

“ABSTINENCE unless MARRIED” EDUCATION

?

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Center for Law and Social Policy
CLASP

AABSTINENCE unless MARRIED@ EDUCATION

The 1996 federal welfare law established a controversial abstinence-from-sex education initiative. While Aabstinence education@ is generally not controversial, this law exclusively funds one particular type of abstinence education. The law defines Aabstinence education@as a program that promotes abstinence-from-sex throughout life -- unless the individual is married; the program precludes education regarding contraceptive practices. In contrast, other types of abstinence programs encourage abstinence but also educate individuals about contraception. To distinguish the 1996 federal Aabstinence education@from other approaches, the term Aabstinence unless married@is used here to describe the initiative in the new law.

States that use Aabstinence unless married@federal funds must follow the federal restrictions in spending federal dollars. While this spending rule is not particularly controversial, federal law typically does not delineate what can and can not be taught locally. The Aabstinence unless married@initiative does not offer states the authority they have come to expect in an era of devolution. While state authority is prescribed, states are offered new money. The 1996 initiative makes nearly \$500 million available over five years in federal and matching state funds.

The federal law was enacted even though there is no research providing clear evidence that abstinence-unless-married education helps reduce sexual activity or birth rates. Implementation and evaluation of the new abstinence-unless-married program have become highly politicized around the country. Further, while some opinion polls suggest the public may view Aabstinence-unless-married@ education as too narrow to effectively address adolescent pregnancy prevention, an active conservative coalition is dedicated to ensuring an even more restrictive interpretation. While the definition of abstinence education in the new law is extremely narrow, states still have the opportunity to address a variety of policy choices.

This fact sheet reviews the 1996 federal law, the controversy surrounding the abstinence provision, state plans and implementation, as well as on-going state policy choices such as whether to seek federal funds, who to grant funds, and which activities to support.

THE LAW

The 1996 welfare law includes nearly \$500 million in federal and state funds for abstinence-unless-married education.

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 makes \$50 million in federal funds available each year (FY 1998B2002) for abstinence education. The funds are available through the Maternal and Child Health block grant, also called Title V. To receive federal funding, a state must match every \$4 in federal funds with \$3 in state funds. The new \$250 million in federal funds plus the state match totals nearly \$500 million over the five years.¹

The funding is largely limited to education about eight legislated abstinence themes.

The statute lists eight components of an abstinence education program which may receive funding; the restrictive definition of this program contrasts with other abstinence programs that emphasize the value of abstinence but also provide information about contraception (often called abstinence-plus or abstinence-based education).

The statute includes education themes that are not scientifically proven. For example, one element in the program teaches that sex outside of marriage is likely to have harmful psychological and physical effects.

The statute ties sexual activity to economic self-sufficiency, thus suggesting that education programs teach that some married couples should abstain. The provision states that an individual should attain self-sufficiency before engaging in sexual activity, but does not define self-sufficiency. If it means that low-income couples who are dependent on public assistance should abstain, then about 2.5 million married, poor persons fail to meet the legislated education goal unless they are abstinent.²

Federal guidance from the Maternal Child Health Bureau (MCHB) establishes that all eight components need not receive equal emphasis; however, nothing in the program design can be inconsistent with the eight components.³

In addition to an education program, the funds also may be spent on mentoring, counseling, and adult supervision activities that promote abstinence. The statutory language seems to suggest a distinction between education and the three other activities. Further, it appears that the eight components of an abstinence education program need not apply to mentoring, counseling, and adult supervision; MCHB guidance, however, does not draw this distinction.⁴

Abstinence Education

PL 104-193

Title IX, Sec. 912

"SEC. 510. (a) For the purpose described in subsection (b), the Secretary shall, for fiscal year 1998 and each subsequent fiscal year, allot to each State which has transmitted an application for the fiscal year under section 505(a) an amount equal to the product of-

"(1) the amount appropriated in subsection (d) for the fiscal year; and

"(2) the percentage determined for the State under section 502(c)(1)(B)(ii).

"(b)(1) The purpose of an allotment under subsection (a) to a State is to enable the State to provide abstinence education, and at the option of the State, where appropriate, mentoring, counseling, and adult supervision to promote abstinence from sexual activity, with a focus on those groups which are most likely to bear children out-of-wedlock.

"(2) For purposes of this section, the term `abstinence education' means an educational or motivational program which-

"(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 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.

THE CONTROVERSY

The federal investment in abstinence-unless-married education occurs without evidence that it is effective in reducing sexual activity or preventing out-of-wedlock births.

A recent comprehensive review of abstinence programs concluded that **A**Even though abstinence-only programs may be appropriate for many youth **C**especially junior high and middle school youth **C**there does not currently exist any scientifically credible, published research demonstrating that they have actually delayed (or hastened) the onset of sexual intercourse or reduced any other measure of sexual activity. Their actual impact on sexual behavior is not yet known. **@**The report establishes that, **A**To date, six studies of abstinence-only programs have been published...None of these studies found consistent and significant program effects on delaying the onset of intercourse, and at least one study provided strong evidence that the program did not delay the onset of intercourse. Thus, the weight of the evidence indicates that these abstinence programs do not delay the onset of intercourse. On the other hand, this evidence is not conclusive, because all but one of these evaluations had significant methodological limitations that could have obscured program impact. **@**⁹

Proponents of abstinence-unless-married education contend the federal funding is necessary in order to learn if the approach is effective. Robert Rector of the Heritage Foundation, a key proponent of the federal program, states, **A**The effectiveness of abstinence-only education programs should be tested against that of other programs; however, it must be recognized that abstinence-only programs are still >in the cradle= and need time to mature. **@**¹⁰

Abstinence education which includes contraceptive information may be more effective in curbing unprotected intercourse than abstinence-unless-married education.

▪ A study of 659 African American middle-school adolescents compared the sexual behaviors of students who participated in an "abstinence" program to a "safer sex" program. The "abstinence" program did not emphasize condom use, while the "safer sex" program did. One year after participation, the "abstinence" participants reported no less sexual behavior than those in the "safer sex" group or the control group. However, among participants who were sexually experienced when the program began, the "safer sex" program participants reported less frequent sexual intercourse than the "abstinence" program participants at both 6 and 12 months after the program's completion. Among participants who were sexually experienced at the onset of the program, the "safer sex" participants also reported less frequent unprotected sex one year after the program. The researchers conclude: ". . . if the goal is reduction of unprotected sexual intercourse, the "safer sex" strategy may hold the most promise, particularly with those adolescents who are already sexually experienced."¹¹

After finding that condom use at first intercourse is ten times greater for youth who had discussed condom use with their mothers before that point, researchers concluded that abstinence-only programs **A**may not prepare adolescents and young adults to use condoms for

their first sexual experience; and this, in turn, may increase the likelihood that they will later engage in unprotected (and thus risky) sexual behavior.¹²

Future state evaluations of abstinence-unless-married programs will be politically charged.

The National Coalition for Abstinence Education [NCAE], an adjunct to Focus on the Family, is a coalition of about 60 groups seeking implementation of strict interpretations of the abstinence-unless-married provision. NCAE has already denounced the findings of future evaluations in states which NCAE rated C or below in its compliance report card. The organization sent a letter to State Maternal and Child Health Department Directors, establishing that NCAE, in cooperation with the various state coalitions, will publicly and officially denounce all state abstinence plans receiving less than a C grade. What this means is that the state-conducted evaluations of the abstinence program in denounced states will be an indictment of inept government implementation, and not on the ability of well-conceived abstinence education to impact adolescent risk behavior.

Current state implementation of abstinence-unless-married education is highly politicized.

- # The NCAE has:
 - < developed compliance report cards for states. NCAE awards an A when a state's plan, for example, fails to target older teens or emphasizes after-school programs rather than classroom instruction. NCAE has also announced plans to issue report cards that rate actual implementation decisions.¹³
 - < filed Freedom of Information Act requests in states in an effort to collect state agency documents associated with Title V abstinence-education decisions.
- # The Chair of the U.S. House Ways and Means Committee, Representative William Archer (R-TX), challenged HHS approval of state abstinence-unless-married plans. Among Archer's concerns was that some states have elected to put professionals on the abstinence review panels who are not committed to the abstinence-only message but to the abstinence plus birth control message...If those committed to birth control influence how the money is spent, the state's funds could be placed in jeopardy.¹⁴
- # Several states have moved responsibility for implementation of Title V abstinence education from the MCH agency, which administers Title V, to the Governor's office.
 - < NCAE believes that the Maternal and Child Health agencies are not supportive of abstinence-unless-married education, and therefore it gives higher report card grades to

governors willing to take on their public health departments.¹⁵ In testimony before a House oversight committee in September 1998, NCAE spokesperson Peter Brandt asserted, "There has been a concerted attempt by some in the public health establishment to water down, and, in some cases to even violate the intent of the law. This subversive effort has been successful in too many states."

- < Louisiana, South Carolina, and possibly other states have placed coordination of the program with an appointee in the Governor's office rather than the health agency in light of state political dynamics.

The few opinion polls that include questions about support for contraceptive information and support for abstinence-unless-married indicate contraceptive information is valued.

- # A 1998 national poll found that four out of five Americans support comprehensive sexuality education. The Kaiser Family Foundation poll found that when given a choice between courses that teach abstinence until marriage or abstinence messages combined with information that helps prevent pregnancy and sexually transmitted diseases, 18% of respondents preferred the abstinence-until-marriage approach; 81% supported the comprehensive approach and 1% were undecided.¹⁶
- # A 1997 national poll found that sexuality education that includes family planning information is supported far more broadly than is abstinence-only education. The Lake, Sosin, Snell, and Perry poll found that 58% of respondents support education that includes family planning information; 16% support abstinence-only; 20% believe both approaches are needed and 6% either don't know or don't believe either approach represents their views.¹⁷
- # A 1997 North Carolina poll found strong support for teaching both abstinence and birth control methods. A higher level of support exists for birth control than abstinence. The University of North Carolina annual poll asked respondents about their support for different goals for 7th grade school sex education programs. With respect to "educating students about birth control methods and sexually transmitted diseases" 91% believe this should be a goal, 8% believe it should not, and 1% either did not answer or were not clear. With respect to "teaching abstinence [as] the only good choice before marriage" 77% believe this should be a goal, 19% believe it should not, and 4% either did not answer or were not clear.¹⁸
- # A 1997 Maine poll found high levels of support for birth control information compared to support for abstinence education alone. A television news poll asked residents whether they agreed that "teaching abstinence alone is a better way to cut teen pregnancy than teaching a wide variety of birth control methods." Of the respondents, 86% agreed with teaching a wide variety of methods, 12% favored "abstinence only" and 2 percent were not sure.¹⁹

- # A 1996 California poll found greater support for sex education that includes contraception compared to abstinence education. The Field Institute survey asked about public views regarding the content of public school sex education instruction for teens. When asked whether instruction should include information about contraception 84% of the respondents agreed with this view, 14% disagreed, and 3% had no opinion. In contrast, when asked whether the instruction should be limited only to discussion of sexual abstinence and ways to postpone becoming sexually active 37% of respondents agreed, 59% disagreed, and 4% had no opinion.²⁰
- # A 1997 South Carolina poll found the majority of respondents support sex education which includes contraceptive information. The University of South Carolina poll asked whether the respondent agreed or disagreed with the statement Sex education in the schools, which includes information on how to use and obtain contraceptives, decreases the rate of teen pregnancy and disease. The majority, 58% agreed with the statement, 33% disagreed and 9% had no opinion.²¹
- # A 1998 Idaho health district survey found strong support for an abstinence message as well as support for access to contraception by those who are sexually active. The health department/Campaign to Prevent Teen Pregnancy survey asked residents about their support for a strong abstinence message that encourages teens to abstain until they are at least out of high school. Of the adult respondents, 90% view this as very important. The survey also found that if teens are sexually active, more than three quarters of adult respondents (77%) believe the teens should have access to birth control.²²

STATE ACTIONS

All states but one have kept their applications with MCHB in the program's first year.

- # States are not required to participate in the federally funded program and New Hampshire withdrew its FY 1998 application. To participate, a state must have an approved application. A state has two years to provide a state match and to spend its federal funds.²³
- # In fiscal year 1998, California had an approved application but did not have state funds to draw down its federal \$5.8 million allocation (the largest in the nation). California's House Budget Committee, in May 1998, rejected the federal dollars asserting concerns about the efficacy of abstinence-unless-married programs; if state match becomes available sometime in fiscal year 1999, California can receive its 1998 federal allocation.
- # The fiscal year 1999 awards are expected to be announced by HHS by December. Only then will it be known which states have approved applications.

States are using state and local sources as the match funding; some states have appropriated new state funds, more have tapped existing programs.

- # The state's \$3 in match funding for each \$4 in federal funding must be spent in accordance with the federal restrictions. Thus, if the state uses an existing state abstinence program as match, it can only do so if the state's abstinence program conforms with the federal abstinence-unless-married rules. The state could redirect or scale back state funding of any kind of program in order to come up with the required match. For example, state-funded family planning might be redirected into abstinence. An alternative to tapping existing programs is to appropriate new funds. The match requirement may be met through any combination of newly appropriated state funds, existing state funds, local funds, or in-kind contributions (e.g., the donation of school textbooks).
- # Newly appropriated state funds provide state match in 15 of 50 states.²⁴
- # Existing state funds provide state match in 20 of 50 states:
 - < 13 states match with funds already earmarked for state abstinence programs;
 - < 4 states match with funds that have been redirected or scaled back from programs such as state supported family planning;
 - < 3 states match with both types of existing state funds.
- Local support contributes to state match in 24 of 50 states:
 - < Within these states, the state match requirement is often devolved to the locality and is

part of the application process (e.g., Colorado reports that local programs were obligated to demonstrate a \$3 match for every \$4 federal dollars sought and notes that some communities contributed more than the required amount). Some states require only a partial local contribution (e.g., Tennessee expects community projects to meet one-half of the required \$3 match).

< Local match requirements typically allow for local funds and/or in-kind contributions.

In-kind contributions are counted as match in at least 18 of 50 states

< Some states report in-kind contributions from state level activities (e.g., Alabama notes that broadcasters are providing free air time, which is counted towards the match; Nebraska indicates that the work of its Abstinence Education Advisory Committee will be counted).

< Others states specifically report that localities may utilize in-kind contributions to meet a match requirement.

States plan to award grants to a wide array of organizations. According to an HHS review²⁵ of state applications:

29 states plan to award grants to community groups

29 states plan to award grants to schools

27 states plan to award grants to local health departments

21 states plan to award grants to universities

16 states plan to award grants to church-affiliated groups

State permit grants to groups with broad reproductive health missions as well as to religious organizations. According to findings of the State Policy Documentation Project:

28 of 50 states permit grants to entities which also undertake broader reproductive information/education such as Abstinence plus@education; an Abstinence plus@ or abstinence-based education program that includes contraceptive information would need to be funded by other sources

32 of 50 states permit grants to entities that are religious organizations

States expect to spend abstinence-unless-married education funds on an array of activities and target different age groups. According to an HHS review of state applications:

- 33 states plan media campaigns
- 23 states plan public education programs
- 21 states plan mentoring and counseling activities
- 18 states plan curriculum development
- 14 states plan after-school classes

- 14 states plan in-school classes

With respect to target groups by age:

- # 41 states plan to target 13-14 year olds
- # 39 states plan to target 9-12 year olds
- # 36 states plan to target 15-17 year olds
- # 22 states plan to target 18-19 year olds
- # 5 states plan to target those age 20 and older
- # 3 states plan to target those under age 9

States are taking distinct approaches. For example, Connecticut intends to take a graduated approach under which in the initial year of the five-year abstinence education grant will be a media campaign on abstinence as a positive option for unmarried adolescents. In years two to five, RFPs will be developed for local programs to apply for Title V abstinence education funds. At that time, an evaluation scale will be developed to weight competing proposals. In contrast, South Carolina awarded the funds to a single contractor, Heritages Community Services which utilizes texts that a University of South Carolina faculty notes were judged medically inaccurate and overly explicit and graphic for middle-school students.²⁶

Most states plan to undertake an evaluation; MCHB requires state performance data.

- The 1996 law does not require states to undertake any evaluation of the programs funded with abstinence-unless-married dollars. Many states, however, are planning to undertake some type of evaluation.
 - < 43 of 50 states report plans to undertake a state evaluation
 - < Of the 43 states with plans to evaluate: 12 indicate the state health agency will undertake research; 19 indicate a state academic institution; and 25 report some other entity, often an independent consultant.
- The Maternal and Child Health Bureau guidance requires states to report on several performance measures. This includes for teens 15-17 years old rates of pregnancy and birth; sexual activity; and sexually transmitted diseases. Most of the measures reflect the performance goals already established through Healthy People 2000, a national health initiative.

SOME STATE CHOICES

States are able to make changes in their program from year to year. Thus, there is an on-going opportunity to re-visit previous decisions. While the law includes a narrow definition of abstinence education, states have numerous policy decisions. Among these are:

- # Will the state re-apply for the abstinence-unless-married funds?
- # Will the state utilize an advisory group with diverse perspectives on the program?
- # Will state match rely upon existing state funds and/or new state funds?
- # Will the state re-direct state family planning or comprehensive sexuality education funds to count as the state's match for abstinence-unless-married education?
- # Will the state select program grantees or devolve that process to counties or localities?
- # Will the state spread available funds broadly and invest a little in a lot of programs, or will it concentrate funding and provide larger grants to fewer programs?
- # Will the state target a particular age group?
- # Will the state utilize the greater flexibility apparently available for mentoring/counseling programs to permit broader programming?
- # Will the state monitor grantees to ensure that religious instruction is not funded through the program?
- # Will the state monitor grantees to ensure that they comply with current state health requirements?
- # Will the state evaluate the abstinence-unless-married education program?
- # Will the state that undertakes evaluation compare the abstinence-unless-married program to a more comprehensive education program?
- # Will the state that undertakes evaluation measure behaviors over time?

FY 1998 and FY 1999 Abstinence Education: State Allocations: Sec. 510

Alabama	\$1,081,058	New Jersey	843,071
Alaska	78,526	New Mexico	518,368
Arizona	894,137	New York	3,377,584
Arkansas	660,004	North Carolina	1,151,876
California	5,764,199	North Dakota	126,220
Colorado	544,383	Ohio	2,091,299
Connecticut	330,484	Oklahoma	756,837
Delaware	80,935	Oregon	460,076
Dist. of Columbia	120,439	Pennsylvania	1,820,070
Florida	2,207,883	Rhode Island	129,592
Georgia	1,450,083	South Carolina	811,757
Hawaii	131,519	South Dakota	169,578
Idaho		Tennessee	1,067,569
	205,228	Texas	4,922,091
Illinois	2,096,116	Utah	325,666
Indiana	857,042	Vermont	69,855
Iowa		Virginia	828,619
	424,908	Washington	739,012
Kansas	391,185	West Virginia	487,536
Kentucky	990,488	Wisconsin	795,859
Louisiana	1,627,850	Wyoming	80,935
Maine		American Samoa	44,992
	172,468	Guam	69,495
Maryland	535,712	Northern Marinas	42,493
Massachusetts	739,012	Puerto Rico	1,449,018
Michigan	1,899,560	Trust Territories:	
Minnesota	613,756	Pilau	13,501
Mississippi	1,062,752	Micronesia	47,492
Missouri	969,291	Marshals	21,000
Montana	186,439	Virgin Islands	136,509
Nebraska	246,177		
Nevada	157,534		
New Hampshire	82,862		
TOTAL			\$50,000,000

Source: HRSA, Material and Child Health Bureau.

ORGANIZATIONS

These organizations have published materials related to the Abstinence-Unless-Married program:

- Advocates for Youth**
1025 Vermont Avenue
Suite 200
Washington, DC 20005
(202) 347-5700
www.advocatesforyouth.org
- Applied Research Center**
1322 Webster Street, #402
Oakland, CA 94612
(510) 465-9577
www.arc.org
- Association of Maternal Child Health Programs**
1220 19th Street, N.W.
Suite 801
Washington, DC 20036
(202) 775-0436
www.amchp1.org
- American Public Human Services Association (APHSA; formerly, APWA)**
810 First Street, N.E.
Suite 500
Washington, DC 20002-4267
(202) 682-0100
www.aphsa.org
- Alan Guttmacher Institute**
1120 Connecticut Avenue
Suite 460
Washington, DC 20036
(202) 296-4012
www.agi-usa.org
- Center for Law and Social Policy (CLASP)**
1616 P Street, N.W.
Suite 150
Washington, DC 20036
- (202) 328-5140
www.clasp.org
- Child Trends, Inc.**
4301 Connecticut Ave., N.W.
Suite 100
Washington, DC 20008
(202) 362-5580
www.childtrends.org
- Education, Training and Research Associates**
P.O. Box 1830
Santa Cruz, CA 95061
(408) 438-4081
www.etr.org
- Health and Human Services (HHS): Maternal and Child Health (MCH) Bureau**
Room 18B05
5600 Fishers Lane
Rockville, MD 20857
(301) 443-2170
<http://mchb.hr.sa.gov>
- Health and Human Services (HHS): Office of Population Affairs (OPA)**
4350 East West Highway, Suite 200 WestBethesda, MD 20814
(301) 594-4000
www.dhhs.gov/progorg/opa
- Heritage Foundation**
214 Massachusetts Ave. N.E.
Washington, DC 20002
(202) 546-4400
www.heritage.org
- National Campaign to Prevent Teen Pregnancy**
2100 M Street, N.W.
Suite 300
Washington, DC 20037
- (202) 261-5655
www.teenpregnancy.org
- National Center for Education in Maternal and Child Health**
2000 15th Street North
Suite 701
Arlington, VA 22201-2617
(703) 524-7802
www.ncemch.org
- Sexuality Information Education Council of the United States (SIECUS)**
130 West 42nd Street
Suite 350
New York, NY 10036
(212) 819-9770
www.siecus.org
- The Henry J. Kaiser Family Foundation**
2400 Sand Hill Road
Menlo Park, CA 94025
(650) 854-9400
www.kff.org
- Ways & Means Human Resources Subcommittee, United States House of Representatives**
Room B-317
Rayburn House Office Building
Washington, DC 20515
(202) 225-1025
www.house.gov/ways_means
- Youth Today**
1200 17th Street, N.W.
4th Floor
Washington, DC 20036-3006
(202) 785-0764
HN2759@handsnet.org

Additional Resources

Association of Maternal and Child Health. *Media Kit on Abstinence Education* (January, 1999).
www.amchpl.org

Sexuality Information Education of the United States. *Between the Lines: States' Implementation of the Federal Government's Section 510 (b) Abstinence Education Program in FY 1998*. (April, 1999)

Endnotes

1. The Adolescent Family Life (AFL) Program is also a source of abstinence-unless-married funding. AFL is authorized under Title XX of the Public Health Service Act and was enacted in 1981. AFL includes three types of activities: prevention/education designed to prevent pregnancy; care for pregnant/parenting teens; and research. AFL targets youth ages 9-14 and does not provide services for those over 19. Since 1982 roughly \$180 million has been appropriated for AFL activities; while it is not possible to precisely ascertain how much prevention/education funding was spent on abstinence-unless-married education programs, roughly \$60 million has been spent on some type of abstinence education.

Until the 1996 welfare law, AFL was not precluded from funding abstinence education programs that included contraceptive information. AFL programs were to show that in comparison to contraceptives, abstinence is the most effective method of preventing pregnancy and STD's (no abortion information was permitted). Enactment of the 1996 law, however, mandated AFL to adhere to the welfare law's abstinence-unless-married definition for abstinence education programs supported with funds from FY 1997 and 1998 appropriations. In FY 98, an estimated \$9.0 million funded 66 new abstinence education projects under this definition.

2. Survey of Income and Program Participation data 1990 panel, in Current Population Reports, Household Economic Studies.

3. Maternal and Child Health Bureau/HHS Application Guidance for The Abstinence Education Provision of the 1996 Welfare Law, P.L. 104-193 (May 1997)

4. Jodie Levin-Epstein. *Abstinence Education: Room for Interpretation*. www.CLASP.org (June 1997)

5. Maternal and Child Health Bureau, Abstinence Advisory #1, May 12, 1997 suggested that AA State may wish to consider putting a condition on the grant that the grantee will not teach or promote religion in the Abstinence Education program. Making the above a condition for grant funding has several advantages to the State: (1) the state would be giving its grantee explicit notice of the minimum that is constitutionally required, presumably increasing the likelihood that problems would be avoided; (2) the State would have a basis for taking enforcement action, should that become necessary; and (3) it would

provide affirmative action the States could opt to, should a grant program face legal challenge.

6. A bill was enacted in 1998 that expands Charitable Choice beyond TANF to the Community Services Block Grant. It is anticipated that legislative proposals will be introduced in 1999 to further expand Charitable Choice. For example, a measure that did not pass in 1998 but that was introduced in the Senate, S.2046, sought to expand Charitable Choice to any government program authorized to contract with private organizations. If enacted, Title V Abstinence Education programs would be subject to Charitable Choice.

7. 0.2% of Welfare-to-Work funds are set aside for a national evaluation of the 1996 abstinence education provision. The Welfare-to-work grants are established under the Balanced Budget Act of 1997, Section 5501.

8. Mathematica, earlier in the grant period, is also to develop a summary of the types of programs that have been funded through the new program and a research synthesis on the effects of abstinence education.

9. Doug Kirby. *No Easy Answers: Research Findings on Programs to Reduce Teen Pregnancy*. The National Campaign to Prevent Teen Pregnancy (March 1997).

10. Robert Rector, confirmed personal communication with CLASP staff, September 1998.

11. The abstinence intervention acknowledged that condoms can reduce risks but emphasized abstinence to eliminate the risk of pregnancy and STDS, including HIV. It was designed to...strengthen behavioral beliefs supporting abstinence...The safer-sex intervention indicated that abstinence is the best choice but emphasized the importance of using condoms to reduce the risk of pregnancy and STDS, including HIV, if participants were to have sex. It was designed to...increase skills and self-efficacy regarding [the] ability to use condoms. John B. Jemmott III; Loretta Sweet Jemmott; Geoffrey T. Fong. Abstinence and Safer Sex HIV Risk-Reduction Interventions for African American Adolescents, A Randomized Controlled Trial, *Journal of the American Medical Association*, Vol 279, May 20, 1998.

12. Kim Miller et al, *American Journal of Public Health* (10/98)

13. *Youth Today* interview with Peter Brandt of NCAE, June 1998

14. November 3, 1997 letter to HHS Secretary Donna Shalala

15. *Birmingham Post Herald* interview with Peter Brandt of NCAE.

16. Sex in the 90s: 1998 National Survey of Americans on Sex and Sexual Health, The Kaiser Family Foundation/ABC Television, Question 16, September 1998. This survey reached 1,204 adults and the margin of error is plus or minus 3 percentage points.

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17. Lake, Sosin, Snell, Perry & Associates, Inc., "Findings From Planned Parenthood Study," October 1997 Study. This survey reached 1000 registered voters and the margin of error is plus or minus 3.1%.
 18. University of North Carolina at Chapel Hill, "Carolina Poll, Spring 1997". This survey reached 723 adults and the margin of error was plus or minus 4 percent for the total sample, larger for comparisons between groups.
 19. NewsCenter 6 Bullet Poll for "Think About Me," August 1997. The margin of error is plus or minus 3.6%.
 20. The Field Institute, "A Survey of Californians About Teen Pregnancy Issues," 1996. The margin of error is plus or minus 3.4 percentage points at the 95% confidence level.
 21. The University of South Carolina and the South Carolina Council on Adolescent Pregnancy Prevention "South Carolina Speaks," January 1997. This survey included 534 registered voters and the margin of error is plus or minus 4.24% at the 95% confidence level.
 22. The Department of Health and Welfare, Region III and the District 3 Campaign to Prevent Teen Pregnancy, "A Preliminary Summary of Findings from Survey Questions About Teen Pregnancy." The survey includes responses of 300 adults polled in July 1998 and the margin of error is plus or minus 4%.
 23. MCHB Application Guidance, May, 1997 [p.3] and personal communication with HHS staff.
 24. The State Policy Documentation Project (SPDP), a joint project of CLASP and the Center on Budget and Policy Priorities, is the source for state policy decisions throughout this fact sheet unless otherwise noted. Respondents to this 1998 national survey were typically officials within the state's Maternal and Child Health Bureau; this paper relies on the written answers of 49 States and the District of Columbia. Alaska's response has not yet been received.
 25. Interview with Susan Fulmer, University of South Carolina in The State, Columbia, South Carolina, August 3, 1998