Teens should be comfortable buying condoms | 1 | 1.8% |
| Teens should practice using condoms | 2 | 3.6% |
| Teens should be knowledgeable about condoms | 1 | 1.8% |
| Condom facts | 1 | 1.8% |
| Teens should use contraception | 1.5 | 2.7% |
| Negative consequences of not using condoms | 0.75 | 1.4% |
| **HIV/STD Information** | **23.9** | **43.2%** |
| HIV Education | 5.9 | 10.7% |
| Transmission of HIV | 1.5 | 2.7% |
| HIV Risk Factors | 1 | 1.8% |
| HIV Testing | 2.5 | 4.5% |
| Myths and Truths about HIV | 1 | 1.8% |
| Identifying HIV Risk | 5.75 | 10.4% |
| AIDS Resources | 4.25 | 7.7% |
| Local AIDS hotlines | 2 | 3.6% |
| **Sexual Behaviors and Sexual Alternatives to Intercourse** | **0** | **0.0%** |

| | Pages | Percentage of content pages |
|---|---|---|
| **Biology and Reproduction** | **0** | **0.0%** |
| **Date Rape** | **0** | **0.0%** |
| **Communication Skills** | **0** | **0.0%** |
| **Decision Making and Goal Setting** | **1.6** | **2.9%** |
| Open-ended values clarification-whether or not to have sex | 1.6 | |
| **General Short Term Refusal Skills** | **0** | **0.0%** |
| **General Risk Avoidance** | **8.5** | **15.4%** |
| Teens should practice AIDS prevention now and in the future | 0.5 | 0.9% |
| Services-general medical and sexual health care providers | 8 | 14.5% |
| **Drug/Alcohol Awareness** | **0.6** | **1.1%** |
| Not Using Drugs/Alcohol Prevents HIV | 0.6 | 1.1% |
| **Open-Ended Discussion on Relationships** | **0.5** | **0.9%** |
| Open-Ended Discussion on Relationships | 0.5 | 0.9% |
| **Volunteerism and Career Planning** | **0** | **0.0%** |
| **Other** | **2** | **3.6%** |
| Media influence on sexual attitudes of teens | 2 | 3.6% |
| **Classroom Mechanics, Blank Pages and Handouts** | **29.7** | |
| Curriculum Overview | 2.25 | |
| Blank | 11.2 | |
| Teacher Instruction | 5.25 | |
| Teacher Outline | 6 | |
| Duplicate Pages | 5 | |
| Total Pages | 85 | |
| **Total Content Pages** | **55.3** | |

**Note:** Percentages may not sum to 100 percent due to rounding.

# Becoming A Responsible Teen

(Abstinence-Plus)

B.A.R.T. is an Abstinence-Plus program for students ages 14-18

| | Page | Percentage of content pages |
|---|---|---|
| | | 100% |
| **Promoting Abstinence** | **1.15** | **1.1%** |
| Abstinence prevents the spread of HIV | 0.3 | 0.3% |
| Abstinence is an option for teens | 0.2 | 0.2% |
| Abstaining from sex is responsible | 0.1 | 0.1% |
| Teens can negotiate abstinence using assertive communication | 0.25 | 0.2% |
| Using communication skills to delay sex | 0.3 | 0.3% |
| **Mixed Message-Abstinence or Safe Sex** | **1** | **1.0%** |
| Ways to say no to sex or unprotected sex | 1 | 1.0% |
| **Promoting Contraception** | **29.95** | **29.0%** |
| Condoms prevent the spread of HIV | 2.9 | 2.8% |
| Teens should learn details about condoms and lubricants | 1.25 | 1.2% |
| Teens should practice using condoms and lubricants | 4.75 | 4.6% |
| Teens should not be embarrassed to buy condoms | 2 | 1.9% |
| Teens should carry a condom with them at all times | 0.25 | 0.2% |
| Attitudes about condoms | 0.75 | 0.7% |
| Using condoms is fun | 1.25 | 1.2% |
| Using condoms is responsible | 5 | 4.8% |
| Problem solving skills and safer sex | 3 | 2.9% |
| Teens should have goals for safer sex | 0.5 | |
| Negotiating condom use | 3 | |
| Teens can negotiate safer sex using assertive communication | 5.3 | 5.1% |
| **HIV/STD Information** | **35.7** | **34.6%** |
| HIV education | 13.05 | 12.6% |
| Teens are at risk for HIV | 6.5 | 6.3% |
| Risk factors for HIV | 6.75 | 6.5% |
| Transmission of HIV | 1.5 | 1.5% |
| Spreading the word about HIV | 5.9 | 5.7% |
| Teens can use assertive communication to avoid HIV | 2 | 1.9% |
| **Sexual Behaviors and Sexual Alternatives to Intercourse** | **0.1** | **0.1%** |
| Sexual alternatives to intercourse | 0.1 | 0.1% |
| **Biology and Reproduction** | **0** | **0.0%** |
| **Date Rape** | **0** | **0.0%** |

| | Page | Percentage of content pages |
|---|---|---|
| **Communication** | **16.65** | **16.1%** |
| Communication styles (general) | 14.65 | 14.2% |
| Self Talk | 1 | 1.0% |
| Teens should have supportive people to communicate about personal matters | 1 | 1.0% |
| **Decision Making and Goal Setting** | **6.75** | **6.5%** |
| Teens should set personal goals and limits | 1.25 | 1.2% |
| Problem solving skills (general) | 1 | 1.0% |
| Our choices have consequences | 2.5 | 2.4% |
| Saying no-general | 1 | 1.0% |
| Open ended values clarification-general | 1 | 1.0% |
| **General Short Term Refusal Skills** | **4** | **3.9%** |
| Delaying sex situationally | 2 | 1.9% |
| Avoiding risky situations | 2 | 1.9% |
| **General Risk Avoidance** | **0** | **0.0%** |
| **Drug/Alcohol Awareness** | **4.15** | **4.0%** |
| Teens should say no to drugs | 2.25 | 2.2% |
| Not doing drugs prevents the spread of HIV | 1.9 | 1.8% |
| **Open-Ended Discussion on Relationships** | **0** | **0.0%** |
| **Volunteerism and Career Planning** | **0** | **0.0%** |
| **Other** | **3.75** | **3.6%** |
| Cultural awareness | 3.75 | 3.6% |
| **Classroom Mechanics, Blank Pages and Handouts** | **124.8** | |
| Teacher outline | 16 | |
| Teacher notes | 35 | |
| BART overview and follow up | 3.5 | |
| Classroom mechanics | 3 | |
| N/A | 67.3 | |
| Total Pages | 228 | |
| **Total Content Pages** | **103.2** | |

**Note:** Percentages may not sum to 100 percent due to rounding.

# Be Proud! Be Responsible!

(Abstinence-Plus)

Be Proud! Be Responsible! Is an Abstinence-Plus program for adolescents

| | Pages | Percentage of content pages |
|---|---|---|
| | | 100% |
| **Promoting Abstinence** | **2.75** | **3.2%** |
| HIV is prevented by abstinence | 1 | 1.2% |
| Attitudes toward abstinence | 0.25 | 0.3% |
| Negotiating abstinence with partner | 1.5 | 1.8% |
| **Mixed Message-Abstinence or Safe Sex** | **2.25** | **2.7%** |
| Saying no to sex or unprotected sex | 2.25 | 2.7% |
| **Promoting Contraception** | **35.05** | **41.4%** |
| HIV is prevented by using protection | 5.9 | 7.0% |
| HIV is a consequence of unprotected sex | 1 | 1.2% |
| Defining "safer sex" | 1 | 1.2% |
| Attitudes toward condoms | 2.5 | 2.9% |
| Teens should learn details about condoms | 1.75 | 2.1% |
| Teens should practice using condoms | 4.75 | 5.6% |
| Teens should keep condoms handy | 0.75 | 0.9% |
| Condoms are fun and pleasurable | 4.9 | 5.8% |
| Using condoms is responsible | 2 | 2.4% |
| Teens should use condoms when they have sex | 0.25 | 0.3% |
| Condoms in homosexual relationships | 1 | 1.2% |
| Condoms prevent pregnancy | 1 | 1.2% |
| Negotiating condom use with partner | 7.25 | 8.6% |
| Condom facts | 1 | |
| **HIV/STD Information** | **31.2** | **36.8%** |
| HIV education | 17.3 | 20.4% |
| Transmission of HIV | 4.4 | 5.2% |
| HIV risk factors | 4.25 | 5.0% |
| HIV/STDs and homosexual relationships | 1 | 1.2% |
| Teens are at risk for HIV | 4.25 | 5.0% |
| **Sexual Behaviors and Sexual Alternatives to Intercourse** | **2.25** | **2.7%** |
| Details of male/female sexual response | 1.75 | 2.1% |
| Reasons teens have sex | 0.25 | |
| Sexual alternatives to intercourse | 0.25 | 0.3% |
| **Biology and Reproduction** | **0** | **0.0%** |

| | Pages | Percentage of content pages |
|---|---|---|
| **Date Rape** | **0** | **0.0%** |
| **Communication Skills** | **0** | **0.0%** |
| **Decision Making and Goal Setting** | **1** | **1.2%** |
| What it means to "be proud" | 0.25 | 0.3% |
| What it means to "be responsible" | 0.25 | 0.3% |
| Teens should decide when they are ready to have sex | 0.5 | 0.6% |
| **General Short Term Refusal Skills** | **3** | **3.5%** |
| General negotiation skills | 3 | 3.5% |
| **General Risk Avoidance** | **2** | **2.4%** |
| Teens should take responsibility for their own safety | 2 | 2.4% |
| **Drug/Alcohol Awareness** | **5.25** | **6.2%** |
| Using drugs and alcohol leads to unsafe sexual decisions | 2 | 2.4% |
| HIV is prevented by not sharing needles | 1.25 | 1.5% |
| How to use drugs safely | 2 | 0.3% |
| **Open-Ended Discussion on Relationships** | **0** | **0.0%** |
| **Volunteerism and Career Planning** | **0** | **0.0%** |
| **Other** | **0** | **0.0%** |
| **Classroom Mechanics, Blank Pages and Handouts** | **63.25** | |
| Teacher outline | 12 | |
| Teacher notes | 24 | |
| Classroom mechanics | 2.25 | |
| Blank Pages and handouts | 19 | |
| References | 6 | |
| Total Pages | 148 | |
| **Total Content Pages** | **84.75** | |

**Note:** Percentages may not sum to 100 percent due to rounding.

# Focus on Kids

(Abstinence-Plus)

Focus on Kids is an Abstinence-Plus program for students ages 9-15

| | Pages | Percentage of content pages |
|---|---|---|
| | | 100% |
| **Promoting Abstinence** | **0.2** | **0.2%** |
| Abstinence is safe | 0.2 | 0.2% |
| **Mixed Message-Abstinence or Safe Sex** | **0.75** | **0.8%** |
| Teens should say no or use a condom | 0.75 | 0.8% |
| **Promoting Contraception** | **24.6** | **25.1%** |
| Contraception makes sex safer | 0.8 | 0.8% |
| Open-ended values clarification-using condoms | 2.25 | 2.3% |
| Teens should know where to find condoms | 1.25 | 1.3% |
| Teens should learn how to use condoms | 2 | 2.0% |
| Teens should practice using condoms | 0.75 | 0.8% |
| Teens should have free access to contraception | 0.25 | 0.3% |
| Contraception overview | 10 | 10.2% |
| Advantages of contraception | 0.5 | 0.5% |
| Decision making-condom use | 1.55 | 1.6% |
| Reasons to have sex | 1 | 1.0% |
| Finding sources to aid in family planning decision making | 4.25 | 4.3% |
| **HIV/STD Information** | **11.25** | **11.5%** |
| Teens are at risk for HIV | 2 | 2.0% |
| HIV/STD information | 1.5 | 1.5% |
| HIV risk factors | 0.65 | 0.7% |
| Transmission of HIV | 3.1 | 3.2% |
| Teens should share HIV prevention knowledge with others | 3 | 3.1% |
| Possible HIV prevention community projects | 1 | 1.0% |
| **Sexual Behaviors and Sexual Alternatives to Intercourse** | **2.5** | **2.6%** |
| Describing anal intercourse | 0.25 | 0.3% |
| Sexual values | 1 | 1.0% |
| Sexual alternatives to intercourse | 1 | 1.0% |
| Definition of sexual health | 0.25 | 2.0% |
| **Biology and Reproduction** | **3.25** | **3.3%** |
| Physical gender differences at puberty | 3 | 3.1% |
| Physiology of sex | 0.25 | 0.3% |
| **Date Rape** | **4** | **4.1%** |
| Communication can prevent date rape | 4 | 4.1% |
| **Communication** | **13.5** | **13.8%** |
| Communication styles-general | 4.25 | 4.3% |
| Nonverbal communication styles-general | 2 | 2.0% |
| Negative consequences of gossip | 1.25 | 1.3% |
| Cultural differences in communication | 0.25 | 0.3% |
| Teens should be comfortable discussing personal issues with parents | 2.5 | 2.6% |
| Teens should explore their positive and negative feelings about sex | 2.25 | 2.3% |
| Complimenting one another | 1 | 1.0% |
| **Decision Making and Goal Setting** | **24.95** | **25.5%** |
| Decision making-general | 7.5 | 7.7% |
| Decisions occur in a social context | 1 | 1.0% |
| Decisions made today will impact the future | 2.5 | 2.6% |
| Finding sources to aid in decision making-general | 1.75 | 1.8% |
| Defining personal long-term goals | 2.25 | 2.3% |
| Teens should explore what is involved in parenting | 1.25 | 1.3% |
| Defining values | 3 | 3.1% |
| Ranking values | 3 | 3.1% |
| Open-ended values clarification-whether or not to have sex | 2.7 | 2.8% |
| **General Short Term Refusal Skills** | **0** | **0.0%** |
| **General Risk Avoidance** | **4.25** | **4.3%** |
| Identifying personal concerns and fears | 1 | 1.0% |
| Why teens feel invulnerable to risk | 1.75 | 1.8% |
| Teens should take responsibility for their concerns | 1 | 1.0% |
| Child abuse information | 0.5 | 0.5% |
| **Drug/Alcohol Awareness** | **0.25** | **0.3%** |
| Drug use can cloud judgment and increase risk | 0.25 | 0.3% |
| **Open-Ended Discussion on Relationships** | **8.5** | **8.7%** |
| Family relationships/structure | 8.5 | 8.7% |
| **Volunteerism and Career Planning** | **0** | **0.0%** |
| **Other** | **0** | **0.0%** |
| **Classroom Mechanics, Blank Pages and Handouts** | **100** | |
| Teacher outline | 18 | |
| Teacher notes | 37 | |
| Wrap up and closing ritual | 8 | |
| Opening ritual and review | 6 | |
| Group cohesion | 3 | |
| Group rituals | 1.5 | |
| Ground rules | 2 | |
| Blank pages and handouts | 24.5 | |
| Total Pages | 198 | |
| **Total Content Pages** | **98** | |

**Note:** Percentages may not sum to 100 percent due to rounding.

# Get Real About AIDS

(Abstinence-Plus)

Get Real About AIDS is an Abstinence-Plus program for High School students

| | Pages | Percentage of content pages |
|---|---|---|
| | | 100% |
| **Promoting Abstinence** | **4.2** | **4.4%** |
| Abstinence is the best way to prevent HIV | 0.6 | 0.6% |
| Abstinence is the safest choice | 0.6 | 0.6% |
| Teens should not have sex until they are emotionally ready | 0.5 | 0.5% |
| Reasons for delaying sex | 0.5 | 0.5% |
| Using refusal skills to say no to sex | 2 | 2.1% |
| **Mixed Message- Abstinence or Safe Sex** | **0.75** | **0.8%** |
| Positive and negative ways that abstinence affects relationships | 0.25 | 0.3% |
| Positive and negative ways that having sex affects relationships | 0.25 | 0.3% |
| Teens should choose abstinence or safe sex | 0.25 | 0.3% |
| **Promoting Contraception** | **10.6** | **11.1%** |
| Condoms protect against HIV | 0.5 | 0.5% |
| Teens should be comfortable talking about condoms | 0.75 | 0.8% |
| Using condoms is a safer choice | 0.6 | 0.6% |
| Condom education | 3.25 | 3.4% |
| Condom demonstration | 1 | 1.0% |
| Overcoming obstacles to using condoms | 1.25 | 1.3% |
| Myths about condoms | 1 | 1.3% |
| Purchasing condoms | 2 | 2.1% |
| Using refusal skills to say no to unprotected sex | 0.25 | 0.3% |
| **HIV/STD Information** | **41.7** | **43.7%** |
| Teens are at risk for HIV | 3.5 | 3.7% |
| HIV resources for teens | 0.25 | 0.3% |
| HIV has many negative effects on life | 1 | 1.0% |
| HIV education | 16 | 16.8% |
| Transmission of HIV | 3.2 | 3.4% |
| HIV testing | 4.5 | 4.7% |
| Teens should spread the word about HIV | 4 | 4.2% |
| Empathizing with people with AIDS | 0.25 | 0.3% |
| Applying HIV knowledge in practical situations | 9 | 9.4% |
| **Sexual Behaviors and Sexual Alternatives to Intercourse** | **0** | **0.0%** |
| **Biology and Reproduction** | **0** | **0.0%** |
| **Date Rape** | **0** | **0.0%** |
| **Communication Skills** | **0** | **0.0%** |

| | Pages | Percentage of content pages |
|---|---|---|
| **Decision Making and Goal Setting** | **9** | **9.4%** |
| Determining sexual values | 4.25 | 4.5% |
| Setting limits | 3.25 | 3.4% |
| Consequences of not sticking to limits | 0.25 | 0.3% |
| Respecting other people's limits | 0.25 | 0.3% |
| Open-ended values clarification-whether or not to have sex | 1 | 1.0% |
| **General Short Term Refusal Skills** | **22.5** | **23.6%** |
| Using refusal skills | 14.75 | 15.4% |
| Being comfortable with refusal skills | 1 | 1.0% |
| Using refusal skills for self-control | 6.75 | 7.1% |
| **General Risk Avoidance** | **3.25** | **3.4%** |
| Teens should be comfortable saying no to peer pressure | 1 | 1.0% |
| Overcoming trouble situations | 1.25 | 1.3% |
| How to respond when your limits are challenged | 0.25 | 0.3% |
| Using refusal skills to avoid dangerous situations | 0.75 | 0.8% |
| **Drug/Alcohol Awareness** | **1.5** | **1.6%** |
| Using drugs and alcohol increases risk | 0.5 | 0.5% |
| Using refusal skills to say no to drugs | 1 | 1.0% |
| **Open-Ended Discussion on Relationships** | **2** | **2.1%** |
| Ways for parents to get involved | 1 | 1.0% |
| Marriage requires a commitment | 0.75 | 0.8% |
| Teens should find supportive people to talk to | 0.25 | 0.3% |
| **Volunteerism and Career Planning** | **0** | **0.0%** |
| **Other** | **0** | **0.0%** |
| **Classroom Mechanics, Blank Pages and Handouts** | **145.5** | |
| Teacher Prep. | 23 | |
| Teacher outline | 16.5 | |
| Classroom mechanics | 1.5 | |
| Vocabulary | 2 | |
| Teacher note | 7 | |
| Duplicate worksheet | 26 | |
| Blank page | 64.5 | |
| Letter to parent | 5 | |
| Total Pages | 241 | |
| **Total Content Pages** | **95.5** | |

**Note:** Percentages may not sum to 100 percent due to rounding.

# APPENDIX C



## Reducing the Risk

(Abstinence-Plus)

Reducing the Risk is an Abstinence-Plus program for High School students

| | Pages | Percentage of content pages |
|---|---|---|
| | | 100% |
| **Promoting Abstinence** | **10.8** | **10.3%** |
| Risk of HIV is reduced by abstinence | 0.45 | 0.4% |
| Risk of pregnancy is reduced by abstinence | 0.7 | 0.7% |
| Benefits of abstinence | 1.25 | 1.2% |
| Reasons not to have sex | 0.15 | 0.1% |
| Not all teens are having sex | 0.5 | 0.5% |
| Refusal skills-saying no to sex | 5.3 | 5.1% |
| Delay tactics-saying no to sex | 2.1 | 2.0% |
| Sticking with abstinence | 0.35 | 0.3% |
| **Mixed Message-Abstinence or Safe Sex** | **1.75** | **1.7%** |
| Using refusals and delays to avoid unprotected/unwanted sex | 1.75 | 1.7% |
| **Promoting Contraception** | **37.5** | **35.8%** |
| Risk of HIV is reduced by using contraception | 2 | 1.9% |
| Risk of pregnancy is reduced by using contraception | 2.5 | 2.4% |
| Unprotected sex has negative consequences for the future | 3 | 2.9% |
| Contraception education | 10.75 | 10.3% |
| Teens should know how and where to find family planning information | 1 | 1.0% |
| Teens should visit a family planning center | 3.4 | 3.2% |
| Teens should plan to use a condom when they have sex | 5.5 | 5.3% |
| Teens should know how and where to buy protection | 1.5 | 1.4% |
| Teens should learn details about condoms | 2 | 1.9% |
| Teens should be comfortable using condoms | 0.75 | 0.7% |
| Condoms are easy to get | 0.25 | 0.2% |
| Teens should not be embarrassed to buy condoms | 0.75 | 0.7% |
| Birth control pills prevent pregnancy | 0.25 | 0.2% |
| Birth control pills do not prevent HIV | 0.25 | 0.2% |
| Benefits of taking birth control pills | 0.25 | 0.2% |
| Reasons to have sex | 0.1 | 0.1% |
| Refusal skills-saying no to unprotected sex | 1.25 | 1.2% |
| Sticking with using protection | 1 | 1.0% |
| Teens do not need parents' permission to obtain contraception | 0.5 | 0.5% |
| Abstinence is difficult | 0.5 | 0.5% |
| **HIV/STD Information** | **15.3** | **14.6%** |
| Teens are at risk for HIV | 2.8 | 2.7% |
| Negative personal consequences of HIV | 1 | 1.0% |
| HIV/STD education | 7.5 | 7.2% |
| HIV risk factors | 4 | 3.8% |
| **Sexual Behaviors and Sexual Alternatives to Intercourse** | **2.5** | **2.4%** |
| Signs of sex | 2.5 | 2.4% |
| **Biology and Reproduction** | **0** | **0.0%** |

| | Pages | Percentage of content pages |
|---|---|---|
| **Date Rape** | **0** | **0.0%** |
| **Communication Skills** | **6** | **5.7%** |
| Teens should communicate with their parents | 3 | 2.9% |
| Teens should communicate with others about their decisions | 1 | 1.0% |
| Ineffective/Effective communication | 2 | 1.9% |
| **Decision Making and Goal Setting** | **7.3** | **7.0%** |
| Teens are capable of avoiding HIV and pregnancy | 1.3 | 1.2% |
| Teens should decide how they will avoid HIV and pregnancy | 2 | 1.9% |
| Teens should not have sex until they are ready | 2 | 1.9% |
| Open-ended values clarification | 2 | 1.9% |
| **General Short Term Refusal Skills** | **16.7** | **15.9%** |
| Refusals-general | 6.45 | 6.2% |
| Delay tactics-general | 8.75 | 8.4% |
| Handling crisis situations | 1.5 | 1.4% |
| **General Risk Avoidance** | **5** | **4.8%** |
| Teens are at risk for pregnancy | 4.3 | 4.1% |
| Negative personal consequences of teen pregnancy | 0.7 | 0.7% |
| **Drug/Alcohol Awareness** | **0.65** | **0.6%** |
| Risk of HIV is reduced by not sharing needles | 0.25 | 0.2% |
| Using refusals/delays to say no to drinking | 0.4 | 0.4% |
| **Volunteerism and Career Planning** | **0** | **0.0%** |
| **Open-Ended Discussion on Relationships** | **1.25** | **1.2%** |
| The foundation of successful relationships | 1.25 | 1.2% |
| **Other** | **0** | **0.0%** |
| **Classroom Mechanics, Blank Pages and Handouts** | **116.25** | |
| Teacher notes | 16.95 | |
| Teacher outline | 24 | |
| Blank pages and handouts | 75.3 | |
| Total Pages | 221 | |
| **Total Content Pages** | **104.75** | |

**Note:** Percentages may not sum to 100 percent due to rounding.

# Safer Choices 1 & 2

(Abstinence-Plus)

Safer Choices 1 & 2 is an Abstinence-Plus program for High School students

| | Pages | Percentage of content pages |
|---|---|---|
| | | 100% |
| **Promoting Abstinence** | **26** | **9.5%** |
| Many teens are deciding to wait | 2 | 0.7% |
| Ways to show love and affection without having sex | 1 | 0.4% |
| Not having sex is the safest choice | 2.9 | 1.1% |
| Saying no to sex | 11.85 | 4.3% |
| Personal benefits of not having sex | 1.5 | 0.5% |
| Consequences of having sex before you're ready | 1 | 0.4% |
| Using refusal skills to say no to sex | 4 | 1.5% |
| Setting/sticking to the limit of not having sex | 0.5 | 0.2% |
| Positive media messages to say no to sex | 0.75 | 0.3% |
| Abstinence as a form of contraception | 0.5 | 0.2% |
| **Mixed Message-Abstinence or Safe Sex** | **7.3** | **2.7%** |
| It's hard to say no and stick with it | 0.65 | 0.2% |
| Teens should choose abstinence or use condoms | 5.65 | 2.1% |
| Negative consequences of saying no to sex | 1 | 0.4% |
| **Promoting Contraception** | **92.7** | **33.7%** |
| Using protection is a safer choice | 6.3 | 2.3% |
| Unprotected sex is an unsafe choice | 0.65 | 0.2% |
| Positive consequences of always using protection | 1 | 0.4% |
| Pros and cons of having sex without protection | 1 | 0.4% |
| Teens should decide how to protect themselves | 0.25 | 0.1% |
| Teens should visit or call a clinic | 6.5 | 2.4% |
| Contraception education | 33 | 12.0% |
| Researching methods of protection | 5.5 | 2.0% |
| Using condoms protects against pregnancy | 1.75 | 0.6% |
| Condoms protect against HIV/STDs | 0.25 | 0.1% |
| Setting/sticking to the limit of not having unprotected sex | 1 | 0.4% |
| Using refusal skills to say no to unprotected sex | 1 | 0.4% |
| Condom demonstration | 5.75 | 2.1% |
| Practicing condom use | 7 | 2.5% |
| All teens should practice using condoms for the future | 1 | 0.4% |
| Overcoming challenges to condom use | 4.75 | 1.7% |
| Condom effectiveness | 12 | 4.4% |
| Positive media messages to use condoms | 0.5 | 0.2% |
| Negotiating condom use | 3.5 | 1.3% |
| **HIV/STD Information** | **62.6** | **22.8%** |
| HIV/STD education | 25.1 | 9.1% |
| HIV/STD and pregnancy testing | 13 | 4.7% |
| Teens should know how to access HIV/STD resources | 3 | 1.1% |
| HIV hotlines | 2.5 | 0.9% |
| Teens are at risk for HIV | 4.5 | 1.6% |
| Transmission of HIV | 1.5 | 0.5% |
| Personal consequences of HIV | 2.5 | 0.9% |
| HIV risk | 5 | 1.8% |
| Empathizing with people with AIDS | 2 | 0.7% |
| Communicating with people with HIV | 1.5 | 0.5% |
| Students should reflect on how they feel about people with HIV | 2 | 0.7% |
| **Sexual Behaviors and Sexual Alternatives to Intercourse** | **0** | **0.0%** |
| **Biology and Reproduction** | **0** | **0.0%** |

| | Pages | Percentage of content pages |
|---|---|---|
| **Date Rape** | **0** | **0.0%** |
| **Communication Skills** | **15.5** | **5.6%** |
| Teens should talk to their parents about sex | 15 | 5.5% |
| Communication is important in a relationship | 0.5 | 0.2% |
| **Decision Making and Goal Setting** | **18** | **6.5%** |
| Teens should set personal limits about sex | 3.75 | 1.4% |
| Overcoming challenges to personal limits | 1 | 0.4% |
| Teens should identify personal sexual values | 1 | 0.4% |
| Teens should support each other's limits | 1 | 0.4% |
| Factor that shape one's norms | 0.5 | 0.2% |
| Each person is responsible for their own choices | 0.25 | 0.1% |
| Teens should prepare for how to handle difficult situations | 1 | 0.4% |
| Defining sexual values | 2 | 0.7% |
| Open-values clarification-whether or not to have sex | 7.5 | 2.7% |
| **General Short Term Refusal Skills** | **32.9** | **12.0%** |
| Refusal skills-general | 19 | 6.9% |
| Delay tactics | 4 | 1.5% |
| Identifying "no" statements | 0.25 | 0.1% |
| Characteristics of clear "no" statements | 4.25 | 1.5% |
| Responding to peer pressure using "no" statements | 2.9 | 1.1% |
| Using "no" statements | 2.5 | 0.9% |
| **General Risk Avoidance** | **13.25** | **4.8%** |
| Many teens make unsafe decisions | 1 | 0.4% |
| Planning ahead helps teens avoid unsafe decisions | 0.75 | 0.3% |
| Teens are at risk for pregnancy | 4.5 | 1.6% |
| Consequences of teen pregnancy | 5 | 1.8% |
| Avoiding unsafe choices-general | 2 | 0.7% |
| **Drug/Alcohol Awareness** | **1.25** | **0.5%** |
| Positive media messages to say no to drugs | 0.5 | 0.2% |
| Saying no to drugs | 0.5 | 0.2% |
| Sharing needles is unsafe | 0.25 | 0.1% |
| **Open-Ended Discussion on Relationships** | **0.6** | **0.2%** |
| Teens want to fit in | 0.6 | 0.2% |
| **Volunteerism and Career Planning** | **0** | **0.0%** |
| **Other** | **4.75** | **1.7%** |
| Media influence on teen sexual values | 2.25 | 0.8% |
| Developing positive media messages | 2.5 | 0.9% |
| **Classroom Mechanics, Blank Pages and Handouts** | **266.15** | |
| Teacher preparation | 47 | |
| Teacher outline | 64 | |
| Teacher notes | 15.15 | |
| Classroom mechanics | 5.25 | |
| Blank pages | 124.5 | |
| Blank handouts | 10.25 | |
| Total Pages | 541 | |
| **Total Content Pages** | **274.85** | |

**Note:** Percentages may not sum to 100 percent due to rounding.

# Teen Outreach Program-Changing Scenes

(Abstinence-First)

Changing Scenes is an Abstinence-First program for students ages 12-19

This content represents Level IV, for students age 17

| | Pages | Percentage of content pages |
|---|---|---|
| | | 100% |
| **Promoting Abstinence** | **0.95** | **0.9%** |
| Teens are encouraged to practice abstinence | 0.1 | 0.1% |
| Assertive communication and saying no to sex | 0.1 | 0.1% |
| Information about abstinence | 0.5 | 0.5% |
| Advantages/disadvantages of abstinence | 0.25 | 0.2% |
| **Mixed Message-Abstinence or Safe Sex** | **0** | **0.0%** |
| **Promoting Contraception** | **19.15** | **19.0%** |
| Contraception education | 9.4 | 9.3% |
| Advantages/disadvantages of each type of contraception | 3.75 | 3.7% |
| Teens should know how to use a condom | 1.75 | 1.7% |
| Teens should know the facts about condom use | 0.25 | 0.2% |
| Teens should be comfortable buying condoms | 0.75 | 0.7% |
| Condoms prevent HIV infection | 0.25 | 0.2% |
| Teens should share their contraception knowledge with their friends | 2.25 | 2.2% |
| There are many benefits of using condoms | 0.75 | 0.7% |
| **HIV/STD Information** | **0** | **0.0%** |
| **Sexual Behaviors and Sexual Alternatives to Intercourse** | **6** | **5.9%** |
| Teens should define what "sexuality" means to them | 1.5 | 1.5% |
| Sex is only one part of sexuality | 0.5 | 0.5% |
| Teens should understand how sexuality develops throughout the life span | 4 | 4.0% |
| **Biology and Reproduction** | **0** | **0.0%** |
| **Date Rape** | **6** | **5.9%** |
| Teens should learn to identify and avoid situations that could lead to date rape | 2 | 2.0% |
| Teens should explore what they have learned about date rape | 1 | 1.0% |
| Teens should understand the facts about date rape | 1 | 1.0% |
| Teens should know how to prevent date rape | 2 | 2.0% |
| **Communication Skills** | **16.9** | **16.7%** |
| Communication skills-general | 13 | 12.9% |
| Assertive communication | 3.9 | 0.0% |
| **Decision Making and Goal Setting** | **13** | **12.9%** |
| Teens should identify their personal values | 2 | 2.0% |
| Teens should identify the things/people that are most important to them | 2 | 2.0% |
| Teens should identify long term goals based on current interests | 3 | 3.0% |
| Teens should understand the consequences of good and poor decisions | 2 | 2.0% |
| Decisions we make today will affect our future | 2 | 2.0% |
| Teens should envision what they would like their future to be | 2 | 2.0% |
| **General Short Term Refusal Skills** | **0** | **0.0%** |
| **General Risk Avoidance** | **1** | **1.0%** |
| Teens should identify where pressures often come from | 1 | 1.0% |
| **Drug/Alcohol Awareness** | **0** | **0.0%** |
| **Open-Ended Discussion on Relationships** | **10** | **9.9%** |
| Our families help establish our ideas about gender roles | 2 | 2.0% |
| Teens should learn to deal with gender stereotypes | 2 | 2.0% |
| Gender role case studies | 1 | 1.0% |
| Teens should explore the characteristics of successful romantic relationships | 2 | 2.0% |
| Teens should explore how gender influences romantic relationships | 1 | 1.0% |
| Teens should learn to deal with the pressures from romantic partners | 2 | 2.0% |
| **Volunteerism and Career Planning** | **28** | **27.7%** |
| Teens benefit from helping others | 3 | 3.0% |
| Past volunteers have affected our lives today | 6 | 5.9% |
| Teens can learn from other volunteers | 3 | 3.0% |
| Teens can find volunteer opportunities in their own communities | 3 | 3.0% |
| Teens should prepare for the volunteer interview | 3 | 3.0% |
| Teens should find a volunteer opportunity that interests them | 3 | 3.0% |
| Employee panel | 2 | 2.0% |
| Job shadowing | 5 | 5.0% |
| **Other** | **0** | **0.0%** |
| **Classroom Mechanics, Blank Pages and Handouts** | **55** | |
| Teacher notes | 8 | |
| Teacher outline | 1 | |
| Classroom mechanics | 19 | |
| Introduction to TOP | 2 | |
| Blank pages and handouts | 25 | |
| Total Pages | 156 | |
| **Total Content Pages** | **101** | |

**Note:** Percentages may not sum to 100 percent due to rounding.

# Teen Talk

(Abstinence-Plus)

Teen Talk is an Abstinence-Plus program for students ages 13-19

| | Pages | Percentage of content pages |
|---|---|---|
| | | 100% |
| **Promoting Abstinence** | **0.3** | **1.2%** |
| Avoiding sex will prevent STDs | 0.1 | 0.4% |
| Abstinence is the only 100% effective form of birth control | 0.2 | 0.8% |
| **Mixed Message- Abstinence or Safe Sex** | **0** | **0.0%** |
| **Promoting Contraception** | **8.1** | **32.4%** |
| Using condoms will prevent STDs and pregnancy | 1.3 | 5.2% |
| Contraception education | 6.3 | 25.2% |
| Abortion education | 0.5 | 2.0% |
| **HIV/STD Information** | **3.6** | **14.4%** |
| STD information | 3.6 | 14.4% |
| **Sexual Behaviors and Sexual Alternatives to Intercourse** | **0.25** | **1.0%** |
| Masturbation | 0.25 | 1.0% |
| **Biology and Reproduction** | **12.75** | **51.0%** |
| Anatomy and physiology of puberty | 1 | 4.0% |
| Male reproductive system | 5 | 20.0% |
| Female reproductive system | 3.5 | 14.0% |
| Menstrual cycle | 1.75 | 7.0% |
| Sexual response | 0.5 | 2.0% |
| Prenatal care and development | 1 | 4.0% |

| | Pages | Percentage of content pages |
|---|---|---|
| **Date Rape** | **0** | **0.0%** |
| **Communication Skills** | **0** | **0.0%** |
| **Decision Making and Goal Setting** | **0** | **0.0%** |
| **General Short Term Refusal Skills** | **0** | **0.0%** |
| **General Risk Avoidance** | **0** | **0.0%** |
| **Drug/Alcohol Awareness** | **0** | **0.0%** |
| **Open-Ended Discussion on Relationships** | **0** | **0.0%** |
| **Volunteerism and Career Planning** | **0** | **0.0%** |
| **Other** | **0** | **0.0%** |
| **Classroom Mechanics, Blank Pages and Handouts** | **5** | |
| Blank pages | 4 | |
| Teacher outline | 1 | |
| Total Pages | 30 | |
| **Total Content Pages** | **25** | |

**Note:** Percentages may not sum to 100 percent due to rounding.

# APPENDIX D: PARENTAL ATTITUDES TOWARD SEX EDUCATION



## Appendix D
## Parental Attitudes Towards Sex Education

**Questions from a Zogby International Poll of a nationally representative sample of 1,004 parents with children under age 18, conducted December 2003.**

**Question No. 1: Thinking about your own children, what do you believe is the best message for sex education programs to send to young people in grades 9 to 12?**

| | |
|---|---|
| Young people should not engage in sexual intercourse until they are married. | 47% |
| Young people should not engage in sexual intercourse until they have, at least, finished high school and are in a relationship with someone they feel they would like to marry. | 32% |
| Teens should not engage in sexual intercourse until they have, at least, finished high school. | 12% |
| It's okay for teens in school to engage in sexual intercourse as long as they use condoms to protect against sexually transmitted diseases and pregnancy. | 7% |
| Not Sure | 3% |

*Question: The following is a list of topics that might be included in sex education classes for high school students. Assuming that a high school has sex-ed classes, please tell me do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree that the class should teach the following to teen students:*

**No. 2: The best choice is for sexual intercourse to be linked to love, intimacy, and commitment. These qualities are most likely to occur in a faithful marriage.**

| | | |
|---|---|---|
| Agree Strongly | 79% | 91% |
| Agree Somewhat | 12% | |
| Disagree Somewhat | 5% | 9% |
| Disagree Strongly | 4% | |

**No. 3: Individuals who are not sexually active until they are married have the best chances of marital stability and happiness.**

| | | |
|---|---|---|
| Agree Strongly | 42% | 68% |
| Agree Somewhat | 27% | |
| Disagree Somewhat | 15% | 31% |
| Disagree Strongly | 16% | |

**No. 4: Adolescents should be expected to abstain from sexual activity during high school years.**

| | | |
|---|---|---|
| Agree Strongly | 73% | 91% |
| Agree Somewhat | 18% | |
| Disagree Somewhat | 5% | 8% |
| Disagree Strongly | 3% | |

## Appendix D
(Continued)

No. 5: Abstinence from sexual activity is best for teens.

| | | |
|---|---|---|
| Agree Strongly | 85% | 96% |
| Agree Somewhat | 11% | |
| Disagree Somewhat | 2% | 4% |
| Disagree Strongly | 2% | |

No. 6: The younger the age an individual begins sexual activity, the more likely he or she is to be infected by sexually transmitted diseases, to have an abortion, and to give birth out-of-wedlock.

| | | |
|---|---|---|
| Agree Strongly | 82% | 93% |
| Agree Somewhat | 12% | |
| Disagree Somewhat | 2% | 6% |
| Disagree Strongly | 3% | |

No. 7: Teen sexual activity is likely to have harmful psychological and physical effects.

| | | |
|---|---|---|
| Agree Strongly | 57% | 79% |
| Agree Somewhat | 22% | |
| Disagree Somewhat | 12% | 21% |
| Disagree Strongly | 9% | |

No. 8: Teens who are sexually active are more likely to be depressed.

| | | |
|---|---|---|
| Agree Strongly | 38% | 65% |
| Agree Somewhat | 26% | |
| Disagree Somewhat | 15% | 26% |
| Disagree Strongly | 11% | |

## Appendix D
(Continued)

**No. 9: The more sexual partners a teen has, the greater the likelihood of physical and psychological harm.**

| | | |
|---|---|---|
| Agree Strongly | 70% | 90% |
| Agree Somewhat | 19% | |
| Disagree Somewhat | 5% | 9% |
| Disagree Strongly | 4% | |

**No. 10: Having many sexual partners at an early age may undermine an individual's ability to develop love, intimacy, and commitment.**

| | | |
|---|---|---|
| Agree Strongly | 66% | 85% |
| Agree Somewhat | 19% | |
| Disagree Somewhat | 7% | 14% |
| Disagree Strongly | 7% | |

**No. 11: Having many different sexual partners at an early age may undermine an individual's ability to form a healthy marriage as an adult.**

| | | |
|---|---|---|
| Agree Strongly | 55% | 78% |
| Agree Somewhat | 23% | |
| Disagree Somewhat | 12% | 21% |
| Disagree Strongly | 9% | |

**No. 12: Which of the following statements is closest to your view?**

| | |
|---|---|
| Teaching teens to abstain from sexual activity is more important than teaching teens to use condoms when having sex. | 44% |
| Abstinence for teens and condoms for teens should have equal emphasis. | 41% |
| Teaching teens how to use condoms when having sex and providing free contraceptives to teens is more important than teaching about abstinence. | 8% |
| Government and the schools should promote neither abstinence for teens nor condoms for teens. | 7% |
| Not Sure | 1% |

## Appendix D
(Continued)

**No.13: Which of the following statements is closest to your view on what is the best approach to sex education for young people?**

| | |
|---|---|
| Abstinence from sexual intercourse is the best choice for teens. Sex ed classes should not provide information about how to use and obtain condoms. | 22% |
| Abstinence from sexual intercourse is the best choice for teens, but schools should provide basic biological and health information about contraception. | 52% |
| Abstinence from sexual intercourse is best for teens, but schools should also encourage teens to use condoms when having sex, teach teens where to obtain condoms, and have teens practice how to put on condoms. | 23% |
| Abstinence from sexual intercourse is not important. Sex ed classes should focus on teaching teens how to use condoms when engaging in sex activity. | 2% |
| Not sure | 1% |

**No.14: Sex education classes should not provide information about how to use and obtain condoms.** 21.7%

| | |
|---|---|
| Many believe that, in a class devoted to teaching abstinence, encouraging teens to use condoms will undermine the abstinence message. Abstinence should be taught in an abstinence class, but facts about contraception should be taught in a separate class, such as a health class. | 34.7% |
| Teens should be encouraged to be abstinent and to use contraceptives in the same class. | 39.9% |
| Neither/Not sure | 3.7% |

* This question combines data from two poll questions

**Source:** Zogby International Poll, 2004 of a representative national sample of parents with children 17 or younger.