

The History of Federal Abstinence-Only Funding

For over a quarter century, the federal government has supported abstinence-only education programs that censor information to youth. Federal support of such programs began in 1982 with a limited pool of funding through the Adolescent Family Life Act. Then beginning in 1996, funding for abstinence-only and abstinence-only-until-marriage programs (hereafter, collectively called abstinence-only) grew exponentially with the enactment of welfare reform (P.L. 104-193). The law contained a little noticed mandate of \$50 million a year to fund abstinence-only programs. In fact, the law amended the Maternal and Child Health Block Grant legislation (Title V of the Social Security Act) and was groundbreaking, both for its funding level and also for its unprecedented, eight-point definition of abstinence education. This definition (see below) has remained at the core of all federal abstinence-only funding streams, including the newest and, arguably, the most controversial – Community-Based Abstinence Education (CBAE).

Socially conservative legislators arrived at the narrow, eight-point definition (often referred to as the “A-H definition”), *not* through public health and social science research into effective programs, but as a reflection of their own conservative views. These ultra-conservative legislators were savvy enough to insert the obscure policy add-on into a “must-pass” piece of legislation at the center of the policy agenda of then President Clinton. Since then, the government’s investment in abstinence-only programming has grown enormously, reaching over one billion dollars in total. Now after a decade of extravagant funding, the government’s own long-term research has clearly shown that abstinence-only programs do *not* delay sexual initiation *nor* do they reduce rates of either teen pregnancy or sexually transmitted infections (STIs).

The remainder of this document presents the eight-point definition of abstinence-only education. It discusses federal funding streams for abstinence-only, the content required of funded curricula, and the programs’ administration and oversight. It concludes with a chart detailing the federal funding directed to abstinence-only programs since 1982.

THE FEDERAL DEFINITION OF ABSTINENCE-ONLY EDUCATION

An eligible abstinence education program is one 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 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 increase vulnerability to sexual advances; and
- H) teaches the importance of attaining self-sufficiency before engaging in sexual activity.

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

Federal Funding Streams for Abstinence-Only Programs

There are three primary funding streams to the states for abstinence-only programs. These include:

- Title V, Section (§) 510 of the Social Security Act (welfare reform)
- Community-Based Abstinence Education (CBAE), under Title XI, §1110 of the Social Security Act, formerly known as Special Projects of Regional and National Significance (SPRANS); and
- Adolescent Family Life Act, under Title XX of the Public Health Service Act.

Grants to States under Section 510

The 1996 welfare reform law set aside \$50 million a year, beginning in fiscal year (FY) 1998, for abstinence-only education grants to the states. The funding was added to an existing, set-aside account within the Maternal and Child Health (MCH) block grant known as Special Projects of Regional and National Significance (SPRANS). As with all MCH block grants, states had to provide three matching dollars for every four federal dollars they received. This boosted total potential funding for abstinence-only to \$87.5 million annually. The Maternal and Child Health Bureau determined the grant amount available to each state or territory through a formula that compared the state's proportion of low-income children to the total number of low-income children in the United States. States used the funds directly and/or distributed them to community-based organizations, schools, and city, county and state health departments.

The eight-point A-H definition set forth by law under §510, has required that abstinence education programs must have, as their “exclusive purpose, teaching the social, psychological and health gains to be realized by abstaining from sexual activity.” This language has been interpreted to prohibit programs from providing education about contraceptives, except to emphasize their failure rates. Further, the law has meant that programs must teach that “abstinence from sexual activity outside of marriage is the expected standard for all school age children”; that “a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity”; and that sex outside of marriage—for people of any age—is likely to have “harmful physical and psychological effects.”

At first, program guidance issued by MCH allowed grant recipients some flexibility in how they spent the funds. For instance, MCH did not require states and their sub-grantees to emphasize all eight elements of the definition equally, even though grantees could *not* provide information that contradicted any of the eight points. Beginning in FY2005, however, when the Bush administration moved the funding to another division within the Department of Health & Human Services (HHS), grant announcements eliminated this flexibility, asking states instead to “develop programs that place equal emphasis on each element of the abstinence education definition.”

By 2007, grant announcements stated that “each element of A through H should be meaningfully represented in all grantees’ federally funded abstinence education curricula.” The latest grant announcement also required states to provide assurance that funded programs and curricula “do not promote contraception and/or condom use.” In addition, in an effort to ensure that funds would not be spent on pre-adolescents, the targeted population was redefined as “adolescents and/or adults within the 12 through 29-year-old age range.” The newest age definition also included “other adults such as parents or professionals that desire training in how to support decisions to delay sexual activity until marriage.” “Focal populations” under this newer definition included: students at local universities, colleges, or technical schools; single adults involved in a local community or community-based organization; and single parents in their 20s.

This tightening of program requirements, including the new directive to target adults, has contributed to an emerging revolt against abstinence-only sex education. States have now turned down millions of dollars in federal grants. The number of states that refused Title V abstinence-only funding has grown from one (California) in the first year to eight in FY2007 (California, Connecticut, Maine, New Jersey, Montana, Ohio, Rhode Island, and Wisconsin).

Abstinence-only funding to the states was first administered by MCH. However in 2004, the Bush administration transferred oversight of the program to the Administration for Children, Youth, and Families (ACYF), a more ideologically driven division within HHS. ACYF has also assumed jurisdiction over Community-Based Abstinence Education (CBAE), a more restrictive funding stream for abstinence-only education.

Under welfare reform, funding to the states for abstinence-only education was originally authorized for five years, beginning

in 1998, at \$50 million per year. That annual amount has remained unchanged, and has been reauthorized under short-term extensions of welfare reform.

Community-Based Abstinence Educations (CBAE)

In 2000, Congress created the Special Projects of Regional and National Significance Community-Based Abstinence Education Program (now known as CBAE), a new abstinence-only education funding opportunity, at the behest of Rep. Ernest J. Istook (R-OK) and other conservatives in the House of Representatives. The CBAE program was a competitive grant authorized under Title XI, §1110, of the Social Security Act. All its funded programs had to conform strictly to the eight-point definition outlined in §510 of Title V of the Social Security Act. Under CBAE, grants have gone to public and private community-based organizations, many of which are faith-based and/or “crisis pregnancy centers” (organizations established to convince pregnant women to carry their pregnancy to term). Initially, CBAE was administered by MCH; however beginning in FY2005, control over CBAE shifted to the Administration for Children, Youth, and Families.

By any measure, CBAE has been the most restrictive of the abstinence-only funding efforts. Under its provisions, grantees **must** target adolescents ages 12 through 18 and they **must** teach all components of the eight-point definition. Grantees cannot provide young people with positive information about contraception or safer-sex practices, even in other settings and with non-CBAE funds. The FY2007 notice of grant availability explicitly stated that “Grantees are not required to provide information on contraception [except that] information on contraceptives, if included, must be medically accurate and should include information on the effectiveness or lack of effectiveness of the type of contraception discussed in the curriculum.” To avoid any confusion, the grant announcement further warned that “Sex education programs that promote the use of contraceptives are **not** eligible for funding.”

In response to criticism that CBAE funded programs were filled with medically inaccurate information, the 2007 grant announcement also specified that “medical information presented in all curricula funded under this program announcement [must be] accurate,” and that “mass produced materials” regarding STIs must contain medically accurate information regarding the “effectiveness or lack of effectiveness of condoms in preventing the sexually transmitted disease the materials are designed to address.” Unfortunately, many community-based agencies and schools continue to use older versions of abstinence-only curricula, many of which contain medical inaccuracies.

The CBAE focus on community-based programs addressed conservatives’ concern that some states used abstinence-only funding for “soft” activities, such as teen pregnancy prevention media campaigns, rather than for direct classroom education for older teens. Conservatives enthusiastically embraced CBAE as their preferred funding vehicle, as evidenced by its growth from \$20 million in FY2001, the program’s first year of funding, to \$113 million in FY2007 – a 465 percent funding increase. The Bush administration has sought even greater increases, despite a growing mountain of evidence that abstinence-only programs are **not** effective in delaying sexual initiation or in reducing rates of teen pregnancy or STIs.

Adolescent Family Life Act (AFLA)

Created during the first year of the Reagan administration, the Adolescent Family Life Act (AFLA) was signed into law without hearings or floor votes in the United States Congress and was codified under Title XX of the Public Health Service Act. Administered by the Office of Population Affairs, AFLA has provided grants to nonprofit organizations and states to support demonstration programs to assist pregnant and parenting teens in developing “chastity” and “self-discipline” and to support related research. The law originally specified that at least two-thirds of funds had to be spent on care (services for pregnant and parenting teens) and that not more than one-third was to go for prevention (education to prevent teen pregnancy).

Beginning in 1997, in order to increase funding for abstinence-only education, Congress waived this two-thirds/one-third funding division. Further, Congress directed that the prevention funds under the program would henceforth go to programs that complied with the stringent eight-point definition of abstinence education. Total funding for AFLA fell during the 1980s and early 1990s, but began to climb in 1997. By FY2006 and FY2007, annual funding reached \$31 million, with \$13 million dedicated to abstinence-only programs. AFLA funds currently support 57 abstinence education and 32 care programs. A 2005 government performance review gave the program a **poor rating** and said its “results [were] not demonstrated.” The review said that AFLA lacked strategic planning and that AFLA was unable to assess its impact on reducing adolescent pregnancy and lessening the effects of too-early childbearing.

Additional Federal Funding for Abstinence-Only-Until-Marriage Programs

These three major funding streams constitute the bulk of federal funding for abstinence-only programs. However, Congress has allocated additional funding through a variety of channels. For example, in both FY2004 and FY2005, Senator Arlen Specter (R-PA) earmarked over \$3 million in federal funding for abstinence-only-until-marriage programs in his state. Conservative, ideologically based organizations, such as the Abstinence Clearinghouse and the Medical Institute for Sexual Health, have also received funds specially earmarked by Congress. Finally, abstinence-only-until-marriage providers have been funded through the Centers for Disease Control and Prevention's HIV/AIDS and STD prevention programs.

To date, Congress has spent over 1.5 billion in state and federal dollars on these unproven and ineffective abstinence-only and abstinence-only-until-marriage programs.

Federal Funding for Abstinence Programs (*\$ in millions*)

Funding by federal fiscal year	1982-1996*	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
State funding under §510**			\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50
CBAE						\$20	\$40	\$55	\$75	\$104	\$113	\$113
Additional Earmarks***									\$4	\$4		
AFLA ****	\$4	\$9	\$9	\$10	\$10	\$10	\$12	\$12	\$12	\$13	\$13	\$13
Total	\$4	\$9	\$59	\$60	\$60	\$80	\$102	\$117	\$141	\$171	\$176	\$176

* Average annual funding

State funding under Section 510 shows federal contribution **only. States are required to provide \$3 for every \$4 federal dollars they receive.

*** In addition to the three traditional funding streams, at least \$3.75 million was earmarked in both 2004 and 2005 in other funding bills for abstinence-only-until-marriage programs, including \$3.15 million for 30 programs in Pennsylvania. Additional earmarks in 2004 included: \$100,000 for Project Reality, \$250,000 for Best Friends in Washington, DC, and \$250,000 for the Medical Institute for Sexual Health (MISH) in Austin, TX.

**** Portion of program devoted to abstinence-only programs



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