

New Bush Administration Policy Promotes Abstinence Until Marriage Among People in their 20s

Coinciding with the 10th anniversary of the 1996 welfare reform law that launched the federal government's first major investment in abstinence-only education, the Bush administration announced a new set of restrictions on the \$50 million abstinence education grant program to the states. The new restrictions outlined in yet another program guidance represent the latest in a series of policy changes adopted by the administration since it transferred its major abstinence education programs from the division of the Department of Health and Human Services (DHHS) responsible for administering the public health bureaucracy to the more ideologically driven Administration on Children, Youth and Families just over two years ago.

Across the state program's 10-year history, a central and persistent question has been how much latitude the states should have in interpreting the welfare law's infamous eight-point definition of what constitutes a fundable abstinence program. Two of the definition's eight planks, for example, require that programs teach that sex outside of marriage will likely have harmful physical and psychological effects and that a mutually faithful monogamous marriage is the expected standard of human sexual behavior. The Clinton administration, for its part, opted to provide states with some latitude to select which of the planks they wished to emphasize, as long as their programs did not contradict any of them.

In contrast, the Bush administration's evolving policy has increasingly tied the states' hands (related article, November 2005, page 13). Current policy stipulates that "Each element... should be meaningfully represented in all grantee's Federally funded abstinence education programs and curricula." And while states have always been prohibited from promoting or advocating contraceptive use in their federally funded abstinence programs (implicitly under Clinton and explicitly under Bush), they must now go so far as to provide *assurances* that they are taking measures to ensure that funded programs and curricula "do not promote contraception and/or condom use." Together, these new requirements reflect the administration's growing desire to ferret out state-run abstinence education programs that do not contain sufficiently "authentic" abstinence-until-marriage content. They also help to achieve the administration's goal of bringing the state grant program more in line with its more restrictive sister program, which provides federal grants directly to community-based organizations for education programs designed to discourage sexual stimulation of any kind among unmarried individuals, regardless of age (related article, Winter 2006, page 19).

According to the new guidance, moreover, the states must now target "adolescents and/or adults within the 12- through 29-year-old age range" in their programming, signaling that the

federal government will no longer allow states to use their federal funds to support programs targeting preadolescents. This is likely to require governors to significantly redirect their existing programs, given that the states have most commonly targeted youth ages 9–14—an age-group in which few individuals are sexually experienced. (In fact, the administration in May threatened to deny New Mexico its grant allotment if it continued to use its funds to target children in grades six and younger.)

At the other end of the age range, the administration is placing a new emphasis on promoting abstinence among people in their 20s, because "contrary to popular opinion, the highest rates of out-of-wedlock births occur among women in their twenties, not among teens." The guidance provides some examples of focal populations the states should consider, including "students at a local university, college or technical school"; "single adults involved in a local community or community-based organization"; and even "single *parents* in their twenties" (emphasis added). However, with women and men typically delaying marriage until ages 25 and 27, respectively, the administration's goal of persuading adolescents and young adults to postpone sex approximately a *decade* beyond the age they typically first have sex (age 17) now appears clearer than ever before; at the same time, it may be ever more elusive and unrealistic.—*Cynthia Dailard*

Bills Aimed at Reducing Abortion Filed as New Front Opens to Marginalize the Role of Contraception

The overwhelming majority of Americans—89% according to a June 2006 *Wall Street Journal* poll—believes that providing people with access to birth control is a good way to reduce abortion. But in the political domain, where efforts to reduce abortion are concerned, contraception has become as much a battleground as common ground. In September, the radical antiabortion Pro-Life Action League, for example, held a conference “dedicated to exposing the myth that artificial birth control is good for society and reduces abortion.” According to a promotional letter for “Contraception Is Not the Answer,” contraceptive use leads not only to more abortions but also to “skyrocketing divorce, epidemic illegitimacy, widespread cohabitation, and even social acceptance of homosexuality.”

More mainstream antiabortion groups may be more subtle, but they also take pains to distance themselves from acknowledging the need and demand for contraception and its essential role in preventing unintended pregnancy, which is the proximate cause of virtually all abortions. For example, Democrats for Life—an organization whose advisory board includes several members of Congress—has a plan to reduce the number of U.S. abortions by 95% over 10 years; this ambitious goal would be accomplished through the imposition of some new restrictions on abortion access (short of making the procedure illegal) as well as the institution of additional medical and

social support services aimed at helping already-pregnant women decide to continue their pregnancies and have a(nother) child. Last year, the group approached antiabortion Rep. Tim Ryan (D-OH) to fashion and spearhead a legislative effort along these lines in the House, but in the end, Ryan was not able to oblige. In September, he introduced the Reducing the Need for Abortion and Supporting Parents Act, which Democrats for Life has declined to support. Significantly, Ryan concluded that efforts to reduce the number of U.S. abortions cannot be taken seriously without putting due emphasis on reducing the incidence of unintended pregnancy, which necessarily requires promoting greater access to contraceptive services.

So, Democrats for Life turned to Rep. Lincoln Davis (D-TN) who, just a week later, introduced the Pregnant Women Support Act. Apparently in the interest of appealing to prochoice as well as antiabortion members, Davis’ bill, like Ryan’s, is devoid of any provisions that would restrict abortion. Significantly, however, it is also devoid of any provisions relating to contraception. Rather, it focuses exclusively on such initiatives as removing pregnancy as a preexisting condition in all health insurance plans and increasing resources directed at low-income parenting college students, domestic violence programs and the women, infants and children (WIC) nutrition program. (Ryan’s bill and Davis’ are essentially identical as far as supports to pregnant women are concerned.)

Meanwhile, the Prevention First Act, introduced by Sens. Harry Reid (D-NV) and Hillary Rodham Clinton (D-NY) and Rep. Louise M. Slaughter (D-NY), has been pending for the last two years. Prevention First consists of a series of federal policy and programmatic provisions aimed at augmenting U.S. efforts to help women prevent unintended pregnancy in the first place as the most effective and most broadly acceptable way to reduce the number of U.S. abortions. Reid, who is opposed to abortion rights, as well as Ryan and a handful of other antiabortion lawmakers have joined with prochoice forces to cosponsor and promote this legislation. A far greater number of prochoice House members have joined with Ryan on his bill, since they also support programs for parents and pregnant women. (Some prochoice members have cosponsored the Davis bill, for similar reasons.) But that is where the reciprocity stops, since Davis and his chief cosponsor (and leading family planning antagonist) Rep. Chris Smith (R-NJ)—backed by Democrats for Life and the U.S. Conference of Catholic Bishops—remain adamant in drawing the line at supporting contraception.

—*Susan A. Cohen*