



MONTANA

Montana received \$172,303 in federal funds for abstinence-only-until-marriage programs in Fiscal Year 2006.¹

Montana Sexuality Education Law and Policy

Montana's public education system is supervised by the Montana Board of Public Education, which sets standards for curricula in public schools. According to the Montana Office of Public Instruction, the Board of Public Education requires a "health enhancement" program. According to the health enhancement program's content standards, "a student must have basic knowledge and understanding of concepts that promote comprehensive health." Specifically, by the end of fourth grade, students should be able to "identify personal health-enhancing strategies...that encompass injury/disease prevention, including HIV/AIDS prevention." By the end of eighth grade, students should be able to understand the reproductive system as well as personal health-enhancing strategies about sexual activity and HIV/AIDS prevention. By graduation, students should be able to understand the impact of personal behaviors on the body, including the reproductive system, and have personal health-enhancing strategies about sexual activity and HIV/AIDS prevention. The Montana Board of Public Education released a *Position Statement on HIV/AIDS* that states, "All Montana school districts are strongly encouraged to develop appropriate communicable disease policies that specifically include HIV and AIDS, and which address age-appropriate education, rights and accommodations of students and staff who are infected, and safety procedures."

Due to the autonomous nature of Montana school districts, standards for the sexuality education portion of the health enhancement program are not defined. Furthermore, there is no oversight of what is being taught or who is teaching these classes.

Montana neither requires parental permission for students to participate in sexuality or HIV/AIDS education nor does it say whether parents or guardians may remove their children from such classes.

See Montana Administrative Rules 10.54.7011, 7012 and 7013, 10.54.2501, and 10.55.905 and *Montana Board of Public Education Position Statement on HIV/AIDS*.

Recent Legislation

Healthy Youth Program Act Introduced

House Bill 612, introduced in February of 2007, would have established a grant program within the Department of Public Health and Human Services (DPHHS) to fund cities, counties, or tribal health councils to carry out age-appropriate sexuality education that follows one or more of 12 components of instruction. Components included that the instruction "must be age-appropriate and medically accurate; may not teach or promote religion; must stress the benefits of sexual abstinence while addressing the health needs of adolescents who have had or who are engaged in a sexual relationship; must provide information about the health benefits and side effects of all contraceptives and barrier methods as a means

to reduce the risk of contracting sexually transmitted infections, HIV, AIDS, and other diseases and preventing unintended pregnancy; and must encourage family communication about sexuality among parents, other adult household members, and children.” Programs may not be out of compliance with any of the components. With regards to grantee eligibility for Title V abstinence-only-until-marriage funding during the same fiscal year, the bill stated that “because the requirements set forth in each program are in direct conflict, an eligible entity may not accept contracts from both programs.” DPHHS would have been responsible for overseeing all procedures, contracts, and awards related to the “Healthy Youth Program.” The bill died after it was tabled in the House Committee on Human Services on a party-line vote and missed the deadline for general bill transmittal.

Events of Note

State School Board Imposes Anti-Bullying Measure

March 2006; Helena, MT

The State Public School Board of Education passed a measure requiring all school districts to adopt an anti-bullying policy. The policy must be implemented in the 2006–07 school year in order for the districts to receive accreditation from the state board.

School districts received policy guidelines from the state, which mentioned that bullied individuals are often targets because of their race, gender, religion, sexual orientation, or disabilities.² The school districts themselves, however, will have control over the details of their individual policies.

The anti-bullying proposition received both support and opposition. Conservative groups were vocal in their disapproval of the measure, claiming that it would promote the rights of homosexuals in schools.³ Other organizations, however, praised the school board for responding to the threats that students face every day. A spokeswoman from the Montana Youth Leadership Forum said, “It’s time that all of Montana’s kids are protected.”⁴

The State Public School Board of Education decided to take up the issue after the Montana legislature rejected a 2005 bill that would have supported an anti-bullying initiative.

Montana’s Youth: Statistical Information of Note⁵

- In 2005, 43% of female high school students and 44% of male high school students in Montana reported ever having had sexual intercourse compared to 46% of female high school students and 48% of male high school students nationwide.
- In 2005, 3% of female high school students and 7% of male high school students in Montana reported having had sexual intercourse before age 13 compared to 4% of female high school students and 9% of male high school students nationwide.
- In 2005, 13% of female high school students and 13% of male high school students in Montana reported having had four or more lifetime sexual partners compared to 12% of female high school students and 17% of male high school students nationwide.
- In 2005, 32% of female high school students and 30% of male high school students in Montana reported being currently sexually active (defined as having had sexual intercourse in the three

months prior to the survey) compared to 35% of female high school students and 33% of male high school students nationwide.

- In 2005, among those high school students who reported being currently sexually active, 57% of females and 67% of males in Montana reported having used condoms the last time they had sexual intercourse compared to 56% of females and 70% of males nationwide.
- In 2005, among those high school students who reported being currently sexually active, 26% of females and 21% of males in Montana reported having used birth control pills the last time they had sexual intercourse compared to 21% of females and 15% of males nationwide.
- In 2005, among those high school students who reported being currently sexually active, 25% of females and 34% of males in Montana reported having used alcohol or drugs the last time they had sexual intercourse compared to 19% of females and 28% of males nationwide.
- In 2005, 90% of high school students in Montana reported having been taught about AIDS/HIV in school compared to 88% of high school students nationwide.
- In 2000, Montana's abortion rate was 14 per 1,000 women ages 15–19 compared to a teen abortion rate of 24 per 1,000 nationwide.⁶
- In 2004, Montana's birth rate was 36 per 1,000 women ages 15–19 compared to a teen birth rate of 41 per 1,000 nationwide.⁷

Title V Abstinence-Only-Until-Marriage Funding

Montana received \$172,303 in federal Title V funding in Fiscal Year 2006. The Title V abstinence-only-until-marriage grant requires states to provide three state-raised dollars or the equivalent in services for every four federal dollars received. The state match may be provided in part or in full by local groups. Montana matches the federal funds with in-kind contributions from sub-grantees. A small portion stays with the Department of Health for administrative costs and the department makes up this match with in-kind volunteer services.

In Montana, the majority of Title V funding is contracted out to county health departments. The original announcement for available funding went to both county and tribal health departments but only a small portion of eligible agencies actually applied. The awards are based on the number of young people ages 10–14 who reside in the county. The Montana Abstinence Program oversees the funds.

Sub-grantees include: Cascade City-County Health Department (which contracts with Teen Aid), Dawson County Health Department, Flathead City-County Health Department (which contracts with the Hope Pregnancy Center), Glacier County Health Department (which contracts with the Cut Bank Assembly of God), Hill County Health Department, Pondera County Health Department, Richland County Health Department, Sanders County Health Department, Yellowstone City-County Health Department (which contracts with the Care Net Pregnancy Center of Billings), and Silver Bow County (which sub-grants out to three health departments including the Deer Lodge, Granite, and Powell County Health Departments).

Teen-Aid, operating in Cascade County, MT but based in Washington state, relies on gender-stereotypes about sexuality. For example, one article on its website states, “Women have been socialized

to maintain sexual purity, wait for ‘love,’ or at least not be ‘easy,’ while men commonly are under no such social mandate. This double standard may easily provoke women to fudge in reporting their number of sexual partners, especially in the beginning of a relationship.”⁸ Teen-Aid also states that “girls who had experienced sex had a significantly lowered self-esteem than virgin girls.”⁹

Teen-Aid has produced several curricula, including *Sexuality, Commitment & Family* and *Me, My World, My Future*. SIECUS reviewed these curricula and found that they rely on fear and shame, include inaccurate and exaggerated information about condom failure, and contain biased messages about gender, sexual orientation, family structure, and pregnancy options. For example, in one lesson in *Sexuality, Commitment & Family*, students write an essay titled “If Wombs Had Windows,” in which they speculate how individuals and society might behave differently if “we could see the unborn child developing in the womb.” In the condom lesson from *Me, My World, My Future*, teachers compare using a condom to playing Russian roulette.¹⁰

Hope Pregnancy Center is a crisis pregnancy center that contracts with Flat Head City-County Health Department. Its mission is to “affirm the value of life through a network of care by: encouraging a life-style of purity, helping those facing unplanned pregnancy, and mending the consequences of sexual activity or abortion by compassionately reflecting the love of Christ to provide healing from the past and hope for the future.” It promotes a strict abstinence-only-until-marriage message. The organization tells teenagers:

WAITING = FREEDOM - Freedom from Diseases - Financial Obligations - Heartache - Guilt - Lies - Regret...

WAITING = DREAMS REALIZED...Prom - High School Graduation - College - Travel - Financial Stability - Marriage - House - Children...¹¹

The Center’s website also provides misinformation about condoms:

Condoms are used correctly less than 50% of the time. A condom can break, leak or slip off during intercourse. In one test, 33% (1/3) of the latex condoms leaked HIV (the virus that causes AIDS). Unlike the AIDS virus, HPV (human papilloma virus) is a STD that is passed by direct intimate (skin to skin) contact. HPV is the most common viral STD in the United States. Experts report that condoms provide little, if any, protection against this STD. The Center for Disease Control says, ‘used inconsistently (less than 100 percent of the time), condoms offer little more protection than when they are not used at all.’¹²

According to the Centers for Disease Control and Prevention, “Latex condoms, when used consistently and correctly, are highly effective in preventing the transmission of HIV, the virus that causes AIDS. In addition, correct and consistent use of latex condoms can reduce the risk of other STDs.” In fact, researchers have concluded that using a condom to protect against HIV transmission is 10,000 times safer than not using a condom. The CDC also explains that the use of latex condoms has been associated with a reduction in risk of HPV-associated diseases, such as cervical cancer.¹³ In fact, according to a University of Washington study published in the *New England Journal of Medicine*, consistent condom use can cut a woman’s risk of infection by 70 percent and protect her from developing precancerous cervical changes.¹⁴ The CDC also points out that couples can learn to use condoms both consistently and correctly.

The Center describes the “Abortion Recovery” section of its website by saying, “This section is designed to help you, the woman who has had an abortion, decide for yourself whether or not you need to receive healing from your experience.” It goes on to list “defense mechanisms” women may be using “cope with your abortion(s)” and offers help with “Post Abortion Syndrome.”¹⁵ There is

no sound scientific evidence linking abortion to subsequent mental health problems, termed “post-abortion stress syndrome” by anti-abortion groups. Neither the American Psychological Association nor the American Psychiatric Association recognize “post-abortion stress syndrome” as a legitimate medical condition.¹⁶ Nevertheless, abortion opponents often refer to studies that have been found to have severe methodological flaws or cite anecdotal evidence of this condition in an effort to scare women out of exercising their right to choose. Hope Pregnancy Center also links to the “Think About It” website created by Focus on the Family, a national organization known for its strong opposition to reproductive rights. This website poses the question, “Do women die today from legal abortions?” To find the answer, a visitor must click on a link labeled “die today” and is transported to a section of the website called “Death by Abortion.”¹⁷

Care Net Pregnancy Center of Billings, MT, which contracts with the Yellowstone City-County Health Department, tells visitors to its website that it “serves as a sanctuary where the unconditional love and acceptance of Jesus Christ flows to women, men and families facing unintentional pregnancy, sexual decisions, and post-abortion trauma by offering Life-Affirming alternatives through programs and services to promote emotional, spiritual and physical well being.” Its website is hosted by the St. Bernard Catholic Church.

Care Net Pregnancy Center of Billings partners with other religious and youth groups in the area to “chaperone” an after-prom party in Billings, MT. It also hosts *Care Net Girl Talk* workshops for mothers and their daughters. The goal of the workshops is to “present the physical changes that come with puberty and to encourage and inspire parents and children to uphold the sanctity of sex within marriage.” A similar set of workshops is offered for sons and fathers.¹⁸

Community-Based Abstinence Education (CBAE) and Adolescent Family Life Act (AFLA) Grantees

There are no CBAE or AFLA grantees in Montana.

Federal and State Funding for Abstinence-Only-Until-Marriage Programs in FY 2006

Abstinence-Only-Until-Marriage Grantee Length of Grant	Amount of Grant	Type of Grant (includes Title V, CBAE, AFLA, and other funds)
Montana Department of Public Health and Human Services www.dphhs.mt.gov	\$172,303 federal	Title V

M O N T A N A

Abstinence-Only-Until-Marriage Grantee Length of Grant	Amount of Grant	Type of Grant (includes Title V, CBAE, AFLA, and other funds)
Cascade City-County Health Department www.co.cascade.mt.us/?p=department&ido=91 Contracts with: Teen Aid www.teen-aid.org	\$23,226	Title V sub-grantee
Dawson County Health Department www.dawsoncountymontana.org	\$2,512	Title V sub-grantee
Flathead City-County Health Department www.flatheadhealth.org Contracts with: Hope Pregnancy Center www.hopepregnancycenter.com	\$13,357	Title V sub-grantee
Glacier County Health Department www.glaciercountymt.org/gov Contracts with: Cut Bank Assembly of God	\$3,929	Title V sub-grantee
Hill County Health Department www.hillcountyhealth.com	\$4,763	Title V sub-grantee
Pondera County Health Department	\$1,788	Title V sub-grantee
Richland County Health Department www.richland.org/health	\$2,650	Title V sub-grantee

M O N T A N A

Abstinence-Only-Until-Marriage Grantee Length of Grant	Amount of Grant	Type of Grant (includes Title V, CBAE, AFLA, and other funds)
Sanders County Health Department	\$3,184	Title V sub-grantee
Yellowstone City-County Health Department Contracts with: CareNet Pregnancy Center of Billings www.stbernardblgs.org/care_net.htm	\$39,186	Title V sub-grantee
Silver Bow County Contracts with County Health Departments: Deer Lodge (\$2,644); Granite (\$830) Powell (\$1,999)	Silver Bow: \$9,626 Subcontracts: \$5,473	Title V sub-grantee

Title V Abstinence-Only-Until-Marriage Coordinator

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Montana Organizations that Support Comprehensive Sexuality Education

ACLU of Montana
P.O. Box 1317
Helena, MT 59624
Phone: (406) 443-8590
www.aclumontana.org

Blue Mountain Clinic
610 North California St.
Missoula, MT 59802
Phone: (406) 721-1646
www.bluemountainclinic.com

MONTANA

NARAL Pro-Choice Montana
P.O. Box 279
Helena, MT 59624
Phone: (406) 443-0276
www.prochoicemontana.org

Montana Organizations that Oppose Comprehensive Sexuality Education

Montana Family Foundation
P.O. Box 485
Laurel, MT 59044
Phone: (406) 628-1141
www.montanafamily.org

Right to Life of Montana
P.O. Box 6787
Helena, MT 59601
Phone: (406) 443-0827
www.rtlmt.org

Newspapers in Montana

Big Sky Journal
Laura Hengstler
Editor
101 E. Main St.
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Bozeman Daily Chronicle
Walt Williams
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The Enterprise
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Billings Gazette
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The Daily Inter Lake
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Great Falls Tribune
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MEA-MFT Today

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Missoulian

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Ravalli Republic

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Education Reporter
232 W. Main St.
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Phone: (406) 363-3300

¹ This refers to the fiscal year for the federal government which begins on October 1 and ends on September 30. The fiscal year is designated by the calendar year in which it ends; for example, Fiscal Year 2006 begins on October 1, 2005 and ends on September 30, 2006.

² Associated Press, "Montana to Ban Homophobic Bullying in Schools," *365gay.com*, 12 March 2006, accessed 15 March 2006, <<http://www.365gay.com/Newscon06/03/031206montBully.htm>>.

³ Ibid.

⁴ Ibid.

⁵ Unless otherwise cited, all statistical information comes from: Danice K. Eaton, et. al., "Youth Risk Behavior Surveillance—United States, 2005," *Surveillance Summaries, Morbidity and Mortality Weekly Report*, vol. 55, no. SS-5 (9 June 2006): 1-108, accessed 26 January 2007, <<http://www.cdc.gov/HealthyYouth/yrbs/index.htm>>.

⁶ U.S. *Teenage Pregnancy Statistics: Overall Trends, Trends by Race and Ethnicity and State-by-State Information* (New York: The Guttmacher Institute, February 2004), accessed 26 January 2007, <<http://www.guttmacher.org/pubs/2006/09/12/USTPstats.pdf>>.

⁷ *National Vital Statistics Reports 55.01* (Hyattsville, MD: National Center for Health Statistics, 2006), 10, accessed 26 January 2006, <http://www.cdc.gov/nchs/data/nvsr/nvsr55/nvsr55_01.pdf>.

⁸ "A Psychological Argument for Abstinence and Commitment," Teen-Aid, Inc., (2007), accessed 25 January 2007, <http://www.teen-aid.org/Abstinence_Education/Psychological_Argument_For_Abstinence_and_Commitment.htm>.

⁹ Ibid.

¹⁰ Steve Potter and Nancy Roach, *Sexuality, Commitment & Family* (Spokane, WA: Teen-Aid, 1990, HIV chapter revised 1998); Nancy Roach and LeAnna Benn, *Me, My World, My Future* (Spokane WA: Teen-Aid, 1993 HIV chapter revised 1998). For more information see, *Toward a Sexually Healthy America, Abstinence-Only-Until-Marriage Programs that Try to Keep Our Youth Scared Chaste* at <http://www.siecus.org/pubs/tsha_scaredchaste.pdf>.

¹¹ "Relationships," Hope Pregnancy Center, (2004), accessed 6 February 2007, <<http://www.hopepregnancycenter.com/health.htm>>.

¹² "Don't Condoms Prevent STDs," Hope Pregnancy Center, (2004), accessed 6 February 2007, <<http://www.hopepregnancycenter.org/std.htm>>.

¹³ *Latex Condoms and Sexually Transmitted Diseases—Prevention Messages*, (Atlanta, GA: National Center for HIV, STD & TB Prevention, Centers for Disease Control and Prevention, undated document); Ronald Carey, et al., "Effectiveness of Latex Condoms As a Barrier to Human Immunodeficiency Virus-Sized Particles under the Conditions of Simulated Use," *Sexually Transmitted Diseases* 19.4 (July/August 1992): 230.

¹⁴ Rachel Winer, Ph.D., "Condom Use and the Risk of Genital Human Papillomavirus Infection in Young Women," *New England Journal of Medicine* 354.25 (2006): 2645-2654.

¹⁵ "Abortion Recovery," Hope Pregnancy Center, (2004) accessed 23 March 2007, <<http://www.hopepregnancycenter.com/recovery.htm>>.

¹⁶ Susan Cohen, "Abortion and Mental Health: Myths and Realities," *Guttmacher Policy Review* vol. 9, no. 3 (Summer 2006), accessed 30 January 2007, <<http://www.guttmacher.org/pubs/gpr/09/3/gpr090308.html>>.

¹⁷ "It's About Choice," Think About It, (2003), accessed 23 March 2007, <<http://www.thinkaboutitonline.com/choice/>>.

¹⁸ Care Net Pregnancy Center of Billings, (2007), accessed 6 February 2007, <http://www.stbernardblgs.org/care_net.htm>.