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## Abstinence Mission at Odds with Evidence: Sticky Shame and Forbidden Pleasures

by Lynn Koller, PhD

**Abstinence-only-until-marriage** (AOUM) programs made prevalent over the last decade remain widespread in U.S. public schools, despite failure to demonstrate effectiveness at reducing the onset of teenage sexual activity or decreasing unplanned pregnancies or the transmission of sexually transmitted infections (STIs) (Kirby, 2007; Trenholm, et al., 2007). These programs remain popular in the face of The Personal Responsibility and Education Program (PREP) (2010), which created a funding stream for medically-accurate sexuality education programs that have demonstrated evidence of success at meeting program goals. Long-standing objections about the efficacy and ethics of AOUM programs are valid and compelling; however opponents often fail to tackle the programs' most egregious flaws—an insistence on teaching of marriage, *per se*, as the ideal condition for a healthy sexual relationship despite lack of evidence to support that premise. AOUM programs further fail to encourage young people to develop their own sexual values and ethics through critical reflection and an understanding of the fundamentals of human sexuality, while the persistent emphasis on youth sexual activity in a negative light may inhibit young people from experiencing sexual pleasure and satisfaction into adulthood.

Sexual activity for adolescents in contemporary Western societies has been primarily addressed as a “developmental risk factor” to be delayed as long as possible, despite research that shows sexual curiosity and exploration as normal and healthy processes that “could potentially be considered developmental assets that facilitate rather than thwart teenagers’ psychosocial adjustment (Vrangalova & Savin-Williams, 2011, p. 931). AOUM programs, and all sexuality education programs that fail to teach students that sexual feelings and activity are a normal part of the maturation process, fail to meet students’ needs for accurate, truthful, and comprehensive information. In one example, recent research that linked adolescent sexual activity and psychological well-being, Vrangalova and Savin-Williams assert that “sexuality is an integral aspect of human ontogeny, with a developmental continuity of sexual feelings and behaviors that begin in early childhood and persist through late adulthood” (2011, p. 932). Their study showed that “sexually experienced and on-time (at age 16) students reported higher-well-being than sexually inexperienced or late-onset (17 or older) students.” As well, a high number of partners and early onset sexual activity (15 or younger) was not related to lower well-being (2010, p. 932). While these specific findings do not warrant educators advocating uninhibited sexual activity among teenagers,

similar evidence along with a *lack* of evidence supporting AOUM-themed education overall indicates that a shift away from the policy that abstinence-until-marriage is the ideal sexual condition is warranted.

Many policymakers, educators, parents, and adults in general are still reluctant to acknowledge that the condition of marriage does not negate the negative effects of sexual activity, such as STIs or emotional pain, nor does marriage on its own merits necessarily establish conditions for the benefits of sex, such as pleasure, intimacy, and physical satisfaction. Despite the discrepancy between the theory and the praxis of human sexuality in our culture, even progressive sexuality education policies and programs persist in reiterating the marriage mantra to students of sexuality education, sometimes as a “best case scenario,” wherein educators acknowledge that young people will likely be sexually active outside of marriage, but still assert that abstinence until marriage is the best choice in an ideal world.

In the context of sexuality education curricula, it is critical to distinguish between teaching “abstinence” and “abstinence-only-until-marriage.” Abstinence from sexual activities may, theoretically, be a healthy and appropriate choice for a young person or even a married person, and all credible sexuality education programs teach abstinence as such. (We are all sexually abstinent for whatever part of the day that we are not engaged in sexual activity, but many of us hope that is a variable condition.) The difference is teaching when abstinence can “safely” end and what to do when one is no longer abstinent. By definition, abstinence-**only**-until-marriage programs must establish marriage as the *only* benchmark for beginning a healthy sexual relationship. Not only is this standard offensive to those who cannot marry or choose not to marry, there is no credible evidence that supports marriage, on its own merits, as a healthy benchmark for sexual activity. Rape, abuse, STIs, unplanned pregnancy, and mental anguish may all occur within a marital relationship. Teaching young people that marriage is a safe haven for sexual activity sets unrealistic expectations for marriage as a prophylactic against physical and emotional risks inherent in sexual relationships of any kind. Most significantly, based on federal guidelines (Title V of the Social Security Act, discussed later), AOUM programs fail to acknowledge that consensual sexual activity within a diverse range of relationship models, including those across the continuum of sexual orientation, allowing for multiple partners over a lifetime, can be a healthy, natural part of human development.

United States Code (2006) legally defines *marriage* as “only a legal union between one man and one woman as husband and wife,” adding for emphasis “and the word ‘spouse’ refers only to a person of the opposite sex who is a husband or a wife.” Individual states define marriage in various ways, including restrictions to marriage based on age, gender, kinship, and other factors. Those who fail to meet the legal parameters are prohibited from marrying. AOUM programs do not allow exceptions to abstaining from

sexual activity until marriage for “domestic partnerships,” “civil unions,” or any of the legally recognized unions available to same-sex couples.

Some young people and adults choose to remain abstinent until marriage for a variety of reasons. Some choose to abstain from sexual intercourse only but allow oral or anal sex, and some choose to abstain from all genital touching. The AOUM programs often do not adequately distinguish sexual intercourse from deep kissing, genital touching, and mutual masturbation, which may be normal maturation, depending on a variety of factors, including age and the dynamics of a relationship. By contrast with AOUM programs that teach all sexual stimulation outside of marriage puts an individual at physical and emotional risk (*Game Plan*, p. 10, 35), an evidence-based program would also teach, for example, that masturbation is one way human beings express their sexuality, while some cultures and religions believe that masturbation is wrong (*Guidelines for Comprehensive Sexuality Education.*, 2004, p. 51-52), encouraging young people to develop their own views based on established interdisciplinary premises in the fields of biology, psychology, sociology, anthropology, anatomy, human sexuality, and more.

AOUM programs often explicitly prohibit “any type of genital contact or sexual stimulation” before marriage (*Game Plan*, p. 10, 35), which includes masturbation. According to the U.S. Census Bureau (2010), the average age of first marriage has risen steadily with it currently at 28.2 years for males and 26.1 years for females compared with 26.1 and 23.9, respectively, twenty years prior. According to Pew Research (Cohn, 2010), in states with high shares of college-educated adults, both genders marry even later. Young people following these AOUM instructions would necessarily have to avoid stimulating their own genitals or anyone else’s prior to marriage. At the very least, imagining these newly married couples discovering their *own* genitals, as well as their partner’s, for the first time on their wedding night is disconcerting.

Public schools are very often the only source of formal sexuality education, and therefore, the credibility, ethicality, and appropriateness of the information that schools provide can significantly impact students throughout their lives. The fear that exposing students to knowledge about sexuality and relationships will undermine their value systems seems to be unfounded in the same way that there is no evidence that a World Religion class undermines students’ religious beliefs. Ideally, young people will reach decisions about sexual activity and develop their own sexual ethics by critical reflection on their values and understanding of interpersonal relationship dynamics, grounded in scientifically-sound, unbiased information about human sexuality from a variety of viewpoints, sources, and disciplines. Offering abstinence from sexual activity until marriage as the only healthy “choice” sharply contrasts the behaviors

of our culture, and it reflects a reductive view of human sexuality. The Sexuality Information and Education Council of the United States (SIECUS) proposes that that we adopt the following goals for sexuality education:

The primary goal of sexuality education is to promote adult sexual health. It should assist young people in developing a positive view of sexuality, provide them with information they need to take care of their sexual health, and help them acquire skills to make decisions now and in the future. (*Guidelines for Comprehensive Sexuality Education.*, 2004, p. 19-21)

It seems that the primary goal should be to promote “sexual health” as opposed to “adult sexual health,” understanding that one doesn’t need to be an adult to be sexually healthy and informed.

Opponents to AOUM programs often cite that while abstinence from sexual activity until marriage may be a noble goal, it is unrealistic to believe that students will abstain and, therefore, students should be taught how to prevent pregnancy and STIs, maintaining the premise that remaining abstinent from sexual activity and/or intercourse until marriage is the ideal—even if they teach this marriage caveat with a wink and a nod to the understanding that young people will, in fact, be sexually active. The premise that marriage is the ideal locus for sexual activity emanates from the vision of marriage as the panacea for all social ills and assumes that such things as emotional distress, betrayal, unwanted pregnancy, and transmission of STIs never take place within marriage. Further, proponents of this position—opposing AOUMs but retaining marriage as the benchmark — reduce sexual activity to a function of procreation or as a way of demonstrating intimacy with a spouse. This overly simplistic view of sexuality ignores that humans seek sex for a variety of reasons, including pleasure, joy, and fun. There is no evidence that consensual sexual activity for pleasure, joy, or fun is unhealthy, regardless of gender, sexual orientation, or marital status.

Former U.S. Surgeon General, Jocelyn Elders, argues in the *Journal of Sexual Medicine*:

We have a sexually dysfunctional society because of our limited views of sexuality and our lack of knowledge and understanding concerning the complexities and joys of humanity. We must revolutionize our conversation from sex only as prevention of pregnancy and disease to a discussion of pleasure. Talk concerning procreation is not enough, because it neither addresses accurately the varied sexuality of Americans nor the broad range of sexual practice. (2010, p. 248)

It is difficult for parents and those involved in sexuality education to admit the possibility that two 16-year-olds, for example, could have a healthy, active sexual relationship or that a married couple may have a dysfunctional or non-consensual sexual relationship. The factors involved in any kind of intimate human relationship are complex and multifaceted, and sexuality education that focuses solely on marriage fails to address that complexity. Parents may counsel their children on the value of abstinence now or even abstinence until marriage based on their intuition, personal experience, religious ideology, fear, or family values, but that is not an appropriate basis for an educational curriculum, particularly in the public schools, any more than it would be appropriate to teach in a puberty lesson that women are unclean and should not be touched for seven days during their menses, as outlined in Leviticus 15:19-30. Teaching that some cultures or religions believe a particular premise differs from stating that premise as fact. Sexuality education curriculums that espouse marriage as the key indicator for healthy sexual activity are stating an unsupported, ideologically-based premise as fact.

According to a report by the National Commission of Adolescent Health, “Discussions about adolescent sexuality often are predicated on an adult perception of how ‘things should be’ rather than on an appreciation of the dynamics and goals of adolescent development and maturation” (Haffner, 1995, p. 6). Historian Isabel Hull describes the two most powerful contributions of the Christian church to sexual doctrine as “the great significance it ascribed to sexual (mis)behavior and the paramount position it accorded to marriage as the only locus of accepted sexual expression” (Hull, 1996, p. 9). The AOUM programs use workbooks full of thinly veiled Christian arguments for “marriage as the only locus of accepted sexual expression,” platitudes about physical purity, and circular rhetorical questions designed to discourage students from understanding their own development, as well as dimming the lights on the beauty and intricacies of human sexuality over a lifetime with, for most people, multiple partners.

An ethical sexuality education curriculum should acknowledge and address youth sexual activity as a healthy part of human development, using evidence-based, medically-accurate information. The material and instruction should be designed to help students synthesize information from multiple sources and viewpoints as a guide to developing their own beliefs about sexuality and understand the physical and emotional consequences of sexual activity and relationships in a variety of contexts.

Dozens of national, federal, and state funded AOUM programs are still in use today in thousands of schools across the U.S. They share general characteristics mandated by federal guidelines set forth in Section 510 of Title V of the Social Security Act in 1996, and, by definition, all of them convey the

message that sexual activity is only healthy within the boundaries of marriage. The vast majority only addresses contraception in terms of failure rates and has historically supplied students with misleading or false information, though some of the misinformation has been corrected after protests.

One of the most popular, commercially available programs used in the U.S., *A.C. Green's Game Plan Abstinence Program*, was originally developed in 2001 and is used with seventh- through tenth-graders across the nation. According to SIECUS, based on fiscal year 2009 federal funding spent on AOUM programs, grantees in at least eight states reported using the *Game Plan* curriculum, including Florida, Illinois, Iowa, Maryland, Michigan, New York, North Dakota, and South Carolina. There may be additional grantees that did not report using the curriculum, as well as school districts that use the curriculum but do not receive federal funding.

*Game Plan's* program is representative and contains characteristics similar to most other popular AOUM curricula (*Choosing the Best* and *WAIT Training* among others), relies on fear- and shame-based tactics, presents gender stereotypes and ideologically-driven messages about marriage that condemn those outside of the institutional construct, and exposes students to propaganda masked as facts (“*Game Plan Review*,” 2008). *Game Plan* offers an *example* of the body of AOUM materials that have been highly promoted using federal and state funds.

Like all AOUM programs, *Game Plan* adheres to a strict eight-point program definition in order to receive funding. According to Title V Section 510 (b)(2)(A-H) of the Social Security Act, any program funded under the block grant must:

- A. Have as its exclusive purpose teaching the social, psychological, and health gains to be realized by abstaining from sexual activity
- B. Teach abstinence from sexual activity outside marriage as the expected standard for all school-age children
- C. Teach that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems
- D. Teach that a mutually faithful, monogamous relationship in the context of marriage is the expected standard of sexual activity

- E. Teach that sexual activity outside the context of marriage is likely to have harmful psychological and physical effects
  
- F. Teach that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society
  
- G. Teach young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances
  
- H. Teach the importance of attaining self-sufficiency before engaging in sexual activity

Similar to other AOUM programs, *Game Plan* defines *abstinence* as follows:

... when referring to sex, it means voluntarily choosing not to engage in sexual activity until marriage. Sexual activity refers to any type of genital contact or sexual stimulation including, but not limited to, sexual intercourse. Abstinence is the only 100% effective protection from the possible physical, emotional, mental and social consequences of sex before marriage. (p. 10, 35)

The *Game Plan* text is designed to emphasize this “definition” as foundational. It is highlighted in a graphical box with a high contrast red heading and the text lines on an angle to draw the reader's attention. It is replete with tautologies. The important concepts, *abstinence* and *sexual activity*, are defined using fallacious circular arguments and offer the student no insight into the terms or principles at the core of the reasoning. *Sexual activity* is defined using its own term in that “genital contact or sexual stimulation” is prohibited; it is unclear what would constitute sexual stimulation in this context, excluding genital contact. In fact, preschool children may experience sexual stimulation when they touch their own genitals, but by this definition, they would be putting themselves at all of the risks of “sex before marriage.” Masturbation would be considered a prohibited act. It would seem clear to even the most liberal minded reader that abstaining from sex before marriage is the only protection from the consequences of sex before marriage, making it unclear how students are to interpret the last sentence.

In addition to poor rhetorical construction, AOUMs such as *Game Plan* have explicit errors as well. A congressional report, *The Content of Federally-Funded Abstinence-Only Education Programs* (2004), determined that 11 of the 13 curricula most commonly used by federally-funded



programs (specifically, Special Programs of Regional and National Significance) “contain major errors and distortions of public health information” (9). The report specifically cites *Game Plan* as providing false and misleading information about the use of contraceptives (U.S. House, p. 9, 11).

Even the student workbook updated since that report states that 20% of female oral contraceptive users between ages 12-18 became pregnant over “a mere six months” and condoms failed 18.4% of the time for teens under 18 after one year of use (*Game Plan*, 2007, p. 27). In fact, oral contraceptives are about 99.7% effective in preventing pregnancy, and condoms (depending on the study and circumstances) are anywhere from 86% to 98% effective in preventing pregnancy and STIs when used properly. Condoms are also integral to curtailing the spread of HIV and other STIs (“*Game Plan Review*,” 2008).

To fully understand the “failure rates,” students would need to understand the difference between *user failure* and *method failure* and know that failure of contraception is most often caused by errors in use. For example, couples may fail to use condoms during every act of sexual intercourse (“*Game Plan Review*,” 2008). Instruction on human sexuality that discourages or disparages the use of condoms and contraceptives is inappropriate and unethical, particularly considering that approximately half of all high school students are already sexually active, according to figures from the Centers for Disease Control and Prevention (CDC).

With its focus on marriage, *Game Plan* also perpetuates gender stereotypes and is centered on specific religious beliefs about marriage and sexuality, and ignores the existence and needs of lesbian, gay, bisexual, and transgender (LGBT) students. LGBT students are often the young people least able to seek information from their family, friends, and churches, and are in the most need of accurate information and resources. While it is difficult to gauge accurately, there are estimates that four times as many LGBT teens commit suicide compared with heterosexual teenagers (SIECUS Fact Sheet, p. 1). According to one study of LGBT high school students, 84.6% were verbally harassed, 40.1% were pushed or shoved, and 18.8% were punched, kicked, or assaulted with a weapon at school because of their sexual orientation. Of those students, 52.9% were harassed through electronic mediums, such as texting, email, and Facebook (Kosciw, Greytak, Diaz & Bartkiewicz, 2010, p. 84), providing evidence for the case that students who do not identify as LGBT would benefit from understanding sexual orientation and gender issues in a larger context than their own identities. *Game Plan*, like all AOUMs, sentences the LGBT population to a lifetime of sexual abstinence, lest they risk “physical, emotional, mental, and social consequences of sex before marriage” (*Game Plan*, 2007, p. 10, 35).

One of the mantras of *Game Plan* instructors, as re-told by a seventh-grader at Hinson Middle School in Ormond Beach, Florida, is that “if you wait until you’re married to have sex, you’ll have the best sex of your lives!” This message is established a number of different times throughout the instruction, without any basis in fact. The instructors do not qualify how this superlative experience is gauged. Throughout the program, students are asked to answer rhetorical questions with the instructor providing cues to push them in the “right” direction. In the “Half-Time” workbook section, students are “asked” to respond to the following prompt:

Sex isn’t just a physical act. Sex creates a strong emotional bond between the two people involved, a bond that can be long-lasting. In a marriage, this bonding is positive for developing the couple’s relationship. Outside of marriage, the emotional bonding can cause heartache and painful memories. Name some emotions that you think two people might experience after a relationship involving sex has ended. (p. 46)

Interestingly, a recent major study found that men did achieve greater satisfaction when their last sexual activity was with a “relationship partner” compared with those whose last recent event was with a “non-relationship partner”; however, “when controlling for age and health status, women ages 18-59 whose last event was with a relationship partner indicated greater difficulties with arousal and lubrication yet a greater likelihood of their partner experiencing orgasm” (Herbenick, 2010. p. 350, 354). There is no evidence that relationships, much less marriage, insure that any student will have the best sex of his or her life (particularly females, apparently)—other than the fact that if that student were a virgin, it would be the only time and therefore the best (and the worst).

In *Game Plan*, as in the majority of AOUM programs, marriage is framed as a state of euphoric bliss as well as a prophylactic for everything from STIs to bad sex to drunk driving. For example, students learn about “Tom,” pictured in a wheelchair, paralyzed at age 15 due to a drunk driving accident (*Game Plan*, p. 8). The instructor is to then draw train tracks on the board with three arrows off the tracks leading to drugs, sex, and alcohol, in a way that conflates sexual activity outside of marriage with drunk driving and use of drugs and alcohol (*Game Plan Teacher’s Guide*, 2009, p. 9). In another “true story,” 16-year-old “Maria” has had sex with “three different guys” and she “feels bad about herself and sometimes drinks or uses drugs to cover up her depression” (*Game Plan*, 2009, p. 44), drawing a clear link between sex, drinking, drugs, and depression and inferring that her problems would be solved if only she had not had sex outside of marriage. Based on the *Game Plan* logic, it is not unreasonable to infer that if Maria did get married as a teenager, her sex would be good and her depression would lift.

The *Game Plan* text repeatedly uses reductive binary constructs that subjectively characterize “sex” (usually without distinction to type of act) as either good or bad. For example, the student workbook states:

Abstinence doesn’t mean: Sex is bad.

Abstinence means: Sex is good.

Save it, protect it, and preserve it so that you can enjoy it in a marriage relationship.

Sex is Good! (*Game Plan*, 2007, p. 10)

This page of the workbook asks the students three questions, including “Who will make the decision about whether or not you will be abstinent until marriage?” (p. 10). In the *Game Plan, Teacher’s Guide*, the instructors are advised:

This question is to help students realize that this decision is in their hands. You are helping them think about the decisions that they will make. Students are often much more receptive to abstinence when they realize that you are giving them the tools to make good decisions in every area of their lives. (2009, p. 10)

These instructions imply that the students are not being asked for their viewpoints at all or to make a decision by synthesizing and analyzing what they understand; they are being asked a rhetorical question in response to a rote learning exercise. Instructors are further directed to state to students:

If you give away your virginity, can you get it back? Sex is about giving yourself to another person. Inside marriage, sex is a giving between two people who commit to each other for a lifetime. Outside marriage, sex may seem like giving but what you end up feeling is used and hurt. (2009, p. 10)

It is crucial to understand that the AOUM programs are not teaching students to abstain from sexual activity outside of marriage only while they are teenagers; they instruct that this is the only safe behavioral paradigm for a lifetime, whether individuals are fourteen- or forty-years-old, despite the lack

of evidence to support this proposition. It would seem an inappropriate message for an ethical sexuality education curriculum where students may be gay, live with parents involved in unmarried relationships, or have a myriad of other circumstances that expose them to relatives and loved ones who engage in non-marital sexual activity. As well, the AOUM programs establishes sexual activity outside of marriage as fearful and shameful—a message that may resonate into students’ otherwise healthy future relationships. “Because abstinence-only-until-marriage programs are often the only formal setting in which young people learn about sexuality, the information and messages in the curriculums can have a lifelong impact on how they view sexuality,” according to SIECUS (“*Game Plan* Review,” 2008).

In another example of *Game Plan*’s simplistic, binary reasoning, it is suggested that instructors ask students the following question and then answer the question.

What is the purpose of fire?

- In a fireplace, fire is beautiful and gives warmth to a home.
- Outside the fireplace, it can cause serious harm.

What about sex?

- In a marriage relationship, sex can be beautiful.
- Outside marriage, it could cause serious harm. (*Game Plan, Teacher’s Guide*, 2009, p. 11)

On this same page, instructors are warned that the “abstinence definition should always include marriage.” The *Game Plan* curriculum uses several classroom activities, including but not limited to “Candy in the Bag,” “The Rope,” and “Emotional Bonding,” that appear designed to make students feel guilty, fearful, shameful, and disgusted by all sexual activity outside of marriage.

In the “Candy in the Bag” exercise (p. 39), located in the section on STIs, the instructor gives each student a piece of hard candy, tells them to put it in their mouths, and then re-wrap the candy. The instructor collects the candy in a bag and asks a volunteer to pick a piece and eat it. The instructor asks the students what the point of the exercise is; the *Teacher’s Guide* suggests that “the point is, they didn’t know whether the candy they were picking was already ‘used’ or not.”

In “The Rope” exercise, the instructor establishes a 20-foot piece of rope as representative of the continuum of physical intimacy activities, i.e., “Holding Hands→Hugging → Kissing →Deep Kissing→Sexual Activity →Sexual Intercourse” (p. 73), and gives a girl the “Holding Hands” end of the rope, while a boy receives the “Sexual Intercourse” end. The girl is instructed to put her hands by her side, holding the rope on her elbow. She is then told to begin moving down the rope, turning so that the rope binds her arms. The teacher then asks how the activity represents what happens to students when they become sexually active.

The “Emotional Bonding” exercise involves tape. The instructor takes two pieces of tape and explains to the class that they “represent two people that have saved themselves sexually for their spouse in marriage. These two people get married and sex helps to bond them together for life.” The teacher sticks the two pieces of tape together and points out how they cannot be pulled apart “because the glue on the tape is so strong.” The instructor then takes two more pieces of tape, places them on the arms of two volunteers, and rips them off. Six volunteers in total receive this treatment. The teacher then puts these two pieces of tape together and points out that they do not stick as well, explaining that the more people a person has sex with outside of marriage, the more he or she lessens the possibility of bonding with a future partner in an intimate relationship.

People who have engaged in sexual activity outside of marriage should not be characterized as spit-covered candy, bound in rope, or used tape. In fact, the AOUM programs promote a potent mixture of sticky shame and forbidden pleasures that establishes the sexual being as an alluring anathema. Abstinence has been used like a golden hammer, nailing down cures to everything from bad grades to the AIDS epidemic. The programs actually promote pregnancy as a natural and unpreventable consequence of sexual activity, in that nothing can prevent it and it is the natural, unavoidable consequence of sex.

In general, proponents of AOUM programs seem unaffected and unstoppable by the weight of evidence proving their ineffectiveness at meeting their own goals of reducing the onset of youth sexual activity and reducing unwanted pregnancies and STIs. Federal and state governments have spent about \$1.5 billion on AOUM programs to date, despite that the body of research demonstrating their ineffectiveness. The Mathematica study commissioned by Congress (which did not include a review of *Game Plan*) found that the programs have essentially no effect on student behavior (Trenholm, et al., 2007). In the study, four AOUM programs out of 700+ were selected specifically because they appeared to provide promising

results in terms of reducing teenage sexual activity, pregnancy, and STD transmission. Even these cherry-picked programs failed to demonstrate success.

In its report, *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*, (2007), the National Campaign to Prevent Teen and Unplanned Pregnancy pointed out that no independent evaluation has found that abstinence programs significantly impact teen sexual behavior while comprehensive programs have been found to both delay teen sexual initiation, increase use of condoms, and decrease the overall number of sexual partners (Kirby, p. 15). Subsequently, Jemmott's more recent study did find some correlation between an abstinence-only program and delayed onset of sexual activity, but the program criteria was atypical and would not meet guidelines for funding (Jemmott, Jemmott & Fong, 2010).

AOUM programs are not supported by any major health or medical organization including the American Academy of Pediatrics, the American Medical Association, or the National Institutes of Health, to name a few. A recent study published in *Pediatrics* (2011), based on data from the National Longitudinal Study of Adolescent Health, found that one in ten teens who claim to be abstinent suffer from an STI (DiClemente, Sales, Danner & Crosby, p. 210). Causes of youth sexual behavior are complex and cannot be linked to one cause, but the research on these programs demonstrates that the vast expenditure on AOUM has failed to achieve the goals of the programs, and we might now question whether the overarching ambition of the AOUM programs—to prevent sexual activity before marriage—is a humane and reasonable goal in an educational context.

The problems with AOUM programs have been widely documented. As well as being ineffective at positively affecting teen sexual behavior, they offend, ostracize, and violate the rights of anyone who cannot or chooses not to marry or has children outside of marriage, and they often fail to provide medically accurate information. They discourage the use of condoms and contraceptives, and these programs are often “taught” in the public schools by untrained representatives of churches and pregnancy centers that advocate against reproductive rights. See the Congressional Report (2006), *False and Misleading Health Information Provided by Federally Funded Pregnancy Resource Centers*, for specific dollar figures (U.S. House, p. i, 3).

Because there is no evidence that marriage is a benchmark of a healthy sexual relationship, this message should be eliminated from sexuality education curriculums, and marriage should be addressed as one of many equally valid relationship and family models where it is possible to experience healthy sexual

activity. Comprehensive sexuality education that promotes critical thinking and analytical skills can make inroads to helping young people make healthy choices, which certainly may include abstinence, particularly when students are educated about sexuality before the onset of such activity. Despite its sometimes puritanical sexuality education programs and related public policy, the U.S. still has the highest rate of teenage pregnancy in Western industrialized countries (Kirby, 2007, p. 26, 30-31). A medically-accurate sex program can make a significant difference in teen pregnancy and STD rates by providing students with accurate information about condoms and birth control.

Overall, sexuality education that focuses exclusively on marriage problematizes the “natural” design of healthy sexuality and, instead, reflects a design of socially engineering people into a specific moral standard. The argument for teaching that healthy sexual activity ideally occurs only inside of marriage is based on religious ideology rather than evidence, is erroneous, and is a message that should be eliminated from sexuality education curriculums. It should be replaced with a conceptual framework that helps young people understand human sexuality in a way that transcends comprehension of biological functions, promotes critical thinking, and teaches young people how to make reasoned, rational judgments about their own sexual values and ethics.

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