Closely linked to political struggles over how to treat lesbian, gay, bisexual, and transgender youth in schools are controversies related to sex education and HIV prevention. From the early 1980s until 2009, the federal government funded abstinence-only programs, many of which taught that only abstinence could protect young people against unwanted pregnancy, HIV, and other sexually transmitted infections (STIs). Advocates for sex education, women’s health, and LGBT youth oppose abstinence-only programs, not only because most studies found them ineffective, but also because many abstinence-only curricula exhibit a pervasive antigay bias, regressive gender roles, and widespread misinformation about contraception and prevention of STIs. Congress and President Obama finally ended federal funding for abstinence-only sex education in December 2009 by signing the Consolidated Appropriations Act of 2010. In so doing, Obama fulfilled a campaign promise and ended federal funding for a program that has received nearly $1.5 billion over three decades.¹

Background

LGBT youth advocates and others oppose abstinence-only-until-marriage (AOUM) programs as counterproductive and harmful to America’s youth. They do not include accurate and scientifically sound evidence about contraception and instead promote an ideological agenda. These programs have been found ineffective in preventing youth from becoming sexually active. In fact, many youth who have experienced AOUM education are less likely to use protection when they start having sex, and they are less likely to get tested for STIs.²

There are three main streams of funding for AOUM programs: the Adolescent Family Life Act (AFLA), the Title V abstinence-only program, and Community-Based Abstinence Education (CBAE). In addi-
tion to providing support for pregnant and parenting teens, AFLA was established to promote “chastity” and “self-discipline.” Since 1981, $125 million of AOUM funding has been funneled through AFLA.3

Title V of the 1996 Temporary Assistance for Needy Families Act allocated fifty million dollars from the U.S. Department of Health and Human Services to various states throughout the country for AOUM funding.4 Title V AOUM was originally authorized for five years. This program was started in 1996 and was reauthorized in July 2008, receiving fifty million dollars in federal funds in fiscal year 2009. The current authorization expired at the end of June 2009. However, Title V abstinence-only funding was reauthorized by the Patient Protection and Affordable Care Act in March 2010 at $50 million per year over five years.5

The other funding stream, known originally as Special Projects of Regional and National Significance and now as Community-Based Abstinence Education, allows the federal government to award grants directly to organizations across the country. This funding has given the government more authority over which organizations receive funding and how much each organization receives from CBAE. Funding for CBAE, which was created in 2001 by the Bush-Cheney administration, began in fiscal year 2001 at $20 million dollars. By fiscal year 2006, CBAE funding increased over 450 percent, to $113 million.6 On March 10, 2009, Congress passed the 2009 Omnibus Appropriations Act, which cut funding for CBAE by $14.2 million for the current fiscal year. Total funding for the program dropped to $99 million from $113 million in fiscal year 2008.7 The budget for fiscal year 2010 completely eliminated funding for this program.

The Sexuality Information and Education Council of the United States reports the following statistics for fiscal year 2008:

- Texas received the highest amount of federal funding: $14,289,087
- The majority of AOUM funding continued to be concentrated in southern states, with more than half of all federal funding ($82,267,900) directed into 16 southern states
- Crisis pregnancy centers in 20 states received federal AOUM funding in the amount of at least $19,102,209. Illinois distributes the most funds ($1,944,620) to crisis pregnancy centers.
- Forty-nine hospitals and local health departments continue to participate in federally-funded AOUM programs, despite years of evidence showing that these programs have no value in promoting positive public health outcomes.8
What Is Wrong with Abstinence-Only Funding?

Research shows that AOUM programs are ineffective. A study commissioned by the U.S. Department of Health and Human Services in April 2007 found that these programs were not effective in increasing teen abstinence rates. This study found that half of the youth became sexually active before marriage whether or not they had taken a “virginity pledge,” and the National Campaign to Prevent Teen and Unplanned Pregnancy found the same results. Additionally, youth who receive AOUM “education” show no significant differences in terms of pregnancy rates or STIs. A medical journal review of the most recently available data found that AOUM programs do not lower HIV infection rates. Youth in communities where high numbers of students have taken “virginity pledges” are one-third less likely than students in other communities to use contraception. These students have similar rates of STIs yet are less likely to seek medical attention about suspected sexually transmitted infections. These programs damage public health and demonstrate a misuse of resources; a wiser investment should include a more comprehensive sex education curriculum—one that teaches abstinence and the necessary practices to prevent STIs and unwanted pregnancies, given that, according to the 2009 National Youth Risk Behavior Survey, nearly half of youth in high school (46 percent) choose to engage in sexual intercourse.

Abstinence-only programs promote regressive, sexist gender stereotypes; spread dangerous misinformation about the efficacy of contraception and how to prevent HIV infection; and demonstrate pervasive antigay bias and ignorance about people living with AIDS. As such, they are not only ineffective and a waste of public dollars; they are also harmful to young people.

Regressive, Sexist Gender Stereotypes

In many texts used in abstinence-only programs, boys are presented as sex-crazed, girls as less interested in sex than in finding love. Girls are given the primary responsibility of managing the sexual predations of boys. Consider the following examples involving regressive, sexist gender stereotypes:

Watch what you wear. If you don’t aim to please, don’t aim to tease. (Sex Respect)
Woman gauge their happiness and judge their success by their relationships. Men’s happiness and success hinge on their accomplishments. (*Why kNOw*, 122)

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. (*Choosing the Best Life, Leader Guide*, 7)

[T]he bride price is actually an honor to the bride. It says she is valuable to the groom and he is willing to give something valuable for her. (*Why kNOw*, 59)

The father gives the bride to the groom because he is the one man who has had the responsibility of protecting her throughout her life. He is now giving his daughter to the only other man who will take over this protective role. (*Why kNOw*, 61)

Men sexually are like microwaves and women sexually are like crockpots . . . a woman is stimulated more by touch and romantic words. She is far more attracted by a man’s personality while a man is stimulated by sight. (*WAIT Training, Workshop Manual*, 37)

### Lesbian Youth Killed in Newark

**A Profile of Sakia Gunn**

Fifteen-year-old African American lesbian Sakia Gunn was stabbed to death while waiting at a bus stop in Newark, New Jersey, during the early morning hours of Sunday, May 11, 2003. A sophomore at West Side High School in Newark, Sakia had just spent Saturday night with her friends in Manhattan’s Greenwich Village. The Christopher Street Pier is a popular area for LGBT youth of color to hang out, and Sakia and her friends had spent the evening there and on the promenade along West Street. “The pier is somewhere we go to feel open about ourselves and have fun,” explains Victoria Dingle, a sixteen-year-old lesbian friend and fellow West Side student who was with Sakia on the night of her murder. “Me and Sakia and some friends were just chilling and having fun and feeling good about being together.”† They all returned to Newark via
the PATH train. Victoria took a cab home from there, while Sakia waited at a bus stop with four other friends.

While awaiting the bus, a car with two men in it pulled up to the curb. Valencia Bailey, a friend of Sakia, recalls what happened next. “Yo, shorty, come here,” one of them said. We told them, “No, we’re OK. We’re not like that. We’re gay.” After refusing the men’s sexual advances, Sakia’s killer, later identified as twenty-nine-year-old Richard McCullough, got out of the car, and a fight ensued. During the fight, McCullough grabbed Sakia by the throat and thrust a knife into her chest. Rushed to the hospital by a Good Samaritan, Sakia died in the emergency room in the arms of her friend Valencia.

Sakia had always been candid about her sexual orientation. She spoke openly about it, publicly showed affection for her girlfriend, and wore boyish clothing that marked her within the black community as “AG” (aggressive lesbian).

Her murder deeply affected the LGBT youth of Newark, who turned out en masse for Sakia’s funeral on May 16, 2003. The turnout was extraordinary, predominately black high school students and mostly lesbians. Local lesbian youth also played a prominent role in planning and participating in the vigils and marches immediately following Sakia’s death, as well as initiating memorials and shrines at both the site of the murder and West Side High School. Citing a lack of school-sponsored support, Sakia’s friends Valencia Bailey and Jamon Marsh founded the Sakia Gunn Aggressive and Fem Organization as a support group for young lesbians.

School officials were not as supportive. After the murder, West Side High School principal Fernand Williams instructed his receptionist to inform the media that all inquires were to go through the school district’s spokesperson, Michelle Baldwin. Five days later, Baldwin still had not responded to at least one journalist’s calls. Meanwhile, Baldwin claimed that she had referred requests for interviews to Williams and other school officials, none of whom responded. Principal Williams further angered students and journalists when he refused a request by students for a moment of silence to honor Sakia’s life. Williams also reportedly refused requests for a memorial and threatened students with suspension if they wore rainbow colors to school. However, his most horrifying response came in the form of a remark he allegedly made to students, reported in a local gay newspaper: “If someone chooses to live a certain lifestyle, they must pay a certain price.”
It is hard to accept Williams’s response in the wake of Sakia’s death, yet homophobia often knows no bounds. Fortunately, neither does love. As activist Keith Boykin stated, “The only antidote to fear is love. No matter how much some people choose to hate, we can still live our lives with dignity and create a world where love is rewarded over fear. That won’t bring Sakia Gunn back to life, but it will ensure that her death was not in vain.” In the wake of this homophobic murder, it is the love expressed by Sakia’s friends and thousands of LGBT youth, as well as their sorrow and anger, that must always be remembered.

Dangerous Lies about HIV/AIDS and Contraception

Abstinence-only curricula teach inaccurate information about how HIV is transmitted, promote stigma against people living with HIV, and misrepresent safer sex techniques (such as condom use) as ineffective in preventing sexually transmitted diseases and pregnancy.

At the least, the chances of getting pregnant with a condom are 1 out of 6. (Me, My World, My Future) [In fact, when used correctly, condoms are 98 percent effective in contraception.]

Condoms provide no proven reduction in protection against Chlamydia, the most common bacterial STD. (Choosing the Best PATH, Leader Guide)

In heterosexual sex, condoms fail to prevent HIV approximately 31 percent of the time. (Why kNOw) [In fact, when used consistently and correctly, condoms reduce the risk of STIs, including chlamydia.]

Touching another person’s genitals “can result in pregnancy” (Sexual Health Today).

“[T]ears” and “sweat” are included in a column titled “at risk” for HIV transmission (WAIT Training). [In fact, the CDC states, “contact with saliva, tears, or sweat has never been shown to result in transmission of HIV.”]
Antigay Bigotry

While many abstinence-only curricula ignore homosexuality, some abstinence-only curricula confirm antigay stereotypes.

Many homosexual activists are frustrated and desperate over their own situation and those of loved ones. Many are dying, in part, due to ignorance. Educators who struggle to overcome ignorance and instill self mastery in their students will inevitably lead them to recognize that some people with AIDS are now suffering because of the choices they made. (Facing Reality, Parent/Teacher Guide)

Among Kinsey’s most outrageous and damaging claims are the beliefs that pedophilia, homosexuality, incest, and adult-child sex are normal. [In fact, research has shown that there is no connection between pedophilia and homosexuality. See “Social Science Research Finds No Link between Sexual Orientation and Child Sexual Abuse” in chapter 3.]

Discrimination

In addition to being ineffective and counterproductive, AOUM programs are discriminatory. Section 510(b) of Title V of the Social Security Act, which defines “abstinence education,” includes many clauses that continuously refer to sex within heterosexual marriage only—a right that gay citizens have yet to federally secure. In addition, beginning in 2006, CBAE-funded programs are informed that “throughout the entire curriculum, the term ‘marriage’ must be defined ‘only as a legal union between one man and one woman as a husband or a wife.’” This language comes directly from the Defense of Marriage Act.

The Demise of Abstinence-Only Programs under the 111th Congress and President Obama

In recent years, significant political will built up against continuing wasteful spending on ineffective and harmful abstinence-only programs. As of March 2009, twenty-two states and the District of Columbia had rejected federal funding for AOUM programs. Although these states
are not receiving Title V funds, each may receive funding for AOUM programs through another avenue, such as CBAE.

Several attempts were made in Congress to extend the Title V AOUM program, but this program expired June 30, 2009. Despite the program’s termination, organizations that previously received Title V funding for AOUM programming have two years from the date in which the funding was received to spend the money. This means that some organizations may be using Title V money well into 2011.

President Obama’s budget for fiscal year 2010 included the following changes:

• ending funding for CBAE and Title V programs;
• providing $178 million for evidence-based comprehensive sex education programs;
• providing an increase of $10 million in the Title X family planning program, to a total of $317 million; and
• extending access to basic health care through the Medicaid State Option Family Planning Waiver.31

Despite attempts by some conservatives to restore abstinence-only funding in the Senate, the final 2010 spending bill put on President Obama’s desk eliminated all abstinence-only funding, and it was signed into law in December 2009.

Young Gay and Bisexual Men and HIV

Sex education is very important to LGBT youth. Fifty-seven percent of new HIV diagnoses in the United States in 2006 occurred among men who have sex with men (MSM).32 About half of these MSM are black or Latino. The bulk of new infections among black and Latino MSM occur among teens and young men in their twenties. Among white MSM, most new infections occur among men in their thirties and forties. In New York City, young black and Latino gay and bisexual men are disproportionately affected. There, new infections among gay and bisexual men ages thirteen to twenty-nine are up 33 percent since 2001.33

A lack of science-based prevention and comprehensive sex education puts youth in danger. According to the National Youth Risk Behavior Survey, almost half (46 percent) of high school students in the United States report that they have had sexual intercourse.34 That youth are not
receiving adequate information about protecting themselves when they choose to engage in sexual activity significantly contributes to the fact that approximately nine million young people (15–24) in the United States contract sexually transmitted diseases each year. The New York Department of Education does not mandate sex education in public schools, meaning that school principals decide whether or not to include sex education in their school’s curriculum, and the information shared within each school can vary by school and class.

There is also a need for LGBT-affirmative interventions in schools. In the 2007 National School Climate Survey conducted by the Gay, Lesbian, and Straight Education Network, 64 percent of LGBT high school students reported that they had been verbally harassed in the past year because of their sexual orientation, and 46 percent reported harassment because of their gender expression. Studies show that an unsafe educational atmosphere can push students out of school and into high-risk behavior. A study by the Massachusetts Department of Education found that young gay and bisexual men in schools with gay-straight alliances and other gay-affirming interventions were less likely to engage in HIV-related risk behavior than their counterparts in schools without these interventions. The New York City Department of Education has put together a curriculum called Respect for All that addresses issues of bias in school, but only one in seven New York City high schools has a gay-straight alliance.

While education and programs geared toward LGBT populations are important in promoting healthy choice and overall well-being, factors like family acceptance also play a critical role. A study published in Pediatrics in 2009 found that family rejection of lesbian, gay, and bisexual youth correlates with poor health outcomes. LGB youth who are rejected by their families are 3.4 times more likely to report having engaged in unprotected sexual intercourse compared with peers from families who accept them as gay children.

Sex education, LGBT-affirming programs, and family acceptance all correlate with lower rates of HIV-related risk behavior among young gay and bisexual men. Schools and other institutions serving youth should train staff and promote acceptance of LGBT youth among mostly heterosexual student bodies. Public health departments should develop and fund campaigns to promote family acceptance of LGBT youth as a public health strategy.