

September 21, 2005

Dear Superintendent of Schools:

I am writing on behalf of concerned parents, students, and advocates committed to the well-being of teenagers across Illinois to ask for your help. In recent years, the number of programs and schools teaching abstinence-only-until-marriage curricula has increased. Research shows that these curricula, which deny young people crucial information they need to prevent pregnancy and protect themselves from sexually transmitted diseases (STDs), are ineffective and dangerous. To ensure the health of young people throughout Illinois, we ask for your assistance in keeping these unsafe programs out of our schools.

None of us wants students misled in the classroom – particularly when bad information can have lifelong consequences. Yet records indicate that sex education programs in Illinois teach some of the most problematic abstinence-only curricula – including Choosing the Best; Why kNOw; WAIT Training and A.C. Green’s Game Plan. According to a recent congressional report, these programs are among the many abstinence-only-until-marriage curricula that contain false and misleading information and perpetuate harmful stereotypes.

Perhaps most alarmingly, these curricula misrepresent the effectiveness of contraceptives, giving teenagers the false impression that condoms neither protect against STDs nor prevent unintended pregnancy.¹ Such misinformation is particularly alarming given that each year in the United States, nearly 9.1 million 15-24 year olds are infected with an STD² and more than 800,000 teenagers become pregnant.³

Despite these statistics, and discounting research by the Centers for Disease Control and others highlighting the effectiveness of condoms at preventing the transmission of HIV and other STDs, abstinence-only-until-marriage curricula send the message that condoms are not worth using. A.C. Green’s Game Plan, for example, falsely tells teachers: “[T]he

¹ According to the Centers for Disease Control, “[l]atex condoms, when used consistently and correctly, are highly effective in preventing the transmission of HIV, the virus that causes AIDS.” U.S. Centers for Disease Control and Prevention, *Male Latex Condoms and Sexually Transmitted Diseases* (Jan. 2003). The CDC has likewise concluded that “latex condoms provide an essentially impermeable barrier to particles the size of STD pathogens.” *Id.* at 2. And, according to the World Health Organization, consistent condom use is associated with reduced acquisition of a number of sexually transmitted diseases. K. Holmes et al., *Effectiveness of Condoms in Preventing Sexually Transmitted Infections*, Bulletin of the World Health Organization at 454 (June 2004).

² Hillard Weinstock et. al., *Sexually Transmitted Diseases Among American Youth: Incidence and Prevalence Estimates 2000*, 36 *Perps. on Sexual and Reprod. Health* (Jan./Feb. 2004).

³ See, e.g., Alan Guttmacher Institute, *U.S. Teenage Pregnancy Statistics: Overall Trends, Trends by Race and Ethnicity and State-by State Information* (Feb. 2004).

popular claim that ‘condoms help prevent the spread of [(STDs)]’ is not supported by the data.”⁴ Both Why kNOw and Choosing the Best are among the curricula that rely on a scientifically discredited study to dramatically understate the effectiveness of condoms in preventing HIV, the virus that causes AIDS.⁵ These programs also misstate the effectiveness of condoms in preventing pregnancy.⁶

Research shows that this kind of misinformation puts teenagers at risk. According to a recent study by researchers at Yale and Columbia Universities, 88 percent of teenagers who pledge to remain abstinent before marriage, break that pledge, and when they do have sex, they are less likely than other teens to use condoms or be tested for STDs.⁷

Many of these programs also present harmful stereotypes about men and women. WAIT Training, for example, teaches that only women prioritize “affection,” “honesty and openness,” “family commitment,” and “conversation” in a relationship.⁸ It also teaches that women need “financial support” from men, while men need “domestic support” from women.⁹ Choosing the Best teaches, “Generally, guys are able to focus better on one activity at a time and may not connect feelings with actions. Girls access both sides of the brain at once, so they often experience feelings and emotions as part of every situation.”¹⁰ These biased messages have no place in our schools.

We ask that as the superintendent of schools you confirm that the health and life-skills curricula in your district present medically accurate, age-appropriate, unbiased information about sex and sexuality. Please let us know which curricula your school district uses and how the curricula address these issues by returning the enclosed response form or sending an email to loriechaiten@aclu-il.org. There is ample evidence that programs that include information about both abstinence and the effective use of contraception reduce sexual risk-taking and pregnancy among teens.¹¹ If you would like assistance identifying comprehensive sexuality education programs to use in your district, please do not hesitate to contact the ACLU of Illinois.

Sincerely,

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⁴ United States House of Representatives Committee on Government Reform – Minority Staff, Special Investigations Division, *The Content of Federally Funded Abstinence-Only Education Programs* at fn 41 (Dec. 2004) (hereinafter House Committee Report).

⁵ House Committee Report at 8-9 and fns 28, 29, 32.

⁶ House Committee Report at 12 and fns 49-51.

⁷ H. Brückner and P. Bearman, *After the Promise: the STD Consequences of Adolescent Virginity Pledges*, 36 *Journal of Adolescent Health* at 271-278 (2005).

⁸ House Committee Report at fn 85.

⁹ House Committee Report at 17 and fn 79.

¹⁰ House Committee Report at 17 and fn 81.

¹¹ Douglas Kirby, *The Nat’l Campaign to Prevent Teen Pregnancy, Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy*, Summary at 16 (2001).