



**Information on State Abstinence from Abstinence-Only
Education (Section 510) Funding**
Response to Member’s Information Request

States Receiving Section 510 Funding in 2006 and 2007*

Seven states declined Section 510 Abstinence funds in 2007 (highlighted in gray). Four of these seven states (MN, NJ, RI, WY) had received this funding in 2006 (denoted in green). One state, PA, had not received Abstinence funding prior to 2007 but applied for funding this year (denoted in light blue). Also included in the table are the amount of Abstinence dollars for which each state was eligible in 2007 (WI included as comparison).

States in Yellow applied for FY 2007 funds. States in Gray did not.	FY07 Amounts Eligible for State**	Did the State apply for funds in FY 2006?
Alabama		
Alaska		
Arizona		
Arkansas		
California	\$7,055,239	No
Colorado		
Connecticut	\$344,944	No
DC		
Delaware		
Florida		
Georgia		
Hawaii		
Idaho		
Illinois		
Indiana		
Iowa		
Kansas		
Kentucky		
Louisiana		
Maine	\$161,298	No
Maryland		
Massachusetts		
Michigan		

States in Yellow applied for FY 2007 funds. States in Gray did not.	FY07 Amounts Eligible for State**	Did the State apply for funds in FY 2006?
Minnesota	\$488,623	Yes
Mississippi		
Missouri		
Montana		
Nebraska		
Nevada		
New Hampshire		
New Jersey	\$914,495	Yes
New Mexico		
New York		
North Carolina		
North Dakota		
Ohio		
Oklahoma		
Oregon		
Pennsylvania	\$1,693,422	No
Rhode Island	\$165,277	Yes
South Carolina		
South Dakota		
Tennessee		
Texas		
Utah		
Vermont		
Virginia		
Washington		
West Virginia		
Wisconsin	\$602,958	
Wyoming	\$73,138	Yes

* **Source:** Personal correspondence with Administration for Children and Families (ACF) Project Officer

** **Source:**

<http://209.85.165.104/search?q=cache:w29MD5vxO98J:www.acf.hhs.gov/grants/pdf/ACYF-FYSB-AE-01-06updated.pdf+wyoming+abstinence+2007&hl=en&gl=us&ct=clnk&cd=8&client=firefox-a>

Contact Information for States of Interest

Please contact ASTHO's MCH staff for this information.

Media Reports

ME:

States abstain from federal sex ed money

By Brian H. Kehrl, Special to Stateline.org

<http://www.stateline.org/live/ViewPage.action?siteNodeId=136&languageId=1&contentId=70529>

NJ:

State Politics & Policy | New Jersey Rejects Federal Abstinence Education Funds

[Oct 27, 2006]

http://www.kaisernetwork.org/daily_reports/rep_index.cfm?hint=2&DR_ID=40694

Organizational Policy Statements on Sex Education

American Academy of Pediatrics: Sexuality Education for Children and Adolescents

<http://pediatrics.aappublications.org/cgi/reprint/108/2/498>

The policy statement reviews and makes recommendations regarding the role of the pediatrician in providing sexuality education. The statement notes, “children and adolescents need accurate and comprehensive education about sexuality to practice healthy sexual behavior as adults” and that effective programs provide practical skills and encourage abstinence as the best option, but offer a discussion of HIV prevention and contraception for those who are sexually active.

The Society for Adolescent Medicine: Abstinence-only Education Policies and Programs

http://www.adolescenthealth.org/PositionPaper_Abstinence_only_edu_policies_and_programs.pdf

This position statement recommends that “[e]fforts to promote abstinence should be provided within health education programs that provide adolescents with complete and accurate information about sexual health” and that “[g]overnment policy regarding sexual and reproductive health education should be science-based.” It notes that comprehensive reproductive health programs that promote abstinence and provide information about contraceptive options and STI prevention have been shown to delay initiation of sexual activity, whereas evaluations of abstinence-only programs have not. The paper states that abstinence-only programs “provide incomplete and/or misleading information or none at all” and calls for them to be abandoned as a basis for health policy.

American Medical Association: Sexuality Education, Abstinence, and Distribution of Condoms in Schools

http://www.ama-assn.org/apps/pf_new/pf_online?f_n=browse&doc=policyfiles/HnE/H-170.968.HTM

This statement recommends that schools “implement comprehensive, developmentally appropriate, sexuality education program” that are science-based; effective in delaying sexually activity and reducing risk for HIV, STIs, and pregnancy; provide factual information and skills-building; involve parents, health professionals, and community members; and be part ofn overall health education program.

American Public Health Association: Abstinence and U.S. Abstinence-Only Education Policies: Ethical and Human Rights Concerns

<http://www.apha.org/advocacy/policy/policysearch/default.htm?id=1334>

APHA recommends that abstinence be promoted in public health programs that provide adolescents with complete, accurate information noting that “significant ethical and human rights concerns arise when abstinence is presented to adolescents as the sole choice or when health information regarding other choices is limited or misrepresented.” They support comprehensive sexuality education that is medically accurate, developmentally appropriate, culturally sensitive, and based on theories and strategies with demonstrated evidence of effectiveness. APHA further recommends that “[s]tates should support school districts and local schools to implement abstinence education as part of comprehensive sexuality education and as an integral part of comprehensive K-12 school health education.” APHA recommends that federal abstinence-only programs should be repealed and replaced with funding for programs that promote comprehensive sexuality education.

American Psychological Association: Resolution in Favor of Empirically Supported Sex Education and HIV Prevention Programs for Adolescents

http://www.apa.org/releases/sexed_resolution.pdf

This APA resolution notes “the limitations of abstinence-only and abstinence until marriage programs, including their failure to attend to the prevention needs of MSM adolescents who are disproportionately affected by HIV/AIDS” and encourages policymakers “to base funding decisions and laws on the well-designed scientific research with outcome data measured in terms of pregnancy rates, STIs, and HIV.” The APA also urges “state governments, Congress, and the executive branch to eliminate censorship of HIV safer sex messages in federally-funded HIV prevention programs; and promote comprehensive sexuality education programs designed to prevent HIV.

State Program Evaluations

Abstinence Only Education Program Fifth Year Evaluation Report (AZ)

http://www.azdhs.gov/phs/owch/pdf/abstinence_final_report2003.pdf

A follow-up study of over 700 unmarried teen participants from programs in four counties found:

- 95% of those who were virgins at the start of the program remained abstinent while 52% of those who were sexually experienced were abstinent 13 months after the program, consistent with literature that suggests abstinence-only works best for sexually inexperienced youth.
- Live birth rates among program participants were lower than comparable state rates for teens 15-18 years, though the authors note that the rates for program participants may be underestimated due to errors in recording names or birth dates and attrition/out-of state relocation.
- No significant change in the percentage of teens entering the program with sexual experience.
- Indications exist that a shift towards less risky behaviors among some groups of sexually experienced teens has occurred.
- At 13 months follow-up, improvements in refusal skills, increases in teens' personal value exploration, and increases in endorsement of the health benefits of abstaining were observed. Short term effects on attitudes about abstinence, norms about teen sexuality, and social information seeking, birth control attitudes, and intent to pursue abstinence were not maintained at 13 months follow-up.
- The evaluation identified three key factors that increase the likelihood of choosing abstinence:
 - Intervening early
 - Delaying early and frequent dating behavior, increasing monitoring by adults, encouraging alternative social activities
 - Influencing intentions to abstain.

Evaluation of Abstinence Only Education in Iowa: Year 5 Report

<http://www.uiowa.edu/~nrcfcp/publications/documents/abedfin03.pdf>

In Iowa, there are two state-funded sexuality education programs. One of the programs – the Abstinence-only educational initiative – is funded by the Iowa Department of Public Health using federal money provided through the U.S. Maternal and Child Health Bureau. The other program (“Adolescent Pregnancy Prevention” [APP]) is funded by the Iowa Department of Human Services. The APP statewide initiative funds programs that provide more comprehensive sexuality education programs, although a program goal includes the promotion of abstinence. This report evaluated five abstinence-only programs (the Bethany Education Program, the Empower Pella Program, the I-35 Program, the Empower Community Program, and the Linn County Community program) and compared outcomes to those of the APP statewide initiative.

Abstinence-only students, by comparison with APP students, were ***more likely to:***

- feel strongly about wanting to postpone sex (1.58 vs. 1.53)
- feel they have skills to resist pressure to have sex (1.51 vs. 1.48)
- know about the dangers of STDs and AIDS (1.63 vs. 1.53)
- know the consequences of having a baby as a teen (1.70 vs. 1.66)
- feel better about themselves (1.57 vs. 1.52)

- be aware of their unique qualities and talents (1.52 vs. 1.42)
- feel confident about decisions they make (1.66 vs. 1.64)
- feel comfortable saying no to sex until they are older (1.62 vs. 1.58)

However, abstinence-only students, by comparison with APP students, are *less*:

- likely to talk to a parent about sex (1.05 vs. 1.17)
- clear about the meaning of “No means No” (1.47 vs. 1.60)
- likely to feel comfortable asking questions about sex (0.97 vs. 1.10);
- clear about their attitudes toward sex (1.32 vs. 1.51)
- likely to understand how decisions about sex can change their future (1.64 vs. 1.68)
- likely to feel their goals shouldn’t include teen pregnancy (1.51 vs. 1.68)
- likely to know about body changes during puberty (1.23 vs. 1.59)
- likely to know the costs of an unwanted pregnancy (1.34 vs. 1.70)

There was little difference between Abstinence-only students and APP students on items related to:

- understanding why they should wait for sex (1.61 vs. 1.60);
- understanding how alcohol and drugs can influence decisions about sex (1.49 vs. 1.50);
- thinking they need a boy/girlfriend to feel good about themselves (1.26 vs. 1.26)

Evaluation of Abstinence Only Education in Iowa: 2004-2005

http://www.uiowa.edu/~nrcfcp/research/documents/AbOnly05Final_000.pdf

A 2004-2005 report evaluated four abstinence-only programs (the Allen Hospital Women’s Health Department Programs, the American Home Finding WAIT Program, Community Opportunities Program, and Hillcrest Family Services Program) and compared outcomes to those of the APP statewide initiative.

Abstinence-only students, by comparison with APP students, were:

- equally likely to know about the dangers of STDs and AIDS (1.59 vs. 1.59)
- less likely to feel comfortable asking questions of my parents or other trusted adults about sex (.95 vs. 1.13)
- less likely to understand how decisions about sex can change their future (1.60 vs. 1.71)
- less likely to understand how alcohol and drugs can influence decisions about sex (1.35 vs. 1.50)
- less likely to have skills to resist pressure to have sex (1.36 vs. 1.49)
- less knowledgeable about the consequences of having a baby as a teenager (1.53 vs. 1.70)

Minnesota Education Now and Babies Later (ENABL) Evaluation Report 1998-2002

<http://www.saynotyet.com/report.htm>

The MN ENABL program represents a multi-faceted, primary prevention, community health promotion approach to teen pregnancy reduction targeting youth under age 14, their parents, and communities. Findings of the evaluation included:

- Overall, the initiative was well-implemented.

- The initiative had some positive effects on parent-teen communication.
- A positive association was found between greater abstinence (as reported by 12th graders on the Minnesota Student Survey) and MN ENABL program implementation. However, counties without MN ENABL funding had higher percentages of abstinent students than those counties receiving MN ENABL funding.
- There was little impact of the curriculum on youth attitudes, sexual intentions, and behaviors after one year.
- There appears to be a lack of fit between the program as designed and kids who face complex problems in their lives and are most at risk for sexual activity.
- Parent support for providing education on both abstinence and pregnancy and STI prevention was strong.

Evaluation of the Pennsylvania Abstinence Education and Related Services Initiative: 1998-2002

<http://www.dsf.health.state.pa.us/health/lib/health/familyhealth/evaluationpaabstinence1998-20021.pdf>

Of the thirteen programs evaluated through quantitative analysis of the surveys, four programs had a positive effect of reducing sexual onset; two had a negative effect, and the remaining seven had no effect. The report concludes that abstinence-only programs should be focused on early adolescence (grade seven). Beyond the eighth grade, abstinence-only programs can support youth who choose to remain sexually abstinent, but for youth who are not abstinent, the researchers recommend an “abstinence-first” approach that stresses the importance of abstinence but also prepares youth to prevent pregnancy, STIs and HIV/AIDS transmission.

Other Evaluations

GAO Report to Congressional Requesters, Abstinence Education: Efforts to Assess the Accuracy and Effectiveness of Federally Funded Programs

<http://www.gao.gov/new.items/d0787.pdf>

GAO auditors contacted 10 states that receive funding from ACF for their abstinence-until-marriage programs and found that only five of the states reviewed the programs for scientifically accurate data on contraception, sexually transmitted infections and other information. The report also found that most state and federal efforts to assess the effectiveness of abstinence-until-marriage education programs, including efforts involving third-party evaluators "do not meet the minimum scientific standards" - such as random assignment of participants and sufficient follow-up periods and sample sizes - that experts say are necessary to be scientifically valid (*AP/International Herald Tribune*, 11/16). The report recommends that the Secretary of HHS develop procedures to help assure the accuracy of such materials used in programs administered by ACF.