

# Abstinence Promotion and Teen Family Planning: The Misguided Drive for Equal Funding

By Cynthia Dailard

The cornerstone of the Bush administration's approach to reducing teen pregnancy—and a key component of its effort to promote a conservative moral and religious agenda—is to dramatically increase funding for abstinence-only education. The central argument driving this effort is that there should be “parity” between what the federal government spends on providing contraceptive services to teenagers and what it spends on educational efforts that exclusively promote abstinence

outside of marriage and prohibit discussion of contraception. Since the federal government allegedly spends \$135 million annually on contraceptive services to teens—at best, an overly simplistic estimate first propounded by the Bush campaign during the heat of the 2000 presidential race—and only \$100 million on abstinence-only education, federal funds should be significantly increased in favor of abstinence, or so their argument goes. Along these lines, the Bush administration has announced that it will seek “full parity,” through a \$33 million increase, for FY 2003.

This proposed funding increase boosts the prospects of conservatives seeking to defend the abstinence-only education program created through the 1996 welfare reform law, which is up for reauthorization this year. At the same time, it strengthens their hands to increase funding for two lesser-known, newer programs that also follow the very restrictive brand of abstinence-only education first established in 1996. These two programs account for why overall funding for abstinence-only education is now twice what was originally contemplated by the 1996 law, and the president's recent budget announcement suggests that even more funding may be on its way.

Regardless of the faith one puts in the accuracy of the Bush campaign's “parity” calculations—and many do not—comparing funding for abstinence-only education and family planning medical services is misguided in that it reflects a funda-

mental misunderstanding of the various programs in question and how they work. A more appropriate comparison, if one is to be made at all, is between what the federal government spends on abstinence-only education and what it spends on more-comprehensive educational efforts that include discussion of both abstinence and contraception. Yet even that comparison fails to take into account the potential harm associated with abstinence-only education, particularly in light of the potential public health benefit of more-comprehensive messages.

## A Brief History

Currently, there are three federal programs dedicated to restrictive abstinence-only education, together funded at well over half a billion dollars since 1997. In 1996, conservative members of Congress quietly inserted language into legislation designed to overhaul the nation's welfare system; this language—section 510 of the Social Security Act—guaranteed \$50 million annually over five years beginning in FY 1998 for abstinence-only education grants to the states. The law contains an extremely narrow eight-point definition of abstinence-only education that sets forth specific messages to be taught, including that sex outside of marriage—for people of any age—is likely to have harmful physical and psychological effects (see box). Subsequent program guidance states that while grant recipients are not required to emphasize all eight elements of the definition equally, the information they provide cannot be inconsistent with any of them. Because the first element requires that section 510 programs have as their “exclusive purpose” promoting abstinence outside of marriage, programs may not in any way advocate contraceptive use or discuss contraceptive methods except to emphasize their failure rates. To date, all states except California accept section 510 funding with these restrictions.

### THE FEDERAL DEFINITION OF ABSTINENCE-ONLY EDUCATION

According to federal law, an eligible abstinence education program is one that:

- A) has as its exclusive purpose, teaching the social, physiological, 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 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.

Source: U.S. Social Security Act, Sec. 510(b)(2).

Seeking to further increase funding for abstinence-only education, Congress, beginning in FY 1997, has devoted an additional \$10 million annually through the 1981 Adolescent Family Life Act (Title XX of the Public Health Service Act), a program whose original intent was primarily to support services for pregnant and parenting teenagers. The program has also always had a pregnancy prevention component aimed at discouraging premarital teen sex. Since FY 1997, however, Congress has rewritten the prevention section to ensure that programs

funded under it comply with the stringent section 510 eight-point definition.

In 2000, Congress created yet a third abstinence-only education program, largely at the behest of Rep. Ernest J. Istook (R-OK). Istook not only wanted to significantly increase funding for abstinence-only education, but also he believed that the original intent of the section 510 program to establish “pure” abstinence-only programs had been undermined by some state governments. He was particularly con-

cerned that states were using section 510 money to support such “soft” activities as teen pregnancy prevention media campaigns rather than direct classroom abstinence-only education, that they were targeting their efforts at 9–14-year-olds rather than older teenagers, and that they were picking and choosing among the various elements of the eight-point definition in order to avoid the most controversial ones.

As it turns out, this new program—which bypasses the state approval process entirely and instead makes grants directly to community-based (including faith-based) organizations—is extremely restrictive, more restrictive, in fact, than section 510. The new program, funded through the maternal and child health block grant’s Special Projects of Regional and National Significance program (SPRANS), differs from section 510 in at least three significant ways: Programs must target adolescents aged 12–18; they must teach *all* components of the eight-point definition; and, in most cases, they cannot provide young people they have reached in their SPRANS program with information about contraception or safer-sex practices, even in other settings with non-SPRANS funds. It is largely because of these additional restrictions that conservatives have so embraced this program and view it as *the* funding vehicle through which to achieve parity. That is why the president’s proposed \$33 million funding increase is for this program alone—a whopping 83% increase over its funding level of \$40 million for FY 2002.

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### Recent Research on Abstinence-Only and More-Comprehensive Sexuality Education Messages

**“Promising the Future: Virginity Pledges and First Intercourse,”** by researchers at Columbia University, found that programs that encourage students to take a virginity pledge promising to abstain from sex until marriage helped delay the initiation of intercourse in some teenagers. However, teens who broke their pledge were one-third less likely than non-pledgers to use contraceptives once they became sexually active. *American Journal of Sociology*, 2001. (“Recent Findings from the ‘Add Health’ Survey: Teens and Sexual Activity,” TGR, August 2001, page 1.)

**Emerging Answers**, authored by Douglas Kirby of ETR Associates, examined a wide range of interventions designed to reduce teen pregnancy and childbearing, including sexuality education programs. Analyzing the outcome evaluations of programs that met rigorous research standards, Kirby found that comprehensive sexuality education programs that urge teens to postpone having intercourse but also discuss contraception do not accelerate the onset of sex, increase the frequency of sex or increase the number of partners—as critics of sex education have long alleged—but can increase the use of contraception when teens become sexually active. At the same time, the report concludes that there is no reliable evidence to date supporting the effectiveness of abstinence-only education. *National Campaign to Prevent Teen Pregnancy*, 2001. These findings were echoed in Call to Action to Promote Sexual Health and Responsible Sexual Behavior, issued by U.S. Surgeon General David Satcher in June 2001.

**“Abstinence and Safer Sex HIV Risk-Reduction Interventions for African American Adolescents,”** by researchers at Princeton University, the University of Pennsylvania and the University of Waterloo, reports the results of the first-ever randomized, controlled trial comparing an abstinence-only program with a safer-sex initiative designed to reduce the risk for HIV infection through condom use and with a control group that received health education unrelated to sexual behavior. After one year, the abstinence group reported similar levels of sexual activity as the safer-sex group and the control group. For teenagers who were already sexually active at the inception of the program, there was less sexual activity reported among the safer-sex group than among the abstinence or control group. Those in the safer-sex group also reported less frequent unprotected sex than did those in the abstinence and control groups. *Journal of the American Medical Association*, 1998.

### Apples and Oranges

While these three federal programs differ in some respects, they are all education programs. But the programs they are being compared with—Medicaid and Title X of the Public Health Service Act—are not education programs. Medicaid is the health insurance program for the poorest Americans; it reimburses

physicians and other health care providers for medical services rendered to qualifying individuals. Title X's main purpose is to support the delivery of a broad package of family planning and related health services to low-income adults and teenagers through a nationwide network of family planning clinics ("Title X: Three Decades of Accomplishment," *TGR*, February 2001, page 5). These services include not only a choice of contraceptive methods but also Pap smears, breast exams, screening and treatment for sexually transmitted diseases (STDs), and screening for hypertension, diabetes and anemia—services that are increasingly expensive given the rising costs of screening and diagnostic technologies, newer and more-effective contraceptive drugs and devices, and other pharmaceuticals. It is also worth noting that family planning providers routinely counsel teenagers about the value of postponing sexual activity—in fact, Title X guidelines require abstinence to be discussed with all adolescent clients.

By equating funding for education efforts and medical services, the administration's "parity" rubric compares apples and oranges. A more appropriate comparison, if one is to be made at all, is between what the federal government is spending on abstinence-only education and what it may be spending on more-comprehensive education efforts that include discussion of both abstinence and contraception. But there is no federal program that supports comprehensive sexuality education as such. The only program that may come even close is the Centers for Disease Control and Prevention's Division of Adolescent and School Health's HIV prevention efforts. The entire budget for these efforts was just under \$48 million in FY 2001. How much is actually spent on direct student education that allows discussion of both abstinence and risk-reduction—condom use, to be

precise—is unclear, but the program also supports a wide range of other activities that include the training of teachers and school administrators in HIV prevention, technical assistance, curricula development, and program evaluation, as well as large-scale surveillance research such as the national Youth Risk Behavior Survey. Thus, looked at from any perspective, this funding scale already tips heavily in favor of abstinence-only by *at least* a two to one margin—even before the president's proposed funding increase is taken into account.

### Looking Ahead

Despite the administration's flawed analysis—which, among other things, also ignores the fact that there are a number of federal block grants that states can use to support all of these various activities ("Fueled by Campaign Promises, Drive Intensifies to Boost Abstinence-Only Education Funds," *TGR*, April 2000, page 1)—the administration's definition of "parity" will play a major role as Congress considers welfare reauthorization later this year. It will also certainly drive the effort to increase funding for the SPRANS abstinence-only program during the annual appropriations process. While the administration last year promised to achieve parity within four years, the president's budget request makes it abundantly clear that he has bowed to the demands of conservative activists and members of Congress who are simply unwilling to wait that long.

Some policymakers today remain unfamiliar with the restrictive brand of abstinence-only education as defined by federal law. Others, trying to occupy the middle ground, have sought to justify their support for abstinence-only education as part of their broader support for an array of federally funded teen pregnancy prevention programs. Supporting multiple programs, they

have claimed, allows them to embrace a wide variety of viewpoints on a difficult and controversial issue. However, young people who participate in these programs do not necessarily benefit from those multiple viewpoints. The content of the sexuality education they receive may be dictated entirely by the funding source for that education. And such support is not benign: Research is beginning to show that abstinence-only messages are not only unproven in their effectiveness but also may have harmful health consequences by deterring use of contraceptives when teens become sexually active (see box).

In order to stem this tide, the parity argument must be exposed for what it is—a convenient but faulty analysis that reflects a basic misunderstanding of the purposes of the various federal programs in question and how they work. Moreover, opposing the federal government's restrictive brand of abstinence-only education need not entail opposing abstinence altogether: Sexuality education can and should both stress a strong "abstinence-first" message and teach young people about the importance of protecting themselves against unintended pregnancy and disease when they become sexually active. And after over five years of federal government investment in abstinence-only education and half a billion dollars later, emerging research indicates that abstinence-only messages are not only scientifically unproven in their effectiveness but may be potentially dangerous for some teens as well. ⊕