



Title V Section 510 Abstinence Education

Providing Health & Choice to Teens in Each State

Background: In 1996, President Clinton initiated \$50 million in funding for Title V Abstinence Education. Since that time, state block grants have been available to provide students with the risk avoidance abstinence message. Bipartisan support for the funding persisted until July 2009, when the funding expired. A provision to reauthorize the \$50 million block grant for five years (2010-2014) was inserted in the health care bill – one of the few provisions in the bill that gained support from both Republicans and Democrats.

The Reality:

1. States and communities have real choice in sex education with Title V funding

- The health care bill reauthorized Title V Abstinence Education for five years, but it also initiated a state block grant for contraceptive-centered education (PREP) for 5 years. The 2010 federal budget eliminated all other funding dedicated exclusively to abstinence education
- Local communities may choose whether or not to use Title V abstinence education funding, if accepted by the state. Acceptance of this funding does not preclude schools from also teaching other sex education approaches with separate funding.
- But.....the governor must approve the funding coming to the state before local communities have this choice!

2. Accepting the Title V Abstinence Education Block Grant is economically sound

- Although the funding requires a \$3 state match for every \$4 in federal funds, many if not most states, require community-based sub-grantees to provide the match.
- Direct services to students in schools and communities offer maximum benefit to students and make satisfaction of the match relatively easy through “in kind” donations of time, space, and expertise. (NAEA can provide technical assistance to states in implementing this model)
- Every \$1 spent to help teens delay sexual activity affords *at least* a \$6 savings in teen pregnancy prevention.

3. Abstinence-centered education is holistic

- Abstinence education recognizes that teen sexual activity affects the whole person and so information is provided that deals with all aspects. Far from a “just say no” approach, skills taught include:
 - Building healthy relationships
 - Goal setting
 - Effective decision making
 - Self efficacy skills
 - Medically accurate information on contraception
 - Full information on STDs
- By contrast, so-called ‘comprehensive sex education’ focuses almost exclusively on reducing physical consequences of sex with little emphasis on abstinence or other related issues.

4. Abstinence education’s single-focused risk avoidance approach is successful in delaying teen sexual activity.

- A landmark study was released February 1, 2010 that measured three distinct sex education programs, using a randomized control study. It was published in the February edition of *Archives of Pediatric & Adolescent Medicine* and joins 16 other research findings of effectiveness for abstinence education programs.
- It found that abstinence education was very effective at reducing teen sex and worked better than both “comprehensive” sex education and “safe” sex programs.
- At the same time, students who received abstinence-centered education were no less likely to use a condom than their peers

5. Abstinence education is preferred in many communities, and must continue to be a choice for youth.

- The abstinence-centered approach is preferred over condom-based instruction in many communities throughout the country. Offering parents and schools a choice in the type of sex education their children receive not only supports American pluralism but the value of local control in education
- A number of states have abstinence education laws that require that the major emphasis of their sex education and STD prevention be abstinence.
- “Comprehensive” sex education cannot fulfill this requirement given its minimal treatment of abstinence