Abstinence Until Marriage Education

Pursuant to Section 510(b)(2) of title V of the Social Security Act of 1996, the term “abstinence education,” for purposes of this program means an educational or motivational program that:

(A) Has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;

(B) Teaches abstinence from sexual activity outside marriage as the expected standard for all school age children;

(C) Teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;

(D) Teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity;

(E) Teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;

(F) Teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child’s parents, and society;

(G) Teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and

(H) Teaches the importance of attaining self-sufficiency before engaging in sexual activity.

Definitions:

Abstinence is defined as voluntarily choosing not to engage in sexual activity until marriage.

Sexual activity is defined as physical sexual contact between individuals that involves the genitalia of at least one person.

Marriage is defined as a “legal union between one man and one woman as a husband and wife and spouse refers to a person of the opposite sex who is a husband or wife” (consistent with Federal law).

Sexually Transmitted Diseases (National Institute of Allergies and Infectious Diseases definition) is any contagious disease that is transmitted through direct person to person sexual contact. Sexually transmitted diseases are contracted through exchange of semen, blood, or any other body fluids or by direct sexual contact with the affected body area of an individual who has a sexually transmitted disease.
Points to teach that explain the themes of A-H:

• Committed caring relationships require respect for oneself as well as for others, their feelings, and their bodies. (B1)

• Practicing an abstinent lifestyle shows respect for oneself and for others and reflects qualities of personal integrity and is honorable. (B1)

• Renewed abstinence is returning to a state of practicing abstinence. (B2)

• Teens that choose renewed abstinence are more likely to improve their future well-being. (B2)

• Contraception is not 100% effective in preventing teen pregnancy or sexually transmitted diseases – only abstinence is 100% effective. (C1)

• Failure rates associated with contraceptives relative to pregnancy prevention, are often stated in “laboratory use” rather than “real use” which is more appropriate to consider for teen use, human error, product defect and real life experience. (C1)

• Contraception is often less effective for STDs in comparison to preventing pregnancy. (C1)

• Age of debut of sexual activity often means more partners and more exposure to risk. Immaturity of the female body is more susceptible to STDs. (C2)

• Healthy human sexuality involves enduring fidelity, love and commitment; that human happiness and well-being are often associated with a stable, loving marriage. (D1)

• Non-marital sex can undermine the capacity for healthy marriage, love and commitment. (D1)

• Abstinence is beneficial in preparation for a successful marriage and significantly increases the probability of a happy, healthy marriage. (D1)

• Sexual activity can be fulfilling when practiced within the intimacy, love and commitment of marriage. (D1)

• Human sexuality includes deep emotional and psychological aspects and is not merely physical in nature. (D2)

• Mutual faithfulness, intimacy and commitment within marriage can lead to increased human happiness. (D2)

• There is a difference between love and sex. (D2)

• Males and females may view sex, intimacy and commitment differently. (D2)

• Sexual activity exclusively within marriage can serve to promote healthy emotional bonding. (D2)

• Potential negative psychological effects of sexual activity outside of marriage for teens can include depression and suicide. (E1)
• Abstinence can help teens achieve psycho-social developmental stages. (E1)

• Harmful psychological effects can be associated with experiencing relationship failure, especially if sexual intimacy was experienced before marriage. (E1) 15

• Abstinence may increase freedom to enjoy emotional health by lessening the likelihood of experiencing negative emotions that can be associated with a decision to become involved in premarital sexual activity. (E1) 16

• Teen sexual activity is associated with decreased school completion, decreased educational attainment and decreased income potential. (E2) 17

• Teens who are sexually active are more likely to engage in other risk behaviors such as smoking, alcohol abuse, drug abuse, violence and crime. (E2) 18

• By abstaining from non-marital sexual activity, teens may have increased potential to form healthy marriages that will benefit their future children. (F1)

• The earlier the initiation of non-marital sexual activity, the greater the probability of out-of-wedlock pregnancy may occur. (F2)

• A healthy and stable marriage may greatly improve the well-being of children. (F1) 19 & 20

• A healthy and stable marriage will significantly decrease the likelihood that one’s children may experience: physical, sexual, and/or emotional abuse or neglect; welfare dependence; poverty; drug or alcohol abuse; emotional and behavioral problems; academic failure; and incarceration. (F1) 21 & 22

• The earlier the initiation of non-marital sexual activity, the greater the probability of out-of-wedlock pregnancy and birth may occur. (F1) 23

• There are multi-faceted benefits of healthy marriage to our society – increased life span, higher standards of living, higher levels of sexual satisfaction. (F2) 24 & 25

• Bearing children out-of-wedlock increases the likelihood that a mother will live in poverty, become dependent on welfare, and/or experience significant delays in, or interference with, achieving desired life goals. (F2) 26

• Adults who are married are less likely to be involved in illegal activity, abuse substances or spend time in prison. (F2) 27

• Bearing children out-of-wedlock is associated with increased rates of depression, domestic violence, and failed relationships. (F2) 28

• Bearing children out-of-wedlock can result in increased governmental expenditures and can have negative effects on society such as increased services for non-married parents and children, higher medical costs, higher rates of crime, incarceration and possible academic failure. (F2) 29 & 30

• There is a relationship between abstinence before marriage and fidelity in marriage to responsible parenthood.
Marriage can increase the probability of responsible fatherhood. (F2)  

Males who father children out-of-wedlock may face substantial child support payments and other legal obligations for the next 18 years. (F2)  

Goal setting and future-oriented thinking are a means of promoting an abstinent lifestyle. (G1)  

Personal character and self discipline produces individuals that are capable of controlling natural sexual desires. (G1)  

Being sexually active does not prove one is mature, successful or popular. (G1)  

Skills, risk assessment, self discipline, personal efficacy and healthy decision making are all ingredients for a successful lifestyle. (G1)  

Verbal skills for communicating boundaries and avoiding settings and circumstances that are likely to be conducive to being involved in sexual activity are skills to be learned. (G2)  

Analyzing media and avoiding settings that involve potential interaction with pornography or predators including movies, TV, magazines, internet, myspace and assist young people in rejecting sexual advances to maintain an abstinent lifestyle. (G2)  

Skills to set and maintain independent personal standards regarding abstinence help resist peer pressure to engage in sexual activity. (G2)  

Identify adults who can assist and support young people in their quest to make healthy decisions. (G2)  

Alcohol and/or drug use can decrease self-control, lower levels of inhibitions and adversely influence decisions regarding sexual behavior. (G3)  

Encourage participation in healthy age-appropriate activities that do not involve the use of alcohol and/or drugs. (G3)  

Situation or circumstances associated with alcohol, drug abuse or other high-risk behaviors can contribute to the increased likelihood of encountering sexual advances. (G3)  

There is a relationship between self-sufficiency and abstinence until marriage. (H1)  

The delay of the initiation of sexual activity until marriage can significantly improve life outcomes, financial well-being and marital stability. (H1)


16 Ibid.


28 National Crime Victimization Survey (1999). U.S. Department of Justice. The National Crime Victimization Survey has been collecting data on personal and household victimization since 1973. It is administered by the U.S. Census Bureau on the behalf of the Bureau of Justice Statistics. The findings are offered in a comprehensive database of crime incidents that includes both those reported to police and others not reported.


