Whatever Happened to the Adolescent Family Life Act?

By Rebekah Saul

On the grounds that the Adolescent Family Life Act (AFLA)—the federal government's longstanding teen "chastity" program—largely duplicates the five-year, $250 million "abstinence-only" education program created by the 1996 welfare reform law, President Clinton's FY 1999 budget calls for AFLA's funding to be cut by 70%, from $17 million to $5 million. The action begs the question: Why would the Clinton administration, given the overwhelming political popularity of abstinence promotion, take what appears to be a swipe at AFLA, especially after working so hard to administer the program—conceived in the first year of the Reagan administration as the conservative "alternative" to family planning for teens—in ways that are more acceptable to the public health and reproductive rights communities?

The answer may be that while abstinence promotion as an idea is unquestionably in vogue, AFLA as a program is less so. Public health and reproductive rights advocates, while crediting the administration for the changes it has made in running the program, remain skeptical of the legislation's single-minded focus on abstinence as a means of teen pregnancy prevention, especially given the program's inability after 17 years to demonstrate the effectiveness of that approach.

For their part, conservative activists—largely *because* of the administration's reforms—consider AFLA to have become something akin to "abstinence-lite." By and large, they are pinning their hopes on the newer, "purer" effort under which the states are being funded to support programs that, in the words of the statute, have as their "exclusive purpose" the promotion of abstinence for all people outside of marriage.

Yet, in their origins and underlying intent, the new program and AFLA share many parallels—and AFLA's odyssey over the years has both substantive and political implications for the newer effort. Both programs were enacted quietly, without extended public or legislative debate, and were instantly controversial. Both sprang from a deep conviction among social conservatives that too much attention was being given and money being spent on "comprehensive" sexuality education and contraception-based pregnancy prevention efforts—and that an alternative program steeped in "traditional family values" was necessary. Both were consciously constructed to steer funds toward conservative "profamily" groups and away from family planning and sexuality education providers. And, both carried with them the onus that various programmatic approaches be tested and evaluated.

Morality and Family Values

In 1981, Sens. Jeremiah Denton (R-AL) and Orrin Hatch (R-UT), both staunch opponents of the Title X family planning program, which they believed undermined family values and promoted teen sexual activity and abortion, called for a new approach to teen pregnancy—one emphasizing morality and family involvement.

Denton and Hatch sponsored AFLA and quietly shepherded it—without hearings or floor votes in either house of Congress—through committee and into the Omnibus Budget Reconciliation Act of 1981. AFLA became Title XX of the Public Health Service Act, to be administered by the Office of Adolescent Pregnancy Prevention (OAPP) of the Department of Health and Human Services (DHHS).

AFLA's primary goal was to prevent premarital teen pregnancy by establishing "family-centered" programs "to promote chastity and self discipline." [Notably, the new abstinence-only program goes beyond AFLA in its underlying goal; while AFLA focuses on teen pregnancy prevention and discouraging sex *before* marriage, the new program aims to censure all sex outside of marriage—before, during and after.] Another main goal of AFLA was to promote adoption as the preferred option for pregnant teens.

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To win the support of Sen. Edward Kennedy (D-MA), the ranking Democrat on the labor and human resources subcommittee, the AFLA legislation also emphasized the provision of support services to pregnant and parenting adolescents. In fact, the statute provides that two-thirds of the services money go to "care" programs and one-third to prevention (although this ratio was reversed through the appropriations process in 1996).

Underlying AFLA was the conviction that the federal government had provided too much funding to Planned Parenthood and other family planning providers—thereby promoting a national "contraceptive mentality"—and that a new program was needed to counter this spending.

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Accordingly, the statute stated that "the federal government…should emphasize the provision of support by other family members and religious charitable organizations, voluntary associations and other groups...." By also virtually prohibiting funding for family planning services or the provision of any abortion-related information to AFLA program participants, and requiring that grants only be made to programs "which do not advocate, promote or encourage abortion," the legislation's conservative framers essentially sought to ensure that funding would be limited to like-minded "profamily" groups.

Church, State Conflicts

As mandated by the law, and in line with the intent of its conservative sponsors, AFLA's early grants went almost exclusively to far-right and religious groups. Much of the funding was used to develop the first generation of so-called fear-based curricula such as *Sex Respect*, which rely on scare tactics to promote abstinence and often distort information relating to the effectiveness of contraceptive and disease prevention methods.

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Some religious grantees went a step farther and developed programs that were explicit in their goals to promote religious values. For example, St. Margaret's Hospital, a Catholic facility in Dorchester, Massachusetts, was funded to conduct a program in which the curriculum included chapters entitled "The Church's Teachings on Abortion" and "The Church's Teachings on Artificial Contraception."

AFLA's support for these religious-based programs attracted the attention of religious and civil liberties groups. In 1983, on behalf of a group of clergy members and taxpayers, the American Civil Liberties Union's (ACLU) Reproductive Freedom Project filed suit against the program, arguing that it violated the separation of church and state mandated by the First Amendment to the United States Constitution.

In 1985, in *Kendrick v. Sullivan*, a U.S. district judge agreed and found AFLA unconstitutional on its face. The case was appealed directly to the U.S. Supreme Court, which in 1988 reversed the district court decision. However, the justices remanded the case for further factual findings on whether, *as administered*, AFLA was unconstitutional. Attorneys conducted a wider investigation and uncovered widespread constitutional violations during the Reagan and Bush administrations.

In January 1993, 12 years after filing suit, AFLA challengers and the Department of Justice Counsel for DHHS reached an agreement in the case. The five-year settlement placed certain conditions on administration of the grants and actions of the grantees, such as requiring AFLA grantees to submit curricula to DHHS for review and "consideration of whether the curricula teach or promote religion and whether such materials are medically accurate."

Beyond *Kendrick*

The *Kendrick* settlement coincided neatly with the advent of the Clinton administration, and both have resulted in significant changes in the administration of AFLA. To comply with *Kendrick*, OAPP implemented a rigorous review of AFLA programs and materials to screen for religious overtones and medical inaccuracies.

The time-limited settlement's recent expiration, however, has raised fears among civil liberties advocates that old practices might be revived. Not so, says Patrick Sheeran, director of OAPP. Sheeran maintains that OAPP plans to continue the policies established under *Kendrick* and go beyond *Kendrick* to "refine and upgrade" AFLA programs, including stepping up monitoring, training and evaluation efforts.

The impact of *Kendrick* and the Clinton administration on the program is evidenced in the changing face of AFLA grantees and programs. In 1997, Northern Michigan Planned Parenthood (NMPP) received an AFLA grant, marking the first time a Planned Parenthood affiliate has been funded through the program. With the AFLA money, NMPP has been able to expand *How to Say No,* its refusal-skills program aimed at teaching seventh graders the benefits of waiting to have sex and how to ward off unwanted sexual advances.

Ruby Hoy Murawski, NMPP's education coordinator, says she wasn't sure what was going to happen when NMPP applied for the grant but that she was impressed by OAPP's application review process; OAPP conducted a lengthy interview and scrutinized NMPP's program materials, which were required by OAPP to be carefully scripted and, at the time, were required to comply with the definition of abstinence education written into the welfare law. While Hoy Murawski says she "wouldn't be comfortable with the [*How to Say No*] program if it were the only thing kids ever heard or if the kids were much older," she maintains that "the abstinence message is appropriate for seventh graders."

Martha Lancaster, associate director of NMPP, shares Hoy Murawski's enthusiasm for the recent AFLA sup-

port for NMPP's work, pointing out, "We got funding to expand a program that we've been doing for 15 years. It's not a program that would be appropriate for all young people, but it's...an important part of responsible sex education."

Most of the current AFLA prevention programs target younger youth—aged 9–14, or, often, 9–12—and many utilize the *Postponing Sexual Involvement* curriculum, which is widely accepted as a non–fear-based approach to abstinence education, and related refusal-skills programs like *How to Say No*.

Assessing the Impact

Often lost among the political and administrative issues that have engulfed AFLA is the fact that it was created as a temporary *demonstration* program to test various program interventions. Accordingly, each funded project is required to spend between 1% and 5% of its grant on evaluation. At the time of the program's inception, there was no good evidence that abstinence-only education worked. Due to the poor quality of AFLA evaluations, nearly two decades—and many millions of dollars—later, there still isn't.

In the most complete analysis of AFLA evaluations to date, a team of university researchers found "numerous common flaws," including problems with hypotheses, assumptions, study design, methodology, data analysis and data interpretation. In their 1996 report entitled "Federally Funded Adolescent Abstinence Promotion Programs: An Evaluation of Evaluations," the researchers conclude that "the quality of the AFLA evaluations funded by the federal government vary from barely adequate to completely inadequate." Beyond that, they say they "are aware of no methodologically sound studies that demonstrate the effectiveness" of abstinence-only curricula.

OAPP's Sheeran agrees that there have been some methodological problems with the evaluations, pointing out that while Congress was wise in 1981 to require evaluation as part of the AFLA program, it made a mistake in "putting the programs and evaluations into the same category—both starting and ending the same day." This, Sheeran says, was "very shortsighted—because it is necessary to follow the kids afterwards to see if they stay abstinent." He stresses that, in an attempt to address some of these methodological issues, OAPP in recent years has occasionally waived AFLA's statutory requirements to allow for "evaluation-intensive" projects that spend up to 30% of their grant money on evaluation.

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Looking Ahead

OAPP's reforms have redeemed AFLA, at least to some extent, in the eyes of many family planning and sexuality education advocates. The prevailing lack of evidence that abstinence education has any impact on teen sexual activity, however, largely has prevented it from garnering their active support. Furthermore, these advocates caution that even the "responsible" administration of the AFLA program is tenuous, since it essentially can be attributed to the *Kendrick* settlement that officially has expired and to the presence of the Clinton administration.

Enthusiasm for the program among conservative activists, meanwhile, has eroded in recent years as the program, by their standards, has increasingly been diluted. By and large, they have turned their energies to promoting a new, bigger experiment in abstinence education: the welfare abstinence-only education program. And they have demonstrated their intent to guard—at the federal, state and grassroots levels—the welfare law's far-right letter and its spirit.

How successful they will be is another matter. In looking ahead to the new program's implementation, one major question is whether it will be administered—at least in some states—in ways that temper the extreme nature of the law, as generally has been the case with AFLA under the Clinton administration.

Another major question is whether the new program will be any more successful than AFLA in yielding rigorous evaluations that shed light on the efficacy of the abstinence promotion approach. Notably, despite AFLA's overall failure in this regard (or, perhaps, because of it), the new program originally included no evaluation component at all. Faced with a barrage of criticism, however, Congress added $6 million for this purpose in a separate bill. While not a large sum in relation to the magnitude of the program, DHHS officials have pledged that the funds will be used to conduct scientifically rigorous, independent evaluations of a manageable number of program interventions.

Meanwhile, with most attention focused on the new effort, AFLA has become the program that few partisans get excited about—either pro or con. How Congress will respond to the president's requested budget cut remains to be seen.