



## WHY WAIT: THE BENEFITS OF ABSTINENCE UNTIL MARRIAGE

*Bridget Maher*

The mainstream media constantly bombards young people with sexually explicit messages. Television programs regularly feature premarital sex and sexually provocative content, giving the impression that all young people are sexually active before marriage. The good news is that despite the media's targeting of young audiences with sex-saturated shows, teens prefer the abstinence message.

### **More Teens Remaining Abstinent**

Increasing numbers of young people are practicing abstinence today. According to the Centers for Disease Control, the percentage of teens who have had premarital sex declined during the 1990s. In 1991, 54 percent of teens said they had had sex, compared to 47 percent in 2003.<sup>1</sup> The decline was particularly notable among teen boys. In 1991, 57 percent of high school boys said they had had sex, compared to 48 percent in 2003.<sup>2</sup>

### **Young People Value Sexual Abstinence**

The fact that more teens are practicing abstinence is no surprise, since most teens view abstinence favorably. Almost all teens (94 percent) believe that teens should be given a strong message from society to abstain from sex until at least after high school.<sup>3</sup> Also, nearly 70 percent of teens said it is not OK for high school teens to have sex, and two-thirds of all sexually experienced teens said they wished they had waited longer to become sexually active.<sup>4</sup> Moreover, most teens think highly of virginity. In 2003, 73 percent of teens surveyed said they are not embarrassed to admit they are virgins.<sup>5</sup>

### **Abstinence and the Decline in Teen Pregnancy Rates**

Two studies indicate that abstinence has contributed to the decline in unwed teen birthrates, which declined 24 percent between 1994 and 2003 in the United States. A 2003 study found that the increase in the number of abstinent teens accounted for most of the decline in unwed teen births and 67 percent of the decline in out-of-wedlock teen pregnancies from 1991 to 1995.<sup>6</sup> A recent study

conducted by the Centers for Disease Control found that both abstinence and contraception contributed to the decline in teen pregnancy rates between 1991 and 2001. The study attributes 53 percent of the decline in teen pregnancy rates among 15- to 17-year-olds to abstinence and 47 percent to contraceptive use.<sup>7</sup>

### **Uganda's Success Story**

Both abstinence and monogamy helped to curb the spread of AIDS in Uganda, where HIV infections reached epidemic proportions in the 1980's. The prevalence of HIV began to decline in the late 1980s and continued throughout the 1990s. In fact, between 1991 and 2000, HIV infection rates declined from 21 percent to 6 percent.<sup>8</sup>

How did this happen? Shortly after he came into office in 1986, President Museveni of Uganda spearheaded a mass education campaign promoting a three-pronged AIDS prevention message: abstinence from sexual activity until marriage; monogamy within marriage; and condoms as a last resort. The message became commonly known as ABC: Abstain, be faithful, and use Condoms if A and B fail.

The government used a multi-sector approach to spread its AIDS prevention message: it developed strong relationships with government, community and religious leaders who worked with the grassroots to teach ABC. Schools incorporated the ABC message into curricula, while faith-based communities, including Christians, Muslims, and Jews, trained leaders and community workers in ABC. The government also launched an aggressive media campaign using print, billboards, radio, and television to promote abstinence and monogamy.

Condoms were definitely not the main element of the AIDS prevention message. President Museveni said, "We are being told that only a thin piece of rubber stands between us and the death of our Continent ... they (condoms) cannot become the main means of stemming the tide of AIDS."<sup>9</sup> He emphasized that condoms should be used, "if you cannot manage A and B ... as a fallback position, as a means of last resort."<sup>10</sup>

Several reports show that the decline in AIDS prevalence in Uganda was due to monogamy and abstinence and not to condoms. According to Dr. Edward Green, an anthropologist at Harvard University and an expert on Uganda's AIDS programs, fidelity to one's partner was the most important factor in Uganda's success, followed by abstinence.<sup>11</sup> A 2004 *Science* study concluded that abstinence among young people and monogamy, rather than condom use, contributed to the decline of AIDS in Uganda.<sup>12</sup>

## **Negative Consequences of Unwed Teen Sex**

Practicing abstinence helps couples to avoid the long-lasting negative consequences of premarital sex, including out-of-wedlock childbearing, sexually transmitted diseases (STDs), emotional problems, promiscuity, and future marital break-up.

### **Out-of-wedlock Childbearing**

Today in the United States, 35 percent of all births are out-of-wedlock.<sup>13</sup> Teen birthrates have declined since the early 1990s, but the highest unwed birthrates are among 20–24 year-olds, followed by those between ages 25–29.<sup>14</sup>

Out-of-wedlock childbearing has negative consequences for parents, children, and society. Unwed mothers and fathers are less likely to marry<sup>15</sup> and more likely to suffer from depression<sup>16</sup> and to live in poverty<sup>17</sup> than are those who do not have children outside of marriage. Children born to teen mothers are more likely than other children to have lower grades, to drop out of high school, to be abused or neglected, to have a child as an unmarried teenager, and to be delinquent.<sup>18</sup> Teen childbearing costs U.S. taxpayers an estimated \$7 billion each year for increased welfare, food stamps, medical care, incarceration and foster care costs, as well as lost tax revenue due to government dependency.<sup>19</sup> The gross annual cost to society of unwed childbearing and its negative consequences is \$29 billion, which includes the administration of welfare and foster care programs, the building and maintenance of additional prisons, as well as lower education and reduced productivity among unwed parents.<sup>20</sup>

### **Sexually Transmitted Diseases**

Aside from the risk of pregnancy, those who engage in premarital sex have a high risk of contracting an STD. Each year there are 15 million new cases in the U.S., and more than 65 million people in the U.S. currently have an incurable STD.<sup>21</sup> The most common STD is the human papillomavirus (HPV), an incurable virus that can cause genital warts and is present in nearly all (99.7 percent) cervical cancers.<sup>22</sup> In 1998, nearly 30,000 people died from a sexually transmitted disease or its effects; cervical cancer and HIV were the leading causes of sexual behavior-related death among women while HIV was the single leading cause of such deaths among men.<sup>23</sup>

Each year 3 million teens are infected with an STD<sup>24</sup>, and two-thirds of all new STD infections occur among young people under age 25.<sup>25</sup> Gonorrhea and Chlamydia are two of the most common curable STDs among sexually active young people. But both of these STDs can cause pelvic inflammatory disease,

which may lead to infertility.<sup>26</sup> Gonorrhea rates are highest among 15- to 19-year-old females and 20- to 24-year-old males; forty-six percent of all reported Chlamydia infections occur among girls age 15-19, while 33 percent occur among 20- to 24-year-old women.<sup>27</sup> In 2000, the total direct medical cost for diagnosing and treating nine million new cases of STDs among young people age 15-24 was \$6.5 billion, with HIV and HPV accounting for 90 percent of the total cost.<sup>28</sup>

### **Emotional Consequences of Premarital Sex**

Along with being at risk for STDs, young people who engage in unwed sex are likely to experience negative emotional consequences. A 2005 study of youth in grades 7-11 found that engaging in premarital sex often leads to depression. Compared to girls who abstain, girls who engage in premarital sex are two to three times more likely to be depressed one year later.<sup>29</sup> Teens who engage in premarital sex are also likely to experience regret, guilt, lowered self-respect, fear of commitment and fears about pregnancy and STDs.<sup>30</sup> In addition; they are more likely to commit suicide.<sup>31</sup>

### **Increased Risk of Promiscuity and Divorce**

Early premarital sex is also likely to lead to promiscuity and future marital breakup. A 2002 study of over 1,000 sexually experienced high school students found that among those who had sex before age 15, females were more than five times as likely, and males were 11 times more likely to have multiple sexual partners than were those who delayed having sex.<sup>32</sup> Another recent study found that women who have premarital sex, cohabit or bear children out of wedlock are at higher risk for divorce than women who do not.<sup>33</sup>

### **The Ineffectiveness of Contraception**

The birth control pill provides no protection against STDs. The “typical use” of the pill has an 8 percent failure rate with regard to preventing pregnancy.<sup>34</sup> Condoms are also not 100 percent effective in preventing pregnancy – they have a 15 percent failure rate<sup>35</sup> for “typical use” – and provide only limited protection against STDs. According to a NIH study, when used consistently and correctly, condoms reduce the risk of gonorrhea in men and provide an 85 percent reduction in HIV/AIDS transmission between men and women. However, this study found no evidence that condoms help to prevent six other STDs, including HPV, Chlamydia, genital herpes, and syphilis.<sup>36</sup> In addition, young people often do not use condoms properly. A 2005 study of 509 adolescent girls found that only 35 percent used condoms consistently and only 16 percent used condoms consistently and correctly.<sup>37</sup>

### **Parental Influence on Teen Sex**

Many factors influence a teen's decision on whether or not to have premarital sex, and parents play a major role in this area. In a 2003 poll, 45 percent of teenagers said their parents influenced their decisions about sex most strongly.<sup>38</sup> One way parents affect teens' sexual decision-making is by their marital status. A 2002 study found that adolescents living with a divorced single parent or a remarried parent were more likely to engage in premarital sex than were those living in an intact family.<sup>39</sup>

Parental supervision also plays a big role in whether or not teens engage in sexual activity. A study of over 2,000 public high school students found that the more time youths spent unsupervised, the more likely they were to have had sex. Also, the more time boys were left unsupervised, the higher number of lifetime sexual partners they were likely to have. Among those who had had sexual intercourse, "91 percent said that their last time had been in a home setting, including their own home (37 percent), their partner's home (43 percent), and a friend's home (12 percent), usually after school."<sup>40</sup>

Emotional connectedness between parents and teens and parental attitudes toward sex also greatly affect teen sexual behavior. The Adolescent Health Study found that "high levels of mother-child connectedness are independently related to delays in first sexual intercourse among 8<sup>th</sup> and 9<sup>th</sup> grade boys and girls and among 10<sup>th</sup> and 11<sup>th</sup> grade boys."<sup>41</sup> A 2005 study found that compared to their peers, teens who perceived that their parents strongly disapproved of sex during adolescence were less likely to have a STD six years later.<sup>42</sup>

### **The Media and Teen Sex**

The media greatly influences teen's sexual behavior. A study in *Pediatrics* found that teens who watched high amounts of television with sexual content were twice as likely as those who watched minimal amounts to initiate sexual intercourse during the following year. High exposure to sexual content was also associated with advanced forms of non-coital behavior. According to the study, discussions of sex on television had the same effect on teens as depictions of sexual activity.<sup>43</sup>

### **Religious Teens Delay Sex**

Religion plays an important role in helping teens to delay premarital sex. In a 2004 report by the National Center for Health Statistics, teens stated that the main reason they had not had sex yet was that it was "against their religion or morals."<sup>44</sup> A 2003 study found that teens, particularly girls, who pray, believe

religion is important, attend church regularly, and participate in youth groups are less likely to have premarital sex than are less religious teens.<sup>45</sup>

### **Substance Abuse and Teen Sex**

Drug and alcohol use, as well as delinquency, are associated with premarital sex. Teens that drink is seven times more likely and those who use drugs are five times more likely to have sex than those who do not.<sup>46</sup> Also, sexually experienced teens are likely to use substances such as alcohol and cigarettes.<sup>47</sup> In a 2002 survey, almost one-third of sexually active young people age 15-24 said they had “done more” sexually than they had planned while drinking or using drugs.<sup>48</sup>

### **Delinquency and Teen Sex**

According to a Department of Justice report, boys who engage in delinquency at an early age are likely to become teen fathers, and teen fathers are likely to engage in delinquent behavior. The report found that compared to teens who were not fathers, teen fathers were 7.5 times more likely to engage in serious delinquency during the same year they became fathers.<sup>49</sup>

### **Comprehensive Sex-ed Programs**

Young people are also very much affected by the messages on sex and abstinence that they receive in school. Unfortunately, the majority of schools teach “safe sex” or “comprehensive sex ed” programs which encourage contraceptive use and assume that young people will engage in sexual activity. Some experts claim that abstinence programs and comprehensive sex Ed programs are becoming more similar. However, this is not the case. The underlying message of comprehensive sex ed programs is that sexual activity is OK for teens as long as they use “protection.”<sup>50</sup> According to a 2002 report conducted by the Physicians Consortium, which investigated comprehensive sex programs promoted by the Centers for Disease Control, abstinence is barely mentioned and condom use is clearly advocated in these curriculums. Not only do students learn how to obtain condoms, but they also practice putting them on cucumbers or penile models. Masturbation, body massages, bathing together, and fantasizing are listed as “ways to be close” in one curriculum.<sup>51</sup>

The Sexuality Information and Education Council of the United States (SIECUS) developed guidelines for comprehensive sex education, which according to SIECUS have become “one of the most influential publications in the field.” These guidelines call for teaching five- through eight-year-olds about masturbation, sexual intercourse, accepting cohabitation, and homosexuality. Upper elementary students learn about these topics as well as contraception and abortion. Topics for junior high students include sexual fantasies, body

massages, and oral, vaginal, and anal intercourse. For high school students, SIECUS recommends adding discussion about using “erotic photographs” [otherwise known as pornography] and literature. Only one page out of one hundred is dedicated to abstinence.<sup>52</sup>

### **Abstinence programs**

Parents overwhelmingly reject the messages of comprehensive sex-ed and approve of abstinence education. In a 2004 Zogby poll, only 7 percent of parents approved of teaching teens that it’s OK for them to have sex as long as they use condoms to protect against pregnancy and disease. However, 96 percent of parents said that sex-ed classes should teach that abstinence from sexual activity is best for teens. Also, 91 percent of parents said teens should be taught that the best choice is for sexual activity to be linked to love, intimacy and commitment – qualities most likely to occur in a faithful marriage.<sup>53</sup>

Today, there are over one thousand abstinence-until-marriage programs around the United States, and one-third of public middle and high schools say both that abstinence is “the main message in their sex education” and that abstinence is taught as “the only option for young people.”<sup>54</sup> In these programs, abstinence is defined as refraining from all sexual activity, including mutual masturbation, genital sexual intercourse, and anal and oral sex. Started by non-profit and faith-based groups, these programs teach young people that abstaining from premarital sex is the expected standard and that “personal happiness, love and intimacy are most likely to occur within the commitment of a faithful marriage.”<sup>55</sup> Abstinence programs address youth who have already been sexually active, encouraging them to practice secondary virginity. Also, abstinence curricula teach that human sexuality is “not primarily physical, but moral, emotional, and psychological in nature.”<sup>56</sup> Abstinence programs do more than just tell teens to say “No” to unwed sex: They give young people the encouragement and skills they need to practice abstinence. Classes cover many topics, including self-esteem building, self-control, decision making, goal setting, character education, relationship skills, refusal skills, healthy personal and sexual boundaries, emotional and physical consequences of premarital sexual activity, and understanding sexual intimacy and human bonding. The effectiveness of birth control may be discussed, but it is neither provided nor promoted in these programs.

Some people claim that abstinence education is ineffective and presents medically inaccurate information. Rep. Henry Waxman (D-CA), a long-time enemy of abstinence education, makes this claim in a paper commonly known as “The Waxman Report.” The report accuses abstinence programs of creating gender stereotypes and of teaching inaccurate information about contraceptives, abortion, and human reproduction. However, almost all of the “scientific errors”

he found were not actually errors. They were medically accurate facts that his report took out of context or distorted.

There is plenty of evidence demonstrating the effectiveness of abstinence education. Several studies published in peer-reviewed journals have found that students participating in abstinence programs are more likely to delay sex, to view abstinence more positively and to have an increased knowledge of the negative consequences of premarital sexual activity.<sup>57</sup>

### **Federal Study on Abstinence Education**

An interim report from a federal longitudinal study on four Title V abstinence programs found that abstinence education is effective in changing young people's attitudes with regard to sexual behavior. Compared to their peers in a control group, teens who participated in abstinence programs had an increased understanding of the negative consequences of unwed sex. Also, the students viewed abstinence more favorably and unwed sex more negatively.<sup>58</sup>

### **Choosing the Best**

Choosing the Best, an abstinence program based in Atlanta, Georgia, has developed curricula and parental education materials that are used nationwide. Since the company started in 1993, over one million students have completed CTB. Students in public or private schools are taught the program by their teachers, who can be trained by CTB staff. CTB has four age-appropriate programs for 6<sup>th</sup> through 12<sup>th</sup> graders. Each curriculum teaches students the consequences of premarital sex, the benefits of abstaining until marriage, relationship education, how to make a virginity pledge, refusal skills, and character education. Choosing the Best involves parents in their children's lessons and educates them about how to teach abstinence to their children.

An independent study conducted between 2002-2004 found positive results among students who participated in classes using the Choosing the Best curriculum. The study was based on 7<sup>th</sup>, 8<sup>th</sup>, and 9<sup>th</sup> grade students in a south metro Atlanta high school and its feeder middle school. Students were taught either CTB or the state-approved abstinence program. All students received a pre-test and two post-tests, one immediately following the program and another one twelve months later. Data on 318 students indicated that CTB students were 47 percent less likely to initiate sexual activity.<sup>59</sup>

This abstinence program has also contributed to lower teen-pregnancy rates in Georgia. In Columbus, Georgia, CTB materials were used in all 8<sup>th</sup> grades for a period of four years. A study requested by the Georgia State Board of Education to examine the effectiveness of this curriculum found a 38-percent reduction in



pregnancies among middle-school students in Muscogee County between 1997 and 1999. Other large school districts that did not implement the Choosing the Best program experienced only a 6-percent reduction in teen pregnancies during those same years.

### **Not Me, Not Now**

Not Me, Not Now, a Rochester, New York based abstinence program, used a local mass media campaign, a user-friendly website, and a school-based program to promote the abstinence message. Television and radio ads, educational materials for parents, posters (and guides to accompany them) for schools, community centers and pediatricians' offices were part of this program, which aimed at youth age 9-14. Postponing Sexual Involvement, an educational series, was used in some elementary and middle schools in Monroe County.

An evaluation conducted between 1994 (before the program started) and 1997 found several positive results. Before the program, 34 percent of the students said they could adequately handle the consequences of sexual activity, compared to 22 percent after the program. Results of the Centers for Disease Control's Youth Risk Behavior Survey for Monroe County (for 1992, 1995 and 1997) found that the percentage of youth having sex by age 15 declined from 46 percent to 32 percent. Also, pregnancy rates among 15- to 17-year-old girls in Monroe County declined 22 percent between 1993 and 1996.<sup>60</sup>

### **Best Friends**

The Best Friends program, founded in Washington, D.C., in 1987 and operating in more than 100 schools in the United States, teaches students about many topics, including friendship, love and dating, self-respect, decision making, alcohol and drug abuse, physical fitness and nutrition, AIDS, and STDs. In addition, the program uses role model presentations, mentoring, community service, and a recognition ceremony at local schools to help young girls abstain from premarital sex, drugs, alcohol and smoking. The Diamond Girls program for high school students focuses on career development and leadership activities during monthly and weekend meetings.

A recent study found that the Best Friends program is very effective in preventing junior high and high school girls from engaging in premarital sex or drug or alcohol use. The study compared data on Best Friends girls in grades six through eight in Washington, D.C., with that on District girls the same age who participated in the Centers for Disease Control's Youth Risk Behavior Survey (YRBS). Compared to the YRBS girls, Best Friends girls were more than six times less likely to engage in premarital sex, eight times less likely to use drugs, twice as likely not to smoke and almost twice as likely not to drink alcohol.

Researchers controlled for age, grade, and ethnicity or race.

Best Friends high school participants, known as Diamond Girls, were also compared to high school girls in the YRBS, both of whom live in Washington, D.C. Compared to YRBS girls, Diamond girls were nearly 120 times less likely to have premarital sex, 26 times less likely to use drugs, nearly nine times less likely to smoke and three times as likely to abstain from alcohol.<sup>61</sup>

### **Operation Keepsake**

Operation Keepsake, a Cleveland, Ohio-based abstinence program started in 1988, teaches its For Keeps curriculum in 90 public and private schools in the greater Cleveland area. It is presently taught to at least 15,000 middle and high school students. Along with a classroom component, this program also includes peer mentoring, guest speakers, opportunities to make an abstinence pledge, and parental involvement.

A 2005 study on the For Keeps curriculum published in the *American Journal of Health Behavior* found several positive results among 2,069 middle school students, half of whom were taught the For Keeps curriculum. Compared to the control group, students learning For Keeps demonstrated a significant increase in their knowledge of HIV/AIDS and other STDs; a significant increase in their beliefs in being abstinent until married or older; and a decline in their intention to have sex in the near future. Sexually active teens receiving this program reported fewer episodes of sexual intercourse and fewer sexual partners.<sup>62</sup>

### **Virginity Pledges**

Virginity pledges are effective in encouraging teens to delay sexual initiation, but a pledge by itself is not sufficient. Young people also need to participate in an abstinence program and to have family and friends who support and encourage them to remain chaste.

A 2004 study from Columbia and Yale Universities found that teens who make a virginity pledge are 12 times more likely than non-pledgers to be virgins at marriage.<sup>63</sup> Also, those who signed a pledge were more likely to delay sexual activity for 18 months, have fewer partners, and marry earlier.<sup>64</sup> A Heritage Foundation study found that young women who pledge to remain virgins are about 40 percent less likely to have an out-of-wedlock birth compared to those who do not pledge.<sup>65</sup>

### **Funding for Abstinence-until-marriage Programs**

Although funding for abstinence-until-marriage has increased recently,

comprehensive sex education and contraception programs are vastly over-funded in comparison. In 2002, abstinence-until-marriage programs received \$144.1 million in federal and state government funding, while contraception sex-ed programs received \$1.73 billion in 2002. In other words, government spent \$12 to promote contraception for every dollar spent on abstinence education.<sup>66</sup> Abstinence-until-marriage programs received about \$176.5 million in federal funding in 2006, but there is still a lack of parity between these programs.

## Conclusion

Abstinence-until-marriage programs have proven to be very effective in reducing sexual activity among young people. Their success in changing young people's views and behavior is due to the fact that they teach young people that saving sex for marriage is the best choice, one that will benefit them now and in the future. In addition, these programs give students the knowledge and skills they need to abstain until marriage.

Unfortunately, many abstinence organizations lack the financial resources to expand their programs. These organizations are small non-profits with shoe-string budgets, relying on donations, the sale of their materials, and government funding for survival. Due to their limited resources, they are often unable to meet the demand for their programs. Abstinence programs should receive more funding, because abstinence is the only 100 percent effective way to prevent out-of-wedlock pregnancy and STDs. More funding will enable these programs to bring the abstinence message to more young people, teaching them that the best way to find true happiness, intimacy and love is to save sex for marriage.

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<sup>1</sup> Centers for Disease Control, National Youth Risk Behavior Survey 1991-2003, "Trends in the Prevalence of Sexual Behaviors," available at <http://www.cdc.gov/healthyyouth/yrbs/pdfs/trends-sex.pdf>.

<sup>2</sup> Centers for Disease Control, *Morbidity and Mortality Weekly Reports*, Vol. 51 September 27, 2002 and Vol. 53, May 21, 2004.

<sup>3</sup> National Campaign to Prevent Teen Pregnancy, "With One Voice 2004: America's Adults and Teens Sound off about Teen Pregnancy," December 2004.

<sup>4</sup> Ibid.

<sup>5</sup> National Campaign to Prevent Teen Pregnancy, as cited in "With One Voice 2003: America's Adults and Teens Sound off about Teen Pregnancy," December 2003.

<sup>6</sup> Joanna K. Mohn and Lynne R. Tingle, et al., "An Analysis of the Causes of the Decline in Non-marital Birth and Pregnancy Rates for Teens from 1991 to 1995," *Adolescent & Health* 3 (2003): 39-47.

<sup>7</sup> John Santelli, et al., "Can Changes in Sexual Behaviors among High School Students Explain the Decline in Teen Pregnancy Rates in the 1990s?" *Journal of Adolescent Health* 35 (August 2004): 80-90.

- <sup>8</sup> Dr. Edward C. Green, Harvard Center for Population and Development Studies, Testimony before the African Subcommittee, U.S. Senate, May 19, 2003.
- <sup>9</sup> Address by Janet K. Museveni, First Lady of Uganda at the Medical Institute for Sexual Health's "Common Ground: A Shared Vision for Health" Conference, Washington, D.C., June 17-19, 2004.
- <sup>10</sup> President Museveni of Uganda, Interview with Jackie Judd, Kaiser Family Foundation, June 14, 2004.
- <sup>11</sup> Green, *ibid*.
- <sup>12</sup> Rand L. Stoneburner and Daniel Low-Beer, "Population-Level HIV Declines and Behavioral Risk Avoidance in Uganda," *Science* 304 (April 2004): 714-718.
- <sup>13</sup> Joyce A. Martin et al., *Births: Final Data for 2003*, National Vital Statistics Reports 54, September 8, 2005, National Center for Health Statistics, p.8.
- <sup>14</sup> Bridget Maher, *The Family Portrait: A Compilation of Data, Research and Public Opinion on the Family*, Second Edition, Family Research Council, 2004, p. 79.
- <sup>15</sup> Deborah Roempke Graefe and Daniel T. Lichter, "Marriage among Unwed Mothers: Whites, Blacks, and Hispanics Compared," *Perspectives on Sexual and Reproductive Health* 34 (November/December 2002): 286-293 and Steven Nock, "The Consequences of Premarital Fatherhood," *American Sociological Review* 63 (1998): 250-263 as cited in *Family Planning Perspectives* 30 (September/October 1998): 248-249.
- <sup>16</sup> Kei M. Nomaguchi and Melissa A. Milkie, "Costs and Rewards of Children: The Effects of Becoming a Parent on Adults' Lives," *Journal of Marriage and Family* 65 (May 2003): 356-374.
- <sup>17</sup> Anne K. Driscoll, et al., "Nonmarital Childbearing among Adult Women," *Journal of Marriage and the Family* 61 (February 1999): 178-187.
- <sup>18</sup> Rebecca A. Maynard, *Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy*, (Washington, D.C.: Urban Institute Press, 1997), p. 205-229, 257-281; Judith Levine, Harold Pollack and Maureen E. Comfort, "Academic and Behavioral Outcomes Among the Children of Young Mothers," *Journal of Marriage and Family* 63 (May 2001): 355-369; Amy Conseur, et al., "Maternal and Perinatal Risk Factors for Later Delinquency," *Pediatrics* 99 (June 1997): 785-790.
- <sup>19</sup> Rebecca A. Maynard, ed., *Kids Having Kids: A Robin Hood Foundation Special Report on the Costs of Adolescent Childbearing*, The Robin Hood Foundation, 1996, p. 19.
- <sup>20</sup> *Ibid*, pp. 20, 88-91.
- <sup>21</sup> Centers for Disease Control and Prevention, *Tracking the Hidden Epidemics: Trends in STDs in the United States: 2000*.
- <sup>22</sup> The Kaiser Family Foundation, "HPV (Human Papilloma Virus) and Cervical Cancer," July 2001.
- <sup>23</sup> S.H. Ebrahim, et al., "Sexual Behavior: Related Adverse Health Burden in the United States," *Sexually Transmitted Infections* 81: 38-40.
- <sup>24</sup> The Allan Guttmacher Institute, "Teen Sex and Pregnancy," *Facts in Brief*, 1999.
- <sup>25</sup> The Kaiser Family Foundation, *Sexually Transmitted Diseases in the United States*, Fact Sheet, June 2003.
- <sup>26</sup> Medical Institute for Sexual Health, Fact Sheets "Chlamydia" and "Gonorrhea."
- <sup>27</sup> The Kaiser Family Foundation, *Sexually Transmitted Diseases in the United States*.
- <sup>28</sup> Harrell W. Chesson, et al., "The Estimated Direct Medical Cost of Sexually Transmitted Diseases among American Youth, 2000," *Perspectives on Sexual and Reproductive Health* 36 (January/February 2004): 11-19.
- <sup>29</sup> Denise D. Hallfors, et al., "Which Comes First in Adolescence – Sex and Drugs or Depression?" *American Journal of Preventive Medicine* 29 (2005) 163-170.
- <sup>30</sup> Tom and Judy Lickona, *Sex, Love and You*, (Notre Dame: Ave Maria Press, 1994), pp. 62-77.
- <sup>31</sup> Robert E. Rector, et al., "Sexually Active Teenagers Are More Likely to Be Depressed and to Attempt Suicide," The Heritage Foundation, May 30, 2003.
- <sup>32</sup> William L. Yarber, "Selected Risk and Protective Factors Associated With Two or More Lifetime Sexual Intercourse Partners and Non-Condom Use During Last Coitus Among U.S. Rural High School Students," *American Journal of Health Education* 33 (July, August 2002): 206-213.
- <sup>33</sup> Tim B. Heaton, "Factors Contributing to Increasing Marital Stability in the United States," *Journal of Family Issues* 23 (April 2002): 392-409.
- <sup>34</sup> The Alan Guttmacher Institute, "Contraceptive Use," *Facts in Brief*, 2005.
- <sup>35</sup> *Ibid*.
- <sup>36</sup> "Scientific Evidence on Condom Effectiveness for Sexually Transmitted Disease (STD) Prevention," National Institute of Allergy and Infectious Diseases, National Institutes of Health, July 20, 2001.

- <sup>37</sup> Gabriela Paz-Bailey, "The Effect of Correct and Consistent Condom Use on Chlamydial and Gonococcal Infection among Urban Adolescents," *Archives of Pediatric and Adolescent Medicine* (June 2005): 536-542.
- <sup>38</sup> International Communications Research for National Campaign to Prevent Teen Pregnancy, as cited in "With One Voice 2003: America's Adults and Teens Sound off about Teen Pregnancy," National Campaign to Prevent Teen Pregnancy, December, 2003.
- <sup>39</sup> Kathleen Boyce Rogers and Hilary A. Rose, "Risk and resiliency Factors among Adolescents Who Experience Marital Transitions," *Journal of Marriage and Family* 64 (November 2002): 1024-1037.
- <sup>40</sup> Deborah A. Cohen, et al., "When and Where Do Youths Have Sex? The Potential Role of Adult Supervision," *Pediatrics* 110 (December 2002): 1-6.
- <sup>41</sup> Robert W. Blum, "Mothers' Influence on Teen Sex: Connections That Promote Postponing Sexual Intercourse," Center for Adolescent Health and Development, University of Minnesota, 2002, 18.
- <sup>42</sup> Carol A. Ford et al., "Predicting Adolescents' Longitudinal Risk for Sexually Transmitted Infection," *Archives of Pediatric and Adolescent Medicine* 159 (July 2005): 657-664.
- <sup>43</sup> Rebecca L. Collins, et al., "Watching Sex on Television Predicts Adolescent Initiation of Sexual Behavior," *Pediatrics* 114 (September 2004): 280-289.
- <sup>44</sup> National Center for Health Statistics, "Teenagers in the United States: Sexual Activity, Contraceptive Use, and Childbearing, 2002."
- <sup>45</sup> Ann M. Meier, "Adolescents' Transition to First Intercourse, Religiosity, and Attitudes about Sex," *Social Forces* 81 (2003): 1031-1052.
- <sup>46</sup> The National Center on Addiction and Substance Abuse, "Dangerous Liaisons: Substance Abuse and Sex," December 1999.
- <sup>47</sup> Kaiser Family Foundation, "Substance Use and Sexual Health among Teens and Young Adults in the U.S.," Fact Sheet, February 2002.
- <sup>48</sup> The Kaiser Family Foundation, "Substance Use and Risky Sexual Behavior: Attitudes and Practices among Adolescents and Young Adults," February 2002.
- <sup>49</sup> Terence P. Thornberry, et al., "Teenage Fatherhood and Delinquent Behavior," *Juvenile Justice Bulletin*, Office of Juvenile Justice and Delinquency Prevention, January, 2000.
- <sup>50</sup> Shannan Marin, et al., "Comprehensive Sex Education vs. Authentic Abstinence: A Study of Competing Curricula," The Heritage Foundation, 2004.
- <sup>51</sup> The Physicians Consortium, "Sexual Messages in Government-Promoted Programs and Today's Youth Culture," April 2002.
- <sup>52</sup> National Guidelines Task Force, "Guidelines for Comprehensive Sexuality Education," Sexuality Information and Education Council of the United States, Third Edition, 2004.
- <sup>53</sup> Zogby International for Focus on the Family, "Survey on Parental Opinions of Character- or Relationship-Based Abstinence Education vs. Comprehensive Sex Education," January 2004.
- <sup>54</sup> Tina Hoff and Liberty Greene et al., "Sex Education in America: A Series of National Surveys of Students, Parents, Teachers, and Principals," Kaiser Family Foundation, p. 14.
- <sup>55</sup> Shannan Martin, et al., "Comprehensive Sex Education vs. Authentic Abstinence: A Study of Competing Curricula," The Heritage Foundation, 2004
- <sup>56</sup> Ibid.
- <sup>57</sup> "The Content of Federally Funded Abstinence-Only Education Programs," Prepared for Rep. Henry A. Waxman, United States House of Representatives, Committee on Government Reform - Minority Staff, Special Investigations Division, December 2004.
- <sup>58</sup> Rebecca Maynard, et al., "First-Year Impacts of Four Title V, Section 510 Abstinence Education Programs," Mathematica Policy Research, Inc., June 2005.
- <sup>59</sup> "Evaluation of Choosing the Best," October 1, 2005, conducted by Stan Weed, Ph.D., and Nicole Anderson, Institute for Research and Evaluation.
- <sup>60</sup> Andrew S. Doniger, et al., "Impact Evaluation of the 'Not me, Not Now' Abstinence-Oriented, Adolescent Pregnancy Prevention Communications Program, Monroe County," *Journal of Health Communications* (2001): 45-60.
- <sup>61</sup> Robert Lerner, "Can Abstinence Programs Work? An Analysis of the Best Friends Program," *Adolescent & Family Health* 3 (2004): 185-192.

<sup>62</sup> Elaine A Borawski, et al., “Effectiveness of Abstinence-only Intervention in Middle School Teens,” *American Journal of Health Behavior* 29 (2005) 423-434.

<sup>63</sup> Medical Institute for Sexual Health, “Virginity Pledges Press Release,” March 12, 2004.

<sup>64</sup> Lawrence K. Altman, “Study Finds That Virginity Pledges Are Rarely Kept,” *The New York Times*, March 10, 2004, p. A20.

<sup>65</sup> Kirk A. Johnson and Robert Rector, “Adolescents Who Take Virginity Pledges Have Lower Rates of Out-of-wedlock Births,” Heritage Foundation, March 30, 2004.

<sup>66</sup> Melissa G. Pardue, Robert E. Rector, Shannan Martin, “Government Spends \$12 on Safe Sex and Contraceptives for Every \$1 Spent on Abstinence,” The Heritage Foundation, Background No. 1718, January 14, 2004.