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March 13, 2012

Governor Gary R. Herbert  
Utah State Capitol Complex  
350 North State Street, Suite 200  
PO Box 142220  
Salt Lake City, Utah 84114-2220  
Fax: 801-538-1528

**Re: House Bill 363, "Health Education Amendments"**

Dear Governor Herbert:

On behalf of the American Civil Liberties Union of Utah, we urge you to veto House Bill 363, "Health Education Amendments," as this piece of legislation represents bad health policy for the state of Utah.

HB 363 deprives parents of the choice to have health education other than abstinence only instruction provided in public schools. At a time when both national and Utah data indicate that teens are ill-informed about critical health information, and when a majority of parents support providing this information to teens, the state of Utah should not be standing in the way. Furthermore, evidence clearly shows that sexuality education that stresses the importance of waiting to have sex while providing accurate, age-appropriate, and complete information about how to use contraceptives effectively to prevent pregnancy and sexually transmitted diseases (STDs) can help teens make healthy decisions. Therefore, the ACLU of Utah opposes HB 363 for the following specific reasons:

**Giving teens the information they need to make responsible life decisions about sex helps teens delay sex and protects their health.**

HB 363 mandates that Utah public schools may only instruct in abstinence-only health education, a departure from current law, which allows school districts to provide additional information. Under this legislation, school districts are given no latitude to consider the overwhelming research concluding that comprehensive approaches are most effective in promoting teenage health. For example, a nationwide study of 15-19 year olds found that teens who participated in sexuality education programs that discuss the importance of delaying sex and provide information about contraceptive use were significantly less likely to report teen pregnancies than were those who received either

no sex education or attended abstinence-only programs.<sup>1</sup> Additionally, research indicates that there is no evidence that abstinence-only education delays teen sexual activity. Moreover, abstinence-only strategies may actually deter contraceptive use among sexually active teens, increasing their risk of unintended pregnancy and STDs.<sup>2</sup>

Finally, a 2012 study found that teens who receive formal sex education prior to their first sexual experience demonstrate a range of healthier behaviors at first intercourse than those who receive no sex education at all. This is particularly so when the instruction they receive includes information about both waiting to have sex and methods of birth control.<sup>3</sup>

If the state of Utah truly cares about promoting healthy teenage behavior, including delaying sexual activity and preventing teen pregnancy and STDs, we should arm our students with the best information possible.

**Parents want schools to teach comprehensive sexuality education and do not think taxpayer dollars should be spent on abstinence-only-until-marriage programs.**

While certainly parents can and should teach their children about sexuality, most parents also believe that it is appropriate for school-based sex education programs to teach students how to use and where to get contraceptives.<sup>4</sup> Even here in Utah, the vast majority of parents choose to opt their students into receiving sex-education under the current state law.<sup>5</sup> The state of Utah should not interfere with the decision of parents to have school-provided instruction.

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<sup>1</sup> Pamela K. Kohler, RN. et al., *Abstinence-Only and Comprehensive Sex Education and the Initiation of Sexual Activity and Teen Pregnancy*, Journal of Adolescent Health, Spring 2008.

<sup>2</sup> Boonstra H, Sex education: another big step forward—and a step back, *The Guttmacher Policy Review*, 2010, 13(2):27–28.

<sup>3</sup> Lindberg, Laura Duberstein and Isaac Maddow-Zimet, *Consequences of Sex Education on Teen and Young Adult Sexual Behaviors and Outcomes*, Journal of Adolescent Health, March 2012, available at <http://www.guttmacher.org/pubs/journals/j.jadohealth.2011.12.028.pdf>

<sup>4</sup> National Public Radio, Kaiser Family Foundation, and Harvard University's Kennedy School of Government, *Sex Education in America*, January 2004.

<sup>5</sup> Winters, Rosemary, "In Utah's largest districts, very few students opt out of sex ed" The Salt Lake Tribune, March 3, 2012, available at <http://www.sltrib.com/sltrib/news/53634106-78/amet-comnietur-consed-deck.html.csp>

**Studies show that most abstinence-only-until-marriage programs are ineffective, and some show that these programs deter teens who become sexually active from protecting themselves from unintended pregnancy or STDs.**

A rigorous, multi-year, scientific evaluation authorized by Congress presents clear evidence that abstinence-only programs don't work. The study, which looked at four federally funded programs and studied more than 2000 students, found that abstinence-only program participants were just as likely to have sex before marriage as teens who did not participate. Furthermore, program participants had first intercourse at the same mean age and the same number of sexual partners as teens who did not participate in the federally funded programs.<sup>6</sup>

Additionally, when students don't have access to accurate information about contraception at school or at home, which is the case for nearly a quarter of all teens,<sup>7</sup> they turn to other, less reliable, sources of information. For example, more than half of 7th–12th graders say they have looked up health information online in order to learn more about an issue affecting themselves or someone they know.<sup>8</sup> Unfortunately, the Internet sources teens rely on for sexual health information are often inaccurate and unreliable.<sup>9</sup> Our teens would be better served with accurate, scientific and comprehensive information in a classroom setting.

**Providing accurate and comprehensive sexuality education is good policy.**

Protecting Utah teens from unintended pregnancies and STDs is quite simply a health issue. Accordingly, leading public health and medical professional organizations, including the American Medical Association, the American Nurses Association, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the American Public Health Association, the Institute of Medicine and the Society for Adolescent Health and Medicine, uniformly support a comprehensive approach to educating young people about sex. HB 363 puts our state at odds with the position of these health organizations, and for that and the aforementioned reasons, should be vetoed.

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<sup>6</sup> Christopher Trenholm et al., *Impacts of Four Title V, Section 510 Abstinence Education Programs*, Princeton: Mathematica Policy Research, Inc., April 2007.

<sup>7</sup> *Facts on American Teens' Sources of Information About Sex*, Guttmacher Institute, February 2012, available at <http://www.guttmacher.org/pubs/FB-Teen-Sex-Ed.html>.

<sup>8</sup> Rideout VJ et al., *Generation M2: Media in the Lives of 8- to 18-Year-Olds*, Menlo Park, CA: Kaiser Family Foundation, 2010.

<sup>9</sup> Buhi ER et al., Quality and accuracy of sexual health information web sites visited by young people, *Journal of Adolescent Health*, 2010, 47(2):206–208.

We would be happy to discuss our concerns with you further should it be helpful.  
Thank you.

Sincere regards,

  
Karen McCreary  
Executive Director

  
Marina Lowe  
Legislative and Policy Counsel

cc: John Pearce, Esq.  
General Counsel

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