



Straight From The Source

What so called "Comprehensive" Sex Education Teaches to America's Youth

Executive Summary

Background

Across America, so-called "comprehensive sex education" (CSE¹ — also referred to as "abstinence plus") is the dominant sex education message presented to teens in schools. Unfortunately, few Americans are familiar with the actual content of these classroom curricula. **This analysis serves to expose the real nature of comprehensive or "abstinence-plus" sex education and underscore why this approach is harmful to our nation's teens.** Direct quotes will be taken from some of the most widely recommended comprehensive sex education curricula, of which many are sourced from the recently released HHS report on this topic.² The students targeted by these curricula range from children as young as 10 to 12 years old (middle school students) through high school age youth.

Findings

In recent years, proponents of comprehensive sex education have attempted to "rebrand" their programs by renaming them "abstinence plus." Both terms, however, are significantly misleading. Regardless of what they are called, "comprehensive" or "abstinence plus" programs spend minimal time actually promoting the importance of abstinence. Instead, there is a presumption and often an encouragement of sexual activity, as well as a narrow focus on promoting contraceptive use, even though the majority of teens today are not having sex.³ Further, the content of CSE programs is decidedly at odds with what the majority of American parents want their children to be taught.⁴

Even more alarming, comprehensive sex education programs were also found to contain dangerous distortions of information centered on several harmful and disturbing themes, including:

1. Overstated, exaggerated claims of condom usage rates and effectiveness.
2. Understated benefits of abstinence, including inaccurate suggestions that "abstinence" and "safe sex" are equally safe and healthy choices.

3. Promotion of provocative alternatives to intercourse (i.e. "outercourse").
4. Ambiguous, inaccurate definitions of "abstinence."
5. Presentation of sexually explicit and inappropriate content.
6. Undermining the importance and involvement of parents.

Lastly, numerous studies confirm CSE programs do not work. Studies on eight top comprehensive programs reveal no delay or, at best, mixed results in delaying sexual onset.

Conclusions

Americans, particularly parents, need to closely examine what their children are receiving under the guise of "comprehensive" or "abstinence plus" sex education. Most will be appalled.

The content and advocacy contained within the pages of "comprehensive" or "abstinence plus" sex education put unsuspecting teens in harm's way. Given the seriousness of STDs and unplanned pregnancies, it is critical that teens receive a message grounded in primary prevention and risk avoidance. It is a public disservice to permit sexually explicit curricula to masquerade as a balanced approach to sex education.

Only true abstinence education discourages casual sex among teens and champions abstinence as a worthy and attainable goal. Abstinence programs are permitted to discuss contraception, but within the context of promoting abstinence as the healthiest choice. Fortunately, when given skills and encouragement, most teens today are choosing to be abstinent⁵ and many who are sexually experienced are choosing to discontinue sexual activity.⁶ Most teens want to receive a strong message about abstinence.⁷

Instead, many "comprehensive" programs are providing sex advocacy and explicit discussion of foreplay, condom demonstrations, and outercourse. It is not surprising then that these programs have been proven not to be effective at delaying sexual onset. The American taxpayer should not be expected to continue paying for this inappropriate, ineffective, and harmful instruction.

Content Analysis of “Comprehensive” Sex Education Curricula

1. Dangerous Distortions and Inaccurate Information

» Overstated, Exaggerated Claims of Contraceptive Effectiveness and Usage Rates

The overall message delivered to students is one that dangerously states or infers that sex can be made safe and without consequences as long as a condom is used. According to the CDC, condom use **reduces** but does not **eliminate** the transmission of any **STD**.⁸ Yet, comprehensive sex education repeatedly fails to communicate this distinction, implying that if “protection” is used, sex is “safe.” Further, numerous studies have shown that at best, only about 50 percent of adults use condoms consistently.⁹ Yet CSE programs exaggerate the level of “protection” offered by condoms by quoting “perfect use” failure rates instead of the higher, more realistic “typical use” failure rates. One text even warns facilitators not to mention any limitations on condom effectiveness to students. This censorship is alarming, particularly when one realizes that the decisions students make regarding their sexual health can have lifelong and even fatal consequences.

» Omission of information about possible skin-to-skin transmission of STDs

CSE programs inaccurately promote some non-intercourse sexual activities are “safe” while ignoring the possibility of skin to skin transmission of certain STDs. This approach is misleading, dangerous and puts vulnerable youth at risk.

Examples from Comprehensive Sex Education Curricula:

- “Remind students that there are 2 ways to avoid pregnancy and HIV infection: say no to sex, or use protection” (*Reducing the Risk*, p 95)
INACCURATE: Only abstinence provides 100% protection against pregnancy and the sexual transmission of HIV.
- “Safer sex will prevent HIV infection. ... If HIV infection can indeed be prevented, then there is nothing to fear” (*Be Proud! Be Responsible*, p 7)
INACCURATE: Only abstinence provides 100% protection the sexual transmission of HIV.
- “Latex condoms are the only form of birth control that can prevent pregnancy and sexually transmitted disease, including HIV” (*Safer Choices Implementation Manual*, p 174)
INACCURATE: Only abstinence provides 100% protection against pregnancy and the transmission of STDs.

- “...any behavior that involves exposure to blood, semen, or vaginal secretions can transmit STDs, including HIV.” (*Making a Difference*, p 65)
INACCURATE: Skin to skin contact is all that is necessary for some STDs, such as HPV and herpes, to be transmitted.
- “Latex condoms can be 98% effective in preventing HIV, other STD and pregnancy, but only if they are used correctly and consistently” (*Safer Choices, Level 2*, p 233) Condoms are implied to provide 85%-98% effectiveness against STIs (*Making Sense of Abstinence* p. 17).
DISTORTION: Studies show that even among adult couples where one partner had HIV/AIDS, only 50% actually used a condom consistently,¹⁰ so for at least half of teens, the 98% “perfect use” rate will likely be overstated. Numerous studies have shown that using a condom during penile-vaginal sex reduces the risk of HIV transmission by about 85 percent and the risk of transmission for most other STDs by 50 percent or less versus not using a condom at all.¹¹
- “If you do decide to have sex, you want to be sure that you are protected from HIV, other STDs and pregnancy by using a condom and foam” (*Reducing the Risk*, p 189)
INACCURATE: Only abstinence provides 100% protection against pregnancy and the transmission of STDs.
- “What sexual activities are safe? ... Body rubbing/massaging, mutual masturbation (caution: effective against HIV and other STDs unless bodily fluids are exchanged”) (*Making a Difference*, p 249)
INACCURATE: Some STDs, such as herpes and HPV, are spread through skin to skin contact, not body fluids alone.
- “When [condoms] are used in conjunction with a spermicide such as nonoxynol-9, condoms become even more effective in preventing disease transmission” (*Be Proud, Be Responsible*, p 81)
INACCURATE: Studies have shown that can condoms lubricated with Nonoxynol-9 are no more effective than other lubricated condoms in protecting against the transmission of HIV and other STDs and may actually increase infectivity of HIV and other STD’s.
- “STDs can be spread through unprotected vaginal, oral, and anal sex” (*Making a Difference!*, p 117)
INACCURATE: STDs can be spread even when condoms are used. Only abstinence provides 100% protection against the transmission of STDs.¹²
- “Don’t ‘bash’ condoms or provide information on failure rates.” (*Making a Difference!*, p 75)
INACCURATE: Withholding full information on the limited effectiveness of condoms is censorship and provides a public health risk.

2. Understating the Overwhelming Advantages of Abstinence

» Suggesting that Abstinence and “Safe Sex” are Equal in Protection

Not a single CSE text encourages teens to delay sex until at least out of high school, much less, waiting until marriage. Further, CSE programs make continual suggestions that abstinence and sex with contraception are equally viable options, which is a violation of basic medical accuracy and is dangerously misleading. For example, among typical couples using condoms for birth control, 15 percent per year become pregnant, versus 0 percent for those choosing abstinence.¹³ Such misinformation not only withholds the overwhelming advantage of the abstinence choice but censors important information teens need to make truly informed decisions for their sexual health.

Examples from Comprehensive Sex Education Curricula:

- “There are only 2 ways to avoid pregnancy and HIV – not having sexual intercourse, or consistently using protection” (*Reducing the Risk*, p 37)
- A handout lists two methods that “protects for pregnancy and HIV”. They are abstinence and a latex condom. (*Reducing the Risk*, p 131)
- “Practicing safer sex, including abstinence, is not something anyone can do without the cooperation of his or her partner.” (*Be Proud! Be Responsible*, p 8)
- “Students practice dealing with the sex alert situations to avoid an unprotected sex crisis” (*Reducing the Risk*, p 97). Note: Is there no concern as long as the sex is “protected”?
- “How will you avoid pregnancy?” Abstinence, condoms and other birth control methods are placed as equal choices (*Reducing the Risk*, p 129). Note: There is no “best” answer given.

» Ignoring the negative emotional consequences of teen sex.

Teens who become sexually active often express regret over their decision¹⁴ indicating that sex is more than a physical act that one can separate from the emotional or psychological dimension of a person. Indeed numerous recent studies document the emotional effect of sex on teens, particularly girls, with even the most nuanced arguments admitting that emotional distress associated with teen dating experiences is minimized when sex is not part of the relationship.¹⁵ Unfortunately, comprehensive sex education completely ignores the holistic nature of sexual activity, including the potential negative emotional consequences for teens that become sexually active.

3. Promoting Provocative (vs. Preventative) Alternatives to Intercourse

CSE programs contain an explicit promotion of alternatives to intercourse by suggesting allegedly “safe” “outercourse activities”. The presentation of these examples as “safe” is medically inaccurate because it ignores the possibility of skin-to-skin transmission of disease. Further, these suggestions represent blatant advocacy for “gateway” sexual activities that create arousal for the very intercourse they are purportedly designed to prevent. This approach ignores the natural momentum such intimacy produces and fails to teach students reasonable and safe boundaries within relationships.

Examples from Comprehensive Sex Education Curricula:

- “Outercourse allows people to express their sexuality in many ways, remain abstinent, and avoid the risks of sexually transmitted infection and unplanned pregnancy.” (*Making Sense of Abstinence*, p 61)
- “Write **BENEFITS OF OUTER COURSE** on the board/easel paper and ask participants to brainstorm all the advantages of outercourse as compared to intercourse.” (*Making Sense of Abstinence*, p 64)
- One activity, entitled “The Endless Possibilities of Outercourse” lists all areas of the body, from head to toe and then asks students to brainstorm sexual activities they could engage in with each body part. Suggested kinds of touch include: “stroking, petting, squeezing, hugging, sucking, nuzzling, licking, and kissing” (*Making Sense of Abstinence*, p 66)
- “Touching and stroking can lead to orgasms for both males and females. It is a safe way to avoid pregnancy and STD.” (*Be Proud! Be Responsible*, p 128)
- Activity: “What to say if my partner says.... ‘I don’t have a condom with me’ Response: ‘Let’s satisfy each other without having sex’” (*Be Proud! Be Responsible*, p 93)

4. Providing Ambiguous, Inaccurate Definitions of “Abstinence”

The U.S. Department of Health and Human Services Administration for Children and Families define sexual abstinence as “voluntarily choosing not to engage in sexual activity until marriage. Sexual activity refers to any type of genital contact or sexual stimulation between two persons including, but not limited to, sexual intercourse.”¹⁶ This definition assures the avoidance of ALL risk associated with sexual activity.

In contrast, CSE programs inaccurately present an ambiguous definition of abstinence, with some stating that abstinence is “anything you want it to mean.” Often, there is no clear risk-avoidance definition given and students are encouraged to define abstinence in a way that feels right for them. Further, many of the titillating “outercourse” activities are presented as ways to remain “abstinent.” This is not education but rather abdication of the role of guiding youth with the full information they need to make personally informed decisions based on sound reasoning and facts.

Examples from Comprehensive Sex Education Curricula:

- “Imagine someone has decided to be **ABSTINENT**. According to your own definition of “abstinence,” circle the following sexual behaviors you believe a person can engage in and **still be ABSTINENT**.” Among the choices: “reading erotic literature; cuddling naked; mutual masturbation; showering together; watching porn; talking sexy.” (*Making Sense of Abstinence*, p 15)
- Abstinence may include “sexually pleasurable things without having intercourse (e.g. masturbation, kissing, talking, massaging, having fantasies, etc)” (*Making a Difference!*, p 113)
- “Ask participants what sexual behaviors a person **could** engage in and still be ‘abstinent.’” (*Making Sense of Abstinence*, p 4)
- “Participants will define sexual abstinence for themselves.” (*Making Sense of Abstinence*, p1)

5. Presentation of Explicit and Inappropriate Content

CSE programs use explicit demonstrations to teach contraception usage skills. The commentary accompanying many of these demonstrations refers to sexual activity as “fun” in a way that trivializes the inherent risks along with a tone of tacit endorsement that communicates sexual activity among teens as “normal” and expected. The explicit nature of these demonstrations crosses the line between factual education and actual provocative promotion, demonstrating a violation of the need to educate not advocate.

Examples from Comprehensive Sex Education Curricula:

» “Hands on” activities

- Activity: “How to make condoms fun and pleasurable”
Examples: “eroticize condom use with partner, store condoms under a mattress, use condoms as a method of foreplay; think up a sexual fantasy using condoms; 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; have fun putting them on your partner – pretend you are different people or in different situations” (*Be Proud! Be Responsible!*, p 80-81)
- “If you aren’t sexually active now, one day you probably will be. I believe this information about sexual response is important for you to learn. It might make you feel a little uncomfortable at first as I go through it, but let’s all learn together and have fun.” An explicit excessively detailed step-by-step instructive tutorial on the sex process and manipulations of genitalia is then given. This explanation is specifically meant for those who are not yet sexually active in order to make them “aware.” (*Be Proud! Be Responsible*, p 127, 128)
- “Give each participant a condom and lubricant. Each participant should practice putting condoms on their fingers. Then let them give you a demonstration.” (*Be Proud! Be Responsible!*, p 79)
- “Student pairs practice condom use: Have students pair up. Distribute a condom and a copy of the condom practice worksheet to each student. Have students begin practicing” (*Safer Choices. Level 2*, p159)
- “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.” (*Safer Choices. Level 1*, p 203)
- “The ideal way to demonstrate the proper way to use a condom is to use a plastic or ceramic model of a penis.” (*Be Proud! Be Responsible!*, p 78)

» Inappropriate Advocacy Messages

- “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.” (*Safer Choices. Level 1*, p 191)
- “Visit or call a clinic: ... Besides learning what services are offered at local family planning clinics, this homework assignment asks students to rate their comfort level while at the clinic” (*Reducing the Risk*, p 121)
- “Field trips: the field trips would take some planning, but would ensure that students actually visited a clinic – another important aspect of increasing use of protection.” (*Reducing the Risk*, p 122)
- “The way to the clinic activity details bus trip directions, bike route and/or walking route from your house or school. “Describe the route from your house or the school to the clinic. Give all street names and freeway numbers. Try to remember and write down other landmarks such as a fast food restaurant or a park that cue you when to turn.” (*Reducing the Risk*, p 127)
- “Knowing what is safe and what you should avoid will help you make proud and responsible choices.” Activities that are recommended as safe include: “sexual fantasy... body rubbing... showering together... doing drugs... but not sharing needles and syringes” (*Be Proud! Be Responsible!*, p 58-60)

6. Undermining the Role of Parents

CSE programs repeatedly inform teens that they can acquire birth control and reproductive services **without** their parent’s knowledge or consent. While this information may be true, it is inappropriate to tacitly encourage youth to circumvent parental awareness when going to “family” planning clinics. Very little curricula content in CSE programs promote teen and parental communication regarding sexuality issues. Along with this omission is the repeated suggestive instruction that decisions about sex are entirely personal and therefore little advocacy is given to seek or confer with the advice or values of parents. By promoting this unbalanced emphasis on personal autonomy, the role of parents and their values can be easily marginalized and largely ignored by youth. Because of the serious nature of sexual health issues, including the use of prescribed medication and other “reproductive services” offered at family planning clinics, it is extremely important that parental involvement is encouraged.

Examples from Comprehensive Sex Education Curricula:

» Discouraging Parental Awareness

- “Clarify that teens can obtain many services without parent/guardian permission, such as HIV, other STD and pregnancy testing, or access to condoms and other birth control.” (*Safer Choices. Level 2*, p 178)
- “Teenagers can obtain birth control pills from family planning clinics and doctors without permission from a parent” (*Reducing the Risk*, p 102)
- “You do not need a parent’s permission to get birth control at a clinic. No one needs to know that you are going to a clinic.” (*Reducing the Risk*, p 137)

» Ignoring parental support for abstinence education

A recent 2007 Zogby Poll¹⁷ showed that parents support abstinence education over comprehensive sex education. This survey also found that parents want more instruction in abstinence than in contraception. However, CSE programs spend most of the time and emphasis on contraceptive advocacy, demonstration, and usage, an approach that is clearly at odds with what parents desire for their children. Findings from the NAEA Zogby survey include:

- Parents prefer abstinence education over comprehensive sex education by a 2 to 1 margin.
- Once they understand what abstinence education actually teaches, 6 out of 10 parents would rather their child receive abstinence education vs. comprehensive sex education. Only 3 out of 10 prefer comprehensive.
- Most parents reject comprehensive sex education, which focuses on promoting and demonstrating contraceptive use.
- 2 out of 3 parents think that the importance of the “wait to have sex” message ends up being lost when programs demonstrate and encourage the use of contraception.
- Over half of parents think that promoting and demonstrating condom usage encourages sexual activity.
- 8 out of 10 parents think teens will not use a condom every single time.
- 2 out of 3 parents believe that promoting alternatives to intercourse (such as showering together and mutual masturbation, which are presented in some comprehensive programs) encourages sexual activity.

- 9 out of 10 parents want teens to be taught about contraception in a manner that is consistent with the approach of abstinence education.
 - 9 out of 10 parents think teens should be taught how often condoms fail to prevent pregnancy based upon typical use.
 - Over 9 out of 10 parents think that teens should be taught the limitations of condoms in preventing specific STDs.
- Parents want more funding given to abstinence education than to comprehensive sex education by a 3 to 1 margin.
 - 6 out of 10 parents think more government funding should be given to abstinence education vs. comprehensive sex education. Only 2 out of 10 want more funding for comprehensive sex education.
- The overwhelming majority of parents want their teens to be abstinent until they are married.
 - 9 out of 10 parents agree that being sexually abstinent is best for their child’s health and future, with 8 in 10 strongly agreeing.
 - 8 out of 10 parents think it’s important for their child to wait until they’re married to have sex, with 6 in 10 strongly agreeing.

» **Blatant Attempts to Deceive the American Public**

In recent years, “comprehensive” programs have referred to their programs as “abstinence plus”, effectively deceiving many parents, schools, youth and the American taxpayer into believing that such programs emphasize abstinence. Most texts refer to abstinence in an understated manner with stunning brevity and lack of emphasis. In fact, CSE texts spend, on average, less than 5% of their time on abstinence related topics.¹⁸

Examples from Comprehensive Sex Education Curricula

- Activity: “Reviewing important issues on talking with partners about condom use or abstinence” (*Be Proud! Be Responsible!*, p 107 – 108) Note: This activity provides two pages of condom usage skills with suggestions such as “remember to talk about how condoms are fun and pleasurable” and only 3 words on abstinence: “abstain from sex”
- “We are pleased to offer you an ‘abstinence manual’ like no other” (*Making Sense of Abstinence*, page x). Note: The manual never encourages refraining from sexual activity altogether, but rather the discussion of abstinence focuses on what sexual activities may be engaged in without intercourse. Further, this discussion of abstinence acknowledges that “explicit information and communication about sex is essential” (page xi)

7. Ineffective Outcomes

According to a recent report on comprehensive sex education conducted by The US Department of Health and Human Services, there is little evidence that comprehensive programs actually delay the onset of sexual activity. In fact, the majority of programs indicated no delay whatsoever. A summary of their meta-analysis of evaluation studies is provided below:¹⁹

Curricula	Effectiveness on Delay of Sexual Onset
Reducing the Risk	Mixed Results
Be Proud! Be Responsible!	No Delay
Safer Choices	No Delay
AIDS Prevention for Adolescents in School	No Delay
BART=Becoming a Responsible Teen	Mixed Results
Teen Talk	No Delay
Reach for Health Curriculum	No Delay
Making Proud Choices	No Delay
Positive Images	No Evaluation

Conclusion

Parents have the right to choose what their children are taught, but before they are able to choose, they must be informed of their options. There have been many claims that “comprehensive” sex education programs teach essentially the same message as abstinence programs, and merely add information about contraceptives. A review of CSE curricula shows that this is simply not true. CSE is entirely different from abstinence education, and this fact must be made clear. Sex education programs hide behind a façade of “abstinence” because of the overwhelming support for this approach. Abstinence programs teach abstinence and sex education programs teach sex.

CSE are often referred to as “scientifically and medically accurate” and as “programs that work”, but this report reveals the falsehood of these claims.

Debate over what should be taught to teens and how best to teach it is necessary and healthy, but for this debate to be legitimate it must be rooted in fact. This Straight From the Source report provides the facts necessary for this debate as decisions are made to create effective and appropriate educational policy for the sexual health of America’s youth.

Footnotes

- ¹ Sex Education in America, Kaiser Family Foundation, 2004
- ² US Department of Health and Human Services, "Review of Comprehensive Sex Education Curricula" May 2007. Available at <http://www.acf.hhs.gov/programs/fysb/content/abstinence/06122007-153424.PDF>
- ³ CDC, YRBS Survey Results, 2005
- ⁴ Zogby survey, 2007.
- ⁵ YRBS Survey Results, 2005
- ⁶ Borawski, Trapl, Lovegreen, et al, Effectiveness of abstinence-only intervention in middle school teens. *American Journal Health Behavior*. 2005
- ⁷ "With One Voice"; NCTPTP survey, 2007
- ⁸ CDC, Male Latex Condoms and Sexually Transmitted Diseases, www.cdc.gov/nchstp/od/latex.htm
- ⁹ Hearst, N., Chen, S., Condom promotion for AIDS in the developing world; is it working? *Studies in Family Planning*. 2004. YRBS Survey Results, 2005
- ¹⁰ Hearst, N., Chen, S., Condom promotion for AIDS in the developing world; is it working? *Studies in Family Planning*. 2004. YRBS Survey Results, 2005
- ¹¹ Vaccarella S, Franceschi S, Herrero R, Munoz N, et al. Sexual behavior, condom use, and human papillomavirus: pooled analysis of the IARC human papillomavirus prevalence surveys. *Cancer Epidemiol Biomarkers Prev*. 2006 Feb;15(2):326-33; National Institute of Allergy and Infectious Diseases, National Institutes of Health. *Workshop Summary: Scientific Evidence on Condom Effectiveness for Sexually Transmitted Disease (STD) Prevention*. 2001. Available at <http://www.niaid.nih.gov/dmid/stds/condomreport.pdf>. Accessed on November 21, 2006; Manhart LE, Koutsky LA. Do condoms prevent genital HPV infection, external genital warts, or cervical neoplasia? A meta-analysis. *Sex Transm Dis*. 2002;29(11):725-735.; Winer RL, Hughes JP, Feng Q, et al. Condom use and the risk of genital human papillomavirus infection in young women. *N Engl J Med*. 2006;354(25):2645-2654; Shlay JC, McClung MW, Patnaik JL, Douglas JM Jr. Comparison of sexually transmitted disease prevalence by reported level of condom use among patients attending an urban sexually transmitted disease clinic. *Sex Transm Dis*. 2004;31(3):154-160.; Wald A, Langenberg AG, Krantz E, et al. The relationship between condom use and herpes simplex virus acquisition. *Ann Intern Med*. 2005;143(10):707-713.; Ahmed S, Lutalo T, Wawer M, et al. HIV incidence and sexually transmitted disease prevalence associated with condom use: a population study in Rakai, Uganda. *AIDS*. 2001;15(16):2171-2179. Available at: <http://www.aidsonline.com/pt/re/aids/pdfhandler.00002030-200111090-00013.pdf>. Accessed November 27, 2006; Baeten JM, Nyange PM, Richardson BA, et al. Hormonal contraception and risk of sexually transmitted disease acquisition: results from a prospective study. *Am J Obstet Gynecol*. 2001;185(2):380-385.
- ¹² World Health Organization; Nonoxynol-9 ineffective in preventing HIV infection; available at <http://www.who.int/mediacentre/news/releases/who55/en/index.html>. Regarding claims on the effectiveness of N-9 spermicide, the Centers for Disease Control and Prevention states: "...condoms lubricated with spermicides are no more effective than other lubricated condoms in protecting against the transmission of HIV and other STDs." (<http://www.cdc.gov/nchstp/od/condoms.pdf>) And still, "Given that N-9 has now been proven ineffective against HIV transmission, the possibility of risk, with no benefit, indicates that N-9 should not be recommended as an effective means of HIV prevention..." Although this information was made public by the CDC on August 4, 2000, many sex education curricula continue to promote the use of spermicide as protective against for STDs. (Helene D. Gayle, M.D., M.P.H., Director, National Center for HIV, STD, and TB Prevention Centers for Disease Control and Prevention, Atlanta, GA: U.S. Department of Health and Human Services, August 4, 2000. <http://www.cdc.gov/hiv/pubs/mmwr/mmwr11aug00.htm>)
- ¹³ R.A. Hatcher, *Contraceptive Technology*, 2004.
- ¹⁴ "With One Voice"; National Campaign to Prevent Teen Pregnancy, 2007
- ¹⁵ Brady, S. *Pediatrics*, February 2007; Vol. 119: pp. 229-236. Reuters.; American Journal of Sociology, May 2007; Rector, R, Johnson, K; Noyes, L. Sexually Active Teenagers Are More Likely to Be Depressed and to Attempt Suicide. Heritage Foundation, 2003.; Hallfors DD, et al. Which comes first in adolescence — sex and drugs or depression? *Am J Prev Med* 29 (3), 2005.
- ¹⁶ 2006 Community Based Abstinence Education Program Announcement, US Dept. of Health and Human Services. Available at <http://www.acf.hhs.gov/grants/open/HHS-2006-ACF-ACYF-AE-0099.html>
- ¹⁷ 2007 Zogby Poll
- ¹⁸ Martin S, Rector R, Pardue, M; *Comprehensive Sex Education vs. Authentic Abstinence*, The Heritage Foundation, 2004.
- ¹⁹ US Department of Health and Human Services, "Review of Comprehensive Sex Education Curricula" May 2007. Available at <http://www.acf.hhs.gov/programs/fysb/content/abstinence/06122007-153424.PDF>