Proposal to strike Title V Section 510 of the Social Security Act from U.S. Code

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The United States is one of few developed nations still incentivizing abstinence-only sex education programs with public funds, even as these programs continue to produce results that threaten public health. Abstinence-only sex education (AOSE) encourages instructors to withhold evidence-based knowledge to youth, limiting the full range of their options. As youth are unaware of their options, they become far more likely to engage in risky sexual behavior. We can be observe this phenomenon through the United States' high rate of adolescent pregnancy and sexually transmitted infections (STIs) compared to other developed nations. By incentivizing non-evidence based AOSE, youth in the U.S. are becoming unnecessary victims of adolescent pregnancy and STIs.

The federal policy most directly responsible for incentivizing AOSE is section 510 of the Social Security Act: The State Abstinence Education Grant Program (42 U.S.C. 710). Since 1998, this grant program has provided funds to states if they meet an expressed set of criteria sex education criteria revolved around abstinence, dispersing $50 million in grants each year (42 U.S.C. 710). During the 113th Congress, Representative Barbara Lee (CA-13) proposed the Repealing Ineffective and Incomplete Abstinence-Only Program Funding Act of 2013 (H.R. 3774), which would have repealed Title V §510. However, no action was taken on the bill.

By incentivizing AOSE, The State Abstinence Education Grant Program encourages states to disclose material that is incomplete and incorrect when teaching sex education. The result produces an outcome of decreased public health at the expense of the student and the taxpayer. The federal government is doing a disservice to all Americans as they continue to allocate hard-earned wages toward ineffective programs. Moreover, Title V §510 is jeopardizing the health of vulnerable, young Americans by failing to empower them with a holistic sexual education. Therefore, we propose repealing Title V §510 of the Social Security Act.

The Problem with Abstinence-Only Education in the United States

The State Abstinence Education Grant Program was implemented in 1998. It established a federal grant program to disperse $50 million annually to states that adhere to an abstinence only curriculum (US Code). Since then, over $1 billion has been allotted to the Abstinence Education Grant Program; one of three major federal abstinence-only incentive programs. State Abstinence Education Grants are allocated mainly to public education funds, while other abstinence-only incentive programs fund private or non-educational organizations. In fiscal year 2017, a total of $56,549,399 was spent on Title V grants in 39 states, amounting to $1,449,985 in grants awarded, on average, to each participating state (U.S. Department of Health and Human Services, 2017). This program leaves states with two options. They may reject ample federal funding or teach AOSE, despite the fact that it has not had an impact on the rate of abstinence

(Beadle, 2012). States that wish to receive funding from Title V must adhere strictly to a set of eight curriculum guidelines with the, "exclusive purpose [of] teaching the social, psychological, and health gains to be realized by abstaining from sexual activity," (24 U.S.C. § 701-729). However, the amount the state gains from the grant cannot supplement the monetary loss that abstinence-only curriculum produces.

The Abstinence Education Grant Program is ineffective and fosters negative outcomes in the United States. The U.S. has one of the highest rates of STIs among developed countries, in addition to greater young adult pregnancy rates. In 2016, the Journal of Adolescent health published a report stating that the pregnancy rate among 15-19 year-olds was the highest in the United States, and that the U.S. had the highest adolescent birth rate among nations with relatively liberal abortion laws (Sedgh, 2015). A separate study finds that in 2013 U.S. citizens were far more likely to contract STIs like chlamydia and gonorrhea than European citizens. In the case of chlamydia, U.S. rates were nearly 450 cases per 100,000 residents, while European countries saw a rate of approximately 12 cases per 100,000 residents (Superdrug).

The United States' focus on abstinence-only education has contributed to these statistics. A 2016 study found that American students encouraged to take a abstinence pledge as part of abstinence-only curriculums were between 5-20% more likely to contract Human Papillomavirus (HPV) than those who didn't take those pledges. This disparity rate originates from the number of intimate partners, indicating that students who were encouraged to take a abstinence pledge were found to be more likely to engage in high-risk sexual behavior than those who had not (Paik, 2016). According to another study, "data suggests that many adolescents who intend to be abstinent fail to do so, and that when abstainers do initiate intercourse, many fail to use condoms and contraception to protect themselves" (Santelli, 2017).

Consequences of this policy extend beyond disease. One of the most limiting factors to a woman's success in secondary and post-secondary education is pregnancy and childbirth. Only 50% of teen mothers graduate high school, compared to 90% of childless women (Centers for Disease Control, 2017). However, these women are not the only ones that fall victim to the financial burden. Over 79% of teen mothers receive some type of public assistance, whether it be in the form of subsidized housing, WIC, food stamps, healthcare, or otherwise. In 2010, the CDC found that the public spent $9.4 billion dollars caring for teen mothers and their children, an average of $188 million per state (DePillis, 2014). Pregnancy prevention efforts, such as comprehensive sex education have been directly linked to a decrease in this spending. Research conducted by the University of Washington has shown that students which undergo comprehensive sex education are 60% less likely to become pregnant or impregnate someone (Beadle, 2012). The same cannot be said for students that attend abstinence-based programs. States with AOSE policies, such as Mississippi and New Mexico, are among those with the highest rates of adolescent pregnancy, while states with comprehensive sex education, like New Hampshire, have exponentially low rates of adolescent pregnancy. The cost of caring for adolescent pregnancy at this capacity is an exorbitant waste of taxpayer money when we can prevent a number of these pregnancies through comprehensive sex education (CSE).

In contrast, research shows that comprehensive sex education (CSE) programs have a positive effect on disease and teen pregnancy rates. In one aggregate study, CSE programs reduced rates of unprotected sex in 60% of circumstances (Advocates for Youth, 2009). CSE was also found to decrease high-risk sexual behaviors (like early sexual initiation, high numbers of intimate partner) and increased the use of contraception (Advocates for Youth, 2009). In recent years, there has been a gradual decline in the U.S. adolescent pregnancy rate, a success that has been tied to increased contraceptive access found within CSE curriculum (Lindberg 2016). As a first step toward comprehensive sex education nationwide, it is necessary that State Abstinence Education Program grants are no longer issued. They are, quite simply, inefficient and a misuse of federal funds.

Proposal to Remove Title V §510 from the Social Security Act and Allocate the Funds to PREP

As aforementioned, abstinence-only education has been proven to increase high risk behavior for those that are subjected to it, especially in low income areas. Title V §510 is unhelpful and a poor use of federal funds. The federal government should not be appropriating funds to subsidize harmful programs, but instead allocate these funds to programs that are proven to work and will ultimately make for a healthier, more educated society. Therefore, we propose the repeal of Title V §510 of the Social Security Act, and to allocate its funds to the Personal Responsibility Education Program (PREP).

PREP seeks to provide vulnerable groups with CSE. PREP does this by endowing entities with funds for implementing programs that teach CES via a competitive grant programs. Here are a list of eligible entities:

- *State or county governments*
- *City or township governments*
- *Special district governments*
- *Independent and local school districts*
- *Public and state controlled institutions of higher education*
- *Native American tribal governments (federally recognized)*
- *Public housing authorities/Indian housing authorities*
- *Native American tribal organizations (other than federally recognized tribal governments)*
- *Nonprofits having 501(c)(3) status with the IRS other than institutions of higher education*
- *Nonprofits without 501 (c)(3) status with the IRS other than institutions of higher education*
- *Private institutions of higher education*
- *For profit organizations other than small businesses*
- *Small businesses*

These grants can be given to anyone of the listed organizations, if it's implementing the approved PREP programs. To receive a PREP Competitive Grant, states must develop programs that: teach evidence-based sex education, disclose information about abstinence *and* contraception, provide medically accurate, age appropriate and culturally relevant information, and educate youth on other relevant topics that address risky sexual behavior. PREP works through their local partners to, "to support organizations and communities that work every day to put an end to youth homelessness, adolescent pregnancy, and domestic violence," (U.S. Department of Health and Human Services, 2017).

Another significant aspect of PREP Competitive Grants is how the organizations that receive them are chosen. Requesting a PREP funding takes considerable time and preparation. The groups seeking funds must complete a rigorous application process that involves a complete overview of the organizations program content, implementation, goals, participants, budget, legality, sustainability, and more. This intricate process ensures that tax dollars are going to legitimate, focused programs that will deliver results for America's youth.

Allocating funds to PREP is an effective alternative to subsidizing abstinence-only sex education, as funding for PREP has directly affected a decline in STIs and adolescent pregnancy among America's youth. Much of this is achieved through their education programs, but some of PREP's partners target youth homelessness and domestic violence (which are both circumstances that can lead to an increase in STIs and adolescent pregnancy). PREP grant recipients have used their funding to helped educate over 430,000 youth through their Adolescent Pregnancy Prevention (APP) program. Specifically, they have addressed the needs of 296,000 youth in Title V recipient states (Family and Youth Services Bureau, 2015). Furthermore, in 2015 alone, PREP serviced over 23,000 youth that were homeless, or at risk of homelessness and provided emergency services and shelter to 126,000 domestic violence victims, as well as over 131,000 children. Their programs target CSE and circumstances that lead to risky sexual behavior. Therefore, PREP programs offer a holistic approach to the solving problems of STIs and adolescent pregnancy, while not compromising the teaching of abstinence values, in conjunction with CSE. This is a far better approach than abstinence-only education. PREP is better for youth and better for taxpayers.

Possible Opposing Positions and Corresponding Responses

Opposing position #1: Teaching comprehensive sex education will only promote and increase high risk sexual behavior.

It should be stated clearly that this proposal does not seek to end abstinence-only education, or the teaching or abstinence values. We are simply proposing that the federal government divert funds that incentivize abstinence-only education to comprehensive sex education (CSE), as the former has proved to be less effective for public health than the latter. It should also be clearly stated that the programs that we wish to divert funding to teach abstinence values in conjunction with CSE. Furthermore, to address this claim, there is substantial evidence that CSE leads to a decrease in risky sexual behavior among teens. According to research compiled by the Guttmacher Institute, since 1990, there has been a 51% decline of adolescent pregnancy in the United States, and a 15% drop between 2008 and 2010 (Kost, Maddow, Arpaia 2014). In the most recent completed study in 2013, the US has the lowest rate in 80 years for pregnancies in young women ages 15-19: 43 per 1,000 teens have reported pregnancies with 72% of pregnancies occurring between ages 18-19 (Kost, Maddow, Arpaia 2017). In 2007, a study concluded that 86% of the decline in teen pregnancy was due to improvements in contraceptive use (especially 18-19 year olds), while the remaining 14% was a result of decreased sexual activity (American College of Obstetricians and Gynecologists, 2012.). We know this decline came in direct relation to CSE, because in 2014, the Guttmacher Institute found that a decline in teen pregnancy since 2003 had little to nothing to do with teens delaying sex. The percent of American teens having sex dropped only from 46% to 45% (Khan et al, 2014), yet adolescent

pregnancy rates continued to drop due to increased use of contraceptives, an important aspect taught in comprehensive sex education. Overall, programs that promote comprehensive sex education rather than abstinence are associated with a 50% lower risk of teen pregnancy (Kohler, 2008). Programs that promote abstinence outside of marriage have proven ineffective at stopping or even delaying sex, so we are proposing a greater incentive for communities to teach comprehensive education. States will still have the option to opt out of this grant, however states that teach students age-appropriate and medically-accurate information will have a greater motivation and funding to do so.

Opposing position #2: Families should teach their own children about sex, not public school teachers, because it goes against their religious convictions and beliefs.

There is still a right maintained for every parent to opt their child out of any type of sex education. Our proposal does not seek to take away this right. We believe that a parent should engage in honest conversations with their children about sex and healthy relationship, however these conversations do not always happen; nor are they always accurate or comprehensive. This issue goes beyond the child-parent relationship. Other students' health will be directly negatively affected by one child's lack of knowledge on how to safely practice sex when the situation arises at any time during their future. Moreover, comprehensive sex education is also an asset to students who abstain from sex until marriage, as it covers information on healthy sexual relationships, pregnancy, and reproductive health. However, if parents decide they don't want their child subjected to such information that is their right. What is not their right is to withhold evidence-based information from other students that would otherwise not be exposed to it. Furthermore, the Guttmacher Institute found that 80-90% of adults support comprehensive sex education to students that is age appropriate and medically accurate and relevant (School-Based Sexuality Education). This includes instruction on forms of contraception and disease prevention in addition to abstinence. Under this umbrella, abstinence will not be shunned or cut from curriculum; it will be viewed as part of the comprehensive spectrum. Family values differ in each state and classroom, so schools must be incentivized to accommodate all students.

Opposition position #3: Comprehensive sex education is more expensive to the taxpayer than abstinence only education.

This statistic is true, but only in short term analysis. When teaching comprehensive education, teachers need more supplies and time with students in order to complete the class. Teachers need additional training in order to do so correctly, which adds costs. Even so, by the end of 2008, the government had spent over $1.5 billion on programs that teach abstinence until marriage; a method that has been proven ineffective at preventing pregnancy and STIs. In 2014, Congress provided an additional $55 million for abstinence until marriage programs, while approximately $185 million was spent on comprehensive programs (What Is Behind the Declines in Teen Pregnancy Rates, 2009). In contrast, PREP awarded $40.8 million to organizations to promote medically accurate and age appropriate sex programs in 2016, according to the Family and Youth Services Bureau. These programs not only work more efficiently, but can save Americans money in the long term. For every dollar invested in comprehensive sex education, $2.65 in total medical and social costs were saved (Wang et al, 2000).

Works Cited and Consulted

Advocates for Youth. (2009, September). Comprehensive Sex Education: Research and Results. Retrieved February 27, 2018, from http://www.advocatesforyouth.org/publications/1487

American College of Obstetricians and Gynecologists, Committee on Adolescent Health Care, Long-Acting Reversible Contraception Working Group, Committee opinion no. 539: adolescents and long-acting reversible contraception: implants and intrauterine devices, *Obstetrics & Gynecology*, 2012, 120(4):983–988.

Centers for Disease Control. (2017, May 9). *Reproductive Health: Teen Pregnancy* (United States, Centers for Disease Control, National Center for Chronic Disease Prevention and Health Promotion). Retrieved February 27, 2018, from https://www.cdc.gov/teenpregnancy/about/index.htm

Family and Youth Services Bureau: 2014 and 2015 Highlights. (2015). *Family and Youth Services Bureau*. accessed March 1, 2018. https://www.acf.hhs.gov/sites/default/files/fysb/fysb_highlights_2014_2015_20160523.pdf,

Kann L et al., Youth Risk Behavior Surveillance—United States, 2013, *MMWR*, 2014, 63(4):1–168, <http://www.cdc.gov/mmwr/pdf/ss/ss6304.pdf>, accessed Feb. 28, 2018.

Kohler, P. (2008, March). National Data Shows Comprehensive Sex Education Better at Reducing Teen Pregnancy than Abstinence-Only Programs. Retrieved February 28, 2018, from http://www.siecus.org/index.cfm?fuseaction=Feature.showFeature&featureID=1041

Kost K, Maddow-Zimet I and Arpaia A, *Pregnancies, Births and Abortions Among Adolescents and Young Women in the United States, 2013: National and State Trends by Age, Race and Ethnicity*, New York: Guttmacher Institute, 2017, https://www.guttmacher.org/report/us-adolescent-pregnancy-trends-2013.

Kost K and Henshaw S, *U.S. Teenage Pregnancies, Births and Abortions, 2010: National and State Trends by Age, Race and Ethnicity*, New York: Guttmacher Institute, 2014, <http://www.guttmacher.org/pubs/USTPtrends10.pdf>, accessed Feb. 28, 2018.

Lindberg, L., Santelli, J., & Desai, S. (2016). Understanding the Recent Decline in Adolescent Fertility in the United States, 2007-2013. *Journal of Adolescent Health, 58*(2), 577-583. doi:10.1016/j.jadohealth.2015.10.213

Paik, A., Sanchagrin, K. J., & Heimer, K. (2016). Broken Promises: Abstinence Pledging and Sexual and Reproductive Health. *Journal of Marriage and Family, 78*(2), 546-561. doi:10.1111/jomf.12279 http://onlinelibrary.wiley.com/doi/10.1111/jomf.12279/full

Repealing Ineffective and Incomplete Abstinence-Only Program Funding Act of 2013, H. 3774, 113th Cong. (2010).

Santelli, J. S., Kantor, L. M., & Grilo, S. A. (2017). Abstinence-Only-Until-Marriage Policies and Programs: An Updated Position Paper of the Society for Adolescent Health and Medicine. *Journal of Adolescent Health, 61*(3), 400-403. doi:10.1016/j.jadohealth.2017.06.001

School-Based Sexuality Education: The Issues and Challenges. (2016, December 06). Retrieved February 28, 2018, from https://www.guttmacher.org/journals/psrh/1998/07/school-based-sexuality-education-issues-and-challenges#2

Sedgh, G., Finer, L. B., Bankole, A., Eilers, M. A., & Singh, S. (2015). Adolescent Pregnancy, Birth, and Abortion Rates Across Countries: Levels and Recent Trends. *Journal of Adolescent Health,56*(2), 223-230. doi:10.1016/j.jadohealth.2014.09.007

Social Security Act, 24 U.S.C. § 701-729

U.S. Department of Health and Human Services, Family & Youth Services Bureau, 2017. *2017 Title V State Abstinence Education Program Grant Awards.* www.acf.hhs.gov/fysb/resource/2017-aegp-awards.

U.S. Department of Health and Human Services, Family & Youth Services Bureau, 2017. *Personal Responsibility Education Program (PREP) Competitive Grants.* https://www.acf.hhs.gov/fysb/prep-competitive

Wang, L. Y., Davis, M., Robin, L., Collins, J., Coyle, K., & Baumler, E. (2000, October). Economic evaluation of Safer Choices: a school-based human immunodeficiency virus, other sexually transmitted diseases, and pregnancy prevention program. Retrieved February 28, 2018, from https://www.ncbi.nlm.nih.gov/pubmed/11030854

What Is Behind the Declines in Teen Pregnancy Rates? (2018, January 09). Retrieved February 28, 2018, from https://www.guttmacher.org/gpr/2014/09/what-behind-declines-teen-pregnancy-rates