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Chairman Waxman and members of the Committee on Oversight and Government Reform, thank you for this opportunity to provide written testimony on behalf of the National Women's Law Center. As a non-profit organization dedicated to expanding the possibilities for women and girls in this country since 1972, we would like to express our concerns to the Committee regarding the effect of abstinence-only-until marriage programs ("abstinence-only programs") on the health and well-being of young women in America.

Young people in the United States—particularly young women—need education and information to prevent unintended pregnancies and sexually transmitted infections (STIs). Each year, 750,000 adolescent females in the U.S. become pregnant,[i] and 15-24 year olds report more than 9 million cases of sexually transmitted infections (STIs).[ii] Teen pregnancy rates are far higher in the U.S. than in most other developed country,[iii] and the Centers for Disease Control and Prevention (CDC) recently announced that one in four young women, and one in *two* young black women, between the ages of 14 and 19 have an STI.[iv] Young women, particularly young women of color, bear the burden of unintended pregnancies and a disproportionate share of STIs.

Unfortunately, abstinence-only programs fail to provide—and, in fact, undermine—the information and education young people need to make responsible, healthy decisions. Rather than address the growing need for public health interventions, abstinence-only programs undermine the very messages young people need to make responsible, healthy decisions.

The weight of the evidence indicates that abstinence-only programs fail to prevent adolescents from engaging in sexual activity outside of marriage, the primary objective of abstinence-only education; nor do they increase the likelihood that teens will practice safer sex methods when they do become sexually active. The latter effect is unsurprising, as abstinence-only programs specifically exclude from their curricula information about contraceptives—a critical part of any public health effort to prevent teen pregnancy and STIs—save for their failure rates. Furthermore, the information that abstinence-only programs do provide about contraception and other reproductive health services has been found to be inaccurate and misleading, thus undermining young people's confidence in contraception and knowledge about how to properly employ it when they do become sexually active. Abstinence-only programs promote stereotypes about gender and relationships that may compromise young women's confidence in their ability to make responsible, pro-active decisions about their sexual health and alienate youths at especially high risk for problems relating to sexual health.

Comprehensive sex education, in contrast, provides young people with information and education to make responsible decisions about sexual health. It acknowledges the severity of the crisis of adolescent sexual health in the U.S. and offers intuitive and effective solutions that get to the root of the problem. Americans recognize that adolescents need an intervention that *works* and strongly support comprehensive sex education.

Young Women in the U.S. Suffer from High Rates of Unintended Pregnancy and Sexually Transmitted Infections

Young people, particularly young women, are in critical need of information and education that will help them prevent an unintended pregnancy and protect against STIs. While the teen pregnancy rate in the United States has diminished since 1990[v]—largely due to more consistent contraceptive use among adolescents[vi]—it remains significantly higher than in comparable nations,[vii] and continues to disproportionately burden young women of color.[viii] Meanwhile, rates of STI incidence among U.S. teens are soaring: 15-24 year-olds account for nearly 50 percent of all new STIs each year,[ix] with rates dramatically higher than that of teens in comparable European nations.[x] One in four young women, and one in two young black women, between the ages of 14-19 suffer from an STI.[xi]

Young women generally do not intend to become pregnant—indeed, 82 percent of teen pregnancies are unintended[xii]—yet each year, 75 pregnancies occur per 1,000 women ages 15-19.[xiii] Pregnancy at a young age can severely limit a young woman's ability to complete her education and subsequently find a well-paying job. One-quarter to one-third of high school dropouts cite pregnancy or parenting as a factor in their decision to leave school.[xiv]

Sexually transmitted infections can also have a long-term impact on young people. Chlamydia and gonorrhea can result in infertility and chronic pain, and certain strains of Human Papillomavirus (HPV) may lead to persistent infection that can progress to cervical cancer in women.[xv] Half of the new HIV infections in America each year occur among youths ages 15-24.[xvi]

There are, additionally, vast racial and ethnic disparities in the incidence of STIs and unintended pregnancies, with women of color disproportionately at risk. In 2001, the Chlamydia rate among African-American women ages 15 to 19 was nearly seven times higher than among white females (8,483 and 1,276 per 100,000 females), and 75 percent of all reported cases of gonorrhea occurred among African Americans.[xvii] In 2005, HIV infection was the leading cause of death for black women (including African-American women) aged 25–34 years[xviii]; though black and Hispanic women represent 24% of all US women,[xix] women in these 2 groups accounted for 82% (8,807/10,774) of the estimated total of AIDS diagnoses for women in 2005.[xx] Black females have the highest teen pregnancy rate (134 per 1,000 women aged 15-19 in 2005), followed by Hispanics (131 per 1,000) and then non-Hispanic whites (48 per 1,000).[xxi]

Abstinence-Only Programs Undermine Adolescents'—Particularly Young Women's—Ability to Make Responsible Decisions about Sexual Health

Rather than addressing this critical public health need through comprehensive sex education that has been proven effective, the federal government has wasted more than $1.5 billion on abstinence-only programs that have failed our teens.[xxii]

History of Federal Funding for Abstinence-Only Programs

The ideological and legislative foundations for abstinence-only programs were established in 1981, when President Reagan signed The Adolescent Family Life Act (AFLA) into law as part of the Omnibus Reconciliation Act.[xxiii] Since that time, the federal investment in abstinence-only programs has grown nearly 6,000 percent from $4 million in 1982 to more than $240 million in fiscal year 2008, despite a lack of research proving their effectiveness.[xxiv]

There are currently three federal funding streams for abstinence-only programs. Title V, Section 510 of the Social Security Act defines "abstinence education" and provides funds to states to promote abstinence-only messages.[xxv] Since 1998, $50 million in Title V federal funds have been allocated to state governments to fund media promoting abstinence-only-until-marriage or to be distributed to local sub-grantees. For every $4 in federal funds, states must match with $3, bringing the annual total of abstinence-only funding through Title V to $87.5 million.[xxvi]

The Community-Based Abstinence Education (CBAE) program awards federal grants directly to abstinence-only programs.[xxvii] The CBAE was formerly administered within the U.S. Department of Health and Human Services (HHS) by the Maternal and Child Health Bureau and is currently administered by the Administration for Children and Families (ACF).[xxviii] Funding for CBAE began in fiscal year 2001 at $20 million. By fiscal year 2007, funding had increased over 450% to a total of $113 million.[xxix]

The Adolescent Family Life Act (AFLA) has received more than $125 million since 1982. In fiscal year 2008, AFLA's abstinence-only education received $13 million through this program.[xxx]

Since the passage of the Social Security Act in 1996, all federal abstinence-only programs have been required to comply with the stringent eight-point definition in Title V of the Social Security Act.[xxxi] Abstinence education, as defined by the statute, requires programs to teach that "sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects," and that "a mutually faithful monogamous relationship in [the] context of marriage is the expected standard of sexual activity."[xxxii] In addition, federally funded abstinence-only programs are expressly prohibited from providing any information to adolescents about the proper usage of contraceptives or their proven efficacy in preventing unintended pregnancy and, for certain contraceptive devices, the transmission of STIs.[xxxiii] At the same time, they are specifically required to inform participants of contraceptive failure rates.[xxxiv]

The Weight of the Evidence Indicates that Abstinence-Only Programs are Ineffective

Despite the fact that the federal government has channeled $1.5 billion to such programs in the last ten years, the overwhelming weight of the evidence fails to support abstinence-only programs. A series of studies have documented the failure of abstinence-only programs to prevent adolescents from engaging in sexual activity outside of marriage, the primary objective of abstinence-only education, or to increase the likelihood that teens will practice safer sex methods when they do become sexually active.

In 1997, Congress authorized funds for a comprehensive study of abstinence-only programs. The results of that study, conducted by Mathematica Policy Research, were released a decade later. The study found that youths in abstinence-only programs were "no more likely" to have abstained from sex than peers who did not participate in abstinence-only programs, and youths in both groups had "similar numbers" of sexual partners and "had initiated sex at the same mean age."[xxxv]

In 2001, a study on the sexual behaviors of youths who had taken "virginity pledges," a key component of many abstinence-only programs, found that while some of the pledgers did delay sexual initiation by an average of 18 months, they were one-third less likely to use contraception when they did become sexually active than peers who had not taken the pledge.[xxxvi] Further research demonstrated that, among virgins, male and female pledgers were six times more likely to have had oral sex than non-pledgers, and male pledgers were four times more likely to have had anal sex than their peers who had not pledged.[xxxvii]

State evaluations have likewise determined that abstinence-only programs are ineffective. In a 2003 study in Pennsylvania, the researchers concluded that, "taken as a whole, this initiative was largely ineffective in reducing sexual onset and promoting attitudes and skills consistent with sexual abstinence."[xxxviii] In 2004, researchers in Texas noted, "We didn't see any strong indications these programs were having an impact in the direction desired."[xxxix] In a 2004 study of Kansan youth, the researchers found "no changes…for participants' actual or intended behavior; such as whether they planned to wait until marriage to have sex…rather than focusing on Abstinence-Only-Until-Marriage, data suggests that including information on contraceptive use may be more effective at decreasing teen pregnancies."[xl]

Abstinence-only programs provide incomplete information about contraceptives that leaves young people unprepared

Abstinence-only programs provide adolescents with incomplete information about contraceptives, a critical part of any public health effort to prevent teen pregnancy and sexually transmitted infections. By excluding from their curricula information on the benefits of, and how to properly utilize, contraception, these programs leave young people unprepared to engage in protective measures when they do become sexually active.

Women and girls are disproportionately affected by the consequences of unprotected sexual activity. Most women have the potential to become pregnant for over 30 years of their

lives, and for approximately three-quarters of her reproductive life, the average woman is trying to postpone or avoid pregnancy.[xli] Young people, particularly women, need information about, and access to, contraception and other safer sex supplies in order to protect against STIs, prevent unintended pregnancies, and control the timing and spacing of their pregnancies. Contraception is basic health care for women that reduces the incidence of maternal death, and prevents low birth weight babies and infant mortality.[xlii] Yet abstinence-only programs specifically censor and distort this crucial information for young women.

Abstinence-only programs provide inaccurate and misleading information that undermines young people's confidence in contraception when they do become sexually active.

What information abstinence-only programs do provide about contraception and other reproductive health issues has been shown to be medically inaccurate, highly exaggerated and misleading.[xliii] For example, many of the curricula include grossly exaggerated failure rates for condoms,[xliv] provide false information about the risks of abortion,[xlv] and treat subjective, moral judgments as scientific fact. For example, one curriculum used by eight CBAE grantees refers to a 43 day-old fetus as a "thinking person."[xlvi] Another curriculum used by seven grantees asks rhetorically "could condoms be just another stupid idea?"[xlvii] This misleading and inaccurate information undermines young women's confidence in supplies proven to be highly effective in preventing unplanned pregnancies and the transmission of STIs, including HIV/AIDS.[xlviii]

Abstinence-only programs promote gender stereotypes that may undermine young women's confidence and self-efficacy

Many abstinence-only curricula advance gender stereotypes that reinforce outdated notions of male and female social and sexual roles and teach young women that they are responsible for containing young males' aggressive sexual desires and needs. Inculcating American youth with narrow and regressive values about gender and sexuality undermines efforts to achieve true gender equality and may diminish a young woman's self-efficacy, thus compromising her ability to make responsible, pro-active decisions about and for her sexual health.

Many of the curricula contain stereotypes that devalue girls' achievements and ambitions. For example, nineteen CBAE grantees use a curriculum that lists "Financial Support" as one of the "5 Major Needs of Women," and "Domestic Support" as one of the "5 Major Needs of Men."[xlix] Others portray stereotypes about males' overwhelming sexuality and female's sensitivity as biological fact.[l] These curricula also suggest that boys are helpless in the face of their uncontrollable sexual urges and women and girls must defend against this male aggression through chastity and self-discipline. Several of the curricula go so far as to instruct young women to dress modestly to protect against overwhelming male sexuality.[li] This type of logic offers an erroneous biological "excuse" for perpetrators of sexual harassment and violence. It suggests that victims of sexual harassment and violence are at least partially responsible for the attack made against them. Additionally, these stereotypes

undermine the ability of teachers and students to recognize incidence when males are victims of sexual harassment or violence.[lii]

These stereotypes are especially dangerous when viewed alongside curricula that represent women as helpless, passive and dependent on men,[liii] as they may diminish young women's ability to confidently and assertively reject sexual advances. Researchers of a 2004 study on abstinence-only programs in Kansas found, for example, that after participating in abstinence-only programs, significantly fewer students surveyed felt they "have the right to refuse to have sex with someone."[liv]

Abstinence-only programs may cause adolescent females concerned about being viewed as promiscuous to avoid voicing questions or concerns about sexual activity to teachers, parents or health care providers; taking preventive measures to protect themselves from unplanned pregnancies or STI transmission; seeking treatment if they do contract an STI; or voicing sexual desires, fears or rejection to future partners.[lv] Taken together, the promotion of gender stereotypes in abstinence-only curricula further undermines young women's ability to make responsible, informed decisions about sexual health.

Abstinence-only programs alienate youth populations at the highest risk for sexual health issues by stigmatizing people from non-traditional families.

The eight-point definition of abstinence-only-until-marriage education stigmatizes adolescents living in families without two, heterosexual parents and adolescents who do not foresee themselves one day living in a traditional family structure. In particular, the definition discriminates against women and girls—particularly women and girls of color—who disproportionately bear the burden of out-of-wedlock childbirth,[lvi] and gay, lesbian, bisexual and transgender (GLBT) youths, for whom marriage is likely not an option and who are thus left with no "approved" outlet for their sexuality. Youths of color and GLBT youths are two broad communities at particularly high risk for sexual health-related issues.[lvii] Instead of recognizing the needs of these adolescents and catering to their unique circumstances, abstinence-only programs stigmatize or ignore them.

Comprehensive sex education provides young people with information and education to make responsible decisions.

Rather than continuing to fund ineffective and damaging abstinence-only programs, Congress should invest instead in comprehensive sex education programs that address the public health challenges our young people face. Like abstinence-only programs, comprehensive sex education programs stress the importance of abstinence and emphasize that it is the only guaranteed way to avoid many serious health consequences that can result from intercourse. However, comprehensive sex education programs also discuss the comparative safety risks and advantages of different contraceptive methods, teach teens how to avoid unintended pregnancy and sexually transmitted infections, including HIV/AIDS, and help teens learn healthy decision-making and communication skills.

Numerous studies have found certain comprehensive sex education programs to be highly effective in delaying initiation of sex, reducing number of sexual partners, reducing incidence of unprotected sex and increasing condom usage among American youth, in addition to other positive results.[lviii] Additionally, most Americans support comprehensive sex education and feel unfavorably toward abstinence-only programs. In fact, 76 percent of voters, including decisive majorities of Independents, Republicans, red-state voters, Catholics, Evangelicals, and seniors—strongly support teaching comprehensive sex education in public schools (89 percent strongly or somewhat favor).[lix]

Conclusion

Young people are struggling to bear the physical, social and economic consequences of unprotected sexual activity. Unfortunately, abstinence-only programs are failing to meet the needs of American teens. The National Women's Law Center thanks the Committee for providing much-needed oversight of these failed programs, and urges Congress to provide funding for the comprehensive sex education Americans want and deserve. Additionally, I would like to thank Julia Kaye at the National Women's Law Center for helping with this testimony. She is available to answer questions at jkaye@nwlc.org.

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[i] GUTTMACHER INSTITUTE, IN BRIEF: FACTS ON AMERICAN TEENS' SEXUAL AND REPRODUCTIVE HEALTH (2006), *available at* http://www.guttmacher.org/pubs/fb_ATSRH.html#n25 [hereinafter "In Brief"].
[ii] H. Weinstock et al., *Sexually Transmitted Diseases Among American Youth: Incidence and Prevalence Estimates,* PERSP. ON SEX. REPROD. HEALTH, Jan. 2004, 36(1), at 6–10 [Hereinafter "Weinstock Paper"].
[iii] Jacqueline E. Darroch et al., Guttmacher Institute, *Teenage Sexual and Reproductive Behavior in Developed Countries: Can More Progress Be Made*?, OCCASIONAL REPORT 3 (2001), *available at* http://www.guttmacher.org/pubs/eurosynth_rpt.pdf [Hereinafter "Occasional Report 3"].
[iv] Press Release, *Nationally Representative CDC Study Finds 1 in 4 Teenage Girls Has a Sexually Transmitted Disease* (March 11, 2008), *available at* http://www.cdc.gov/STDConference/2008/media/release-11march2008.htm [Hereinafter "Press Release"].
[v] *See* In Brief.
[vi] Jacqueline E. Darroch and Susheela Singh, Guttmacher Institute, *Why is Teenage Pregnancy Declining? The Roles of Abstinence, Sexual Activity and Contraceptive Use*, OCCASIONAL REPORT 1 (1999) [Hereinafter "Occasional Report 1"].
[vii] *See* Occasional Report 3.
[viii] *See* In Brief.
[ix] *See* Weinstock Paper.
[x] SUE ALFORD, ADVOCATES FOR YOUTH, ADOLESCENTS– AT RISK FOR SEXUALLY TRANSMITTED INFECTIONS FACT SHEET (2003), *available at* http://www.advocatesforyouth.org/PUBLICATIONS/factsheet/fssti.htm [Hereinafter "Adolescents Fact sheet"].
[xi] *See* Press Release.
[xii] L.B. Finer et al., *Disparities in Rates of Unintended Pregnancy in the United States, 1994 and 2001*, PERSP. ON SEX. REPROD. HEALTH, June 2006, 38(2), at 90–96, *citing* In Brief.
[xiii] *See* In Brief.
[xiv] Peter D. Hart Research Associates, *Gates Foundation Dropouts Survey* (Sept/Oct 2005); NELS:1988, NCES, "Dropout Rates in the United States: 1994."
[xv] *See* Weinstock Paper.
[xvi] *See* In Brief.
[xvii] *See* Adolescents Fact sheet, *citing* CDC, SEXUALLY TRANSMITTED DISEASE SURVEILLANCE, 2001 (2002).

[xviii] CDC, HIV/AIDS AMONG WOMEN (June 2007), *available at* http://www.cdc.gov/hiv/topics/women/resources/factsheets/women.htm [Hereinafter "CDC Fact sheet"]
[xix] *See* CDC Fact sheet, *citing* NATIONAL CENTER FOR HEALTH STATISTICS, BRIDGED-RACE VINTAGE 2005 POSTCENSAL POPULATION ESTIMATES FOR JULY 1, 2000–JULY 2005, BY YEAR, COUNTY, SINGLE-YEAR AGE, BRIDGED-RACE, HISPANIC ORIGIN, AND SEX, *available at* http://www.cdc.gov/nchs/about/major/dvs/popbridge/datadoc.htm#vintage2005.
[xx] *See* CDC Fact sheet, *citing*, CDC, HIV/AIDS Surveillance Report 2006: Cases of HIV Infection and AIDS in the United States (2006).
[xxi] *See* In Brief.
[xxii] SIECUS, A BRIEF HISTORY OF FEDERAL FUNDING FOR ABSTINENCE-ONLY-UNTIL-MARRIAGE PROGRAMS, *available at* http://www.siecus.org/policy/states/2005/Explanation.pdf [Hereinafter "History of Abstinence-Only Programs"].
[xxiii] 42 U.S.C. §§ 300z et seq. AFLA, Title XX of the Public Health Service Act, authorizes HHS to make grants for demonstration projects to help communities provide appropriate care and prevention services in easily accessibly locations. The term "prevention services" is defined as necessary services to prevent adolescent sexual relations. 42 U.S.C. § 300z-1(a)(8).
[xxiv] *See* History of Abstinence-Only Programs.
[xxv] 42 U.S.C. § 710. Programs funded by Title V target "those groups which are most likely to bear children out-of-wedlock." 42 U.S.C. 710(b)(1).
[xxvi] REBECCA A. MAYNARD ET AL., MATHEMATICA POLICY RESEARCH, FIRST-YEAR IMPACTS OF FOUR TITLE V, SECTION 510 ABSTINENCE EDUCATION PROGRAMS (2005), *available at* http://aspe.hhs.gov/hsp/05/abstinence/report.pdf [Hereinafter "Mathematica Research"].
[xxvi] AMERICAN PUBLIC HEALTH ASSOCIATION, STATE REFUSAL OF FEDERAL FUNDING FOR ABSTINENCE-ONLY EDUCATION 159807 (2007), *available at* http://apha.confex.com/apha/135am/techprogram/paper_159807.htm.
[xxvii] 42 U.S.C. § 1310. This section authorizes HHS to make grants to states, local governments, and other entities for a wide range of demonstration projects.
[xxviii] *See* History of Abstinence-Only Programs.
[xxix] *Id.*
[xxx] *Id.*
[xxxi] While the "abstinence education" definition is only located in Title V, annual appropriations acts and program announcements have extended the definition to the CBAE and AFLA grants. *See* Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2006, Pub. L. 109-149. *See also* Notice, Department of Health and Human Services, Office of the Secretary, Availability of Funds for Adolescent Family Life Demonstration Projects, 69 Fed. Reg. 17,888-89 (April 5, 2004); Announcement, Department of Health and Human Services, Administration for Children and Families, *Community-Based Abstinence Education Program, Funding Opportunities FY 2006*, p. 2.
[xxxii] 42 U.S.C. § 710(b)(2).
[xxxiii] NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES, NATIONAL INSTITUTES OF HEALTH, DEPARTMENT OF HEALTH AND HUMAN SERVICES, WORKSHOP SUMMARY: SCIENTIFIC EVIDENCE ON CONDOM EFFECTIVENESS FOR SEXUALLY TRANSMITTED DISEASES (July 20, 2001), *available at* http://www3.niaid.nih.gov/research/topics/STI/pdf/condomreport.pdf; MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH (MFMER), BIRTH CONTROL GUIDE (Jan. 25, 2008), *available at* http://www.mayoclinic.com/print/birth-control/BI99999/PAGE=all&METHOD=print.
[xxxiv] Funding Opportunity: Community-Based Abstinence Education, 70 Fed. Reg. 29,318, 29,320, 29,321, 29,324 (May 20, 2005); *See* ACF, Funding Opportunity: Community-Based Abstinence Education (Jan. 26, 2006), at 1, 7-8, 15, 27, *available at* http://www.acf.hhs.gov/grants/pdf/HHS-2006-ACF-ACYF-AE-0099.pdf.
[xxxv] *See* Mathematica Research at p. xvii.
[xxxvi] SIECUS, WHAT THE RESEARCH SAYS… (Oct. 2007), *available at* http://www.siecus.org/policy/research_says.pdf [Hereinafter "What the Research Says"], *citing* Peter Bearman and Hanah Brückner, *Promising the Future: Virginity Pledges and the Transition to First Intercourse*, 106.4 AM. J. OF SOC. 859-912 (2001).
[xxxvii] *See* What the Research Says, *citing* Bearman and Brückner, *The Relationship Between Virginity Pledges in Adolescence and STD Acquisition in Young Adulthood*, National STD Prevention Conference (Philadelphia, PA), Mar. 9, 2004.

[xxxviii] EDWARD SMITH ET AL., EVALUATION OF THE PENNSYLVANIA ABSTINENCE EDUCATION AND RELATED SERVICES INITIATIVES: 1998-2002 10 (2003), *available at* http://www.dsf.health.state.pa.us/health/lib/health/familyhealth/evaluationpaabstinence1998-20021.pdf.
[xxxix] *See* What the Research Says, *citing* PATRICIA GOODSON ET AL., ABSTINENCE EDUCATION EVALUATION PHASE 5: TECHNICAL REPORT 170-172 (2004).
[xl] *See* What the Research Says, *citing* TED CARTER, EVALUATION REPORT FOR THE KANSAS ABSTINENCE EDUCATION PROGRAM 19 (2004) [Hereinafter "Carter Report"].
[xli] GUTTMACHER INSTITUTE, FULFILLING THE PROMISE: PUBLIC POLICY AND U.S. FAMILY PLANNING CLINICS (2000), *available at* http://findarticles.com/p/articles/mi_m0KCT/is_2000_Jan_1/ai_n18611137.
[xlii] Conde-Agudelo et al., *Birth Spacing and Risk of Adverse Perinatal Outcomes, A Meta-analysis*, JAMA 2006; 295: 1809-1823.
[xliii] STAFF OF THE HOUSE COMM. ON GOVERNMENT REFORM, SPECIAL INVESTIGATIONS DIVISION, 108TH CONG., REPORT ON THE CONTENT OF FEDERALLY FUNDED ABSTINENCE-ONLY EDUCATION PROGRAMS, at i. (2004) [Hereinafter the "Waxman Report"].
[xliv] A curriculum used by seven CBAE grantees states: "[i]n heterosexual sex, condoms fail to prevent HIV approximately 31% of the time." *See* Waxman Report, *citing* Why kNOw, 91.
[xlv] Another curriculum, used by eight CBAE grantees, states: "[s]tudies show that five to ten percent of women will never again be pregnant after having a legal abortion." *See* Waxman Report, *citing* Me, My World, My Future, Teacher Manual, 157.
[xlvi] *See* Waxman Report, *citing* Me, My World, My Future, Teacher Manual, 77.
[xlvii] JULIE F. KAY ET AL., LEGAL MOMENTUM, SEX, LIES & STEREOTYPES: HOW ABSTINENCE-ONLY PROGRAMS HARM WOMEN AND GIRLS (2008), available at http://legalm.convio.net/site/DocServer/SexLies_Stereotypes2008.pdf?docID=1001 [Hereinafter "Sex, Lies & Stereotypes"], *citing* KRIS FRAINIE, 90 WHY KNOW ABSTINENCE EDUCATION PROGRAMS: CURRICULUM FOR SIXTH GRADE THROUGH HIGH SCHOOL (Teacher's Manual) (2002).
[xlviii] NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES, NATIONAL INSTITUTES OF HEALTH, DEPARTMENT OF HEALTH AND HUMAN SERVICES, WORKSHOP SUMMARY: SCIENTIFIC EVIDENCE ON CONDOM EFFECTIVENESS FOR SEXUALLY TRANSMITTED DISEASES (July 20, 2001).
[xlix]*See* Waxman Report, *citing* WAIT Training, 199.
[l] *See* Sex, Lies & Stereotypes, *citing* ROSE FULLER & JANET MCLAUGHLIN, FACTS AND REASONS 28 (Teacher's Manual) (2000); CHOOSING THE BEST, CHOOSING THE BEST LIFE: LEADER GUIDE 7 (2003).
[li] *See* Sex, Lies & Stereotypes, *citing* Letter from Steven Brown, Executive Director, Rhode Island ACLU, to Peter McWalters, Comm'r, R.I. Dep't of Educ. (Sept. 21, 2005), *available at* http://www.riaclu.org/documents/sex_ed_letter.pdf.
[lii] *See* Sex, Lies & Stereotypes, at 22.
[liii] *See* Waxman Report, *citing* WHY KNOW ABSTINENCE EDUCATION, WHY KNOW 59 (2004).
[liv] *See* What the Research Says, *citing* Carter Report.
[lv] *See* Sex, Lies & Stereotypes, *citing* Janet Holland et al., Sex, *Gender and Power: Young Women's Sexuality in the Shadow of AIDS*, 12 SOC. OF HEALTH & ILLNESS 336, 350 (1990); Ralph J. DiClemente et al., *Predictors of Inconsistent Contraceptive Use Among Adolescent Girls: Findings from a Prospective Study*, 39 J. OF ADOLESCENT HEALTH 43, 49 (2006); Lynne Hillier et al., "*When You Carry Condoms All the Boys Think You Want It": Negotiating Competing Discources About Safe Sex*, 21 J. OF ADOLESCENCE 15, 29 (1998); SHARON THOMPSON, GOING ALL THE WAY: TEENAGE GIRLS' TALES OF SEX, ROMANCE, AND PREGNANCY (1996); Hélène A.C.M. Voeten et al., *Gender Differences in Health Care—Seeking Behavior for Sexually Transmitted Diseases: A Population-Based Study in Nairobi, Kenya*, 31 SEXUALLY TRANSMITTED DISEASES 265, 272 (2004).
[lvi] In 2006, there were 12.9 million one-parent families, 10.4 million of which were headed by single mothers. Press Release*, Single-Parent Households Showed Little Variation Since 1994*, U.S. CENSUS BUREAU NEWS, Mar. 27, 2007, *available at* http://www.census.gov/Press-Release/www/releases/archives/families_households/009842.html.
[lvii] JENNIFER AUGUSTINE, SUE ALFORD, AND NAHNAHSHA DEAS*,* ADVOCATES FOR YOUTH, YOUTH OF COLOR—AT DISPROPORTIONATE RISK OF NEGATIVE SEXUAL HEALTH OUTCOMES (2004), *available at* http://www.advocatesforyouth.org/PUBLICATIONS/factsheet/fsyouthcolor.htm; HEALTHY TEEN NETWORK, THE UNIQUE SEXUAL AND REPRODUCTIVE HEALTH NEEDS OF GAY, LESBIAN, BISEXUAL, TRANSGENDER AND QUESTIONING (LGBTQ) YOUTH FACT SHEET, *available at*

http://www.healthyteennetwork.org/vertical/Sites/%7BB4D0CC76-CF78-4784-BA7C-5D0436F6040C%7D/uploads/%7B516EF85D-49FA-4F3F-B562-FA918CF9ED58%7D.PDF.

[lviii] SUE ALFORD, ADVOCATES FOR YOUTH, SCIENCE & SUCCESS: PROGRAMS THAT WORK TO PREVENT TEEN PREGNANCY, HIV AND SEXUALLY TRANSMITTED INFECTION FACT SHEET (2007), *available at* http://www.advocatesforyouth.org/publications/ScienceSuccessES.pdf.

[lix] Peter D. Hart Research Associates, *Research Overview for Planned Parenthood /National Women's Law Center,* at 14-15 (Apr. 2007) (on file with NWLC).