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State Funded Abstinence-Only Programs in California

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It is not widely known nor easily determined that many Community Challenge Grant Program grantees have implemented abstinence-only programs as part of their state-funded grants. This summary is to pull together the available data on this question.

For the CCG first cycle 1997-1999 cohort, grantees had considerable choice in the type of programs implemented, with most grantees serving multiple populations of youth, and implementing some combination of *abstinence-only*, *comprehensive sexuality education*, or *youth development* focused programs across their different populations served. According to Brindis & Cagampang (2001), for this cohort a majority (59%, n=66) of the 111 funded lead agencies who participated in the evaluation implemented an abstinence-only program as part of their grant. This represent nearly a third (29%, n=66) of the 231 individual programs implemented. In addition, 75% of lead agencies offered a comprehensive sexuality education program (36% of the all individual programs), and 74% offered a youth development program (35% of all programs).

The CCG evaluation team reported visiting two first-cycle abstinence-only sites, and found that at both of these sites sexually active high school students were receiving abstinence-only programs, and that at one of these two sites pregnant and parenting teens were receiving abstinence-only programs. While this is not necessarily representative of all 66 CCG first cycle abstinence-only programs, there is no indication from the information provided in the evaluation report that is not.

For the second cohort, funded from 1999 to 2002 (and with extensions through 2005), no information is publicly available as the state has not released the 2003 evaluation report.

For the current cohort, funded from 2005 to 2010, grant applicants were required to propose either one of two prevention education strategies -- abstinence-only (now officially referred to as abstinence-focused), or comprehensive sexuality education. In addition, regardless of this choice, all applicants were required to select several additional supportive strategies, such as male involvement, service learning, mentoring, etc.

The ACLU of Northern California obtained information about successful grant applicants in this cohort from the California Department of Health Services via a formal Public Records Act request. From these data, Burlingame (2006) found that one quarter (25%, n=29) of the 117 funded lead agencies had selected the abstinence-focused (i.e., abstinence-only) prevention strategy. Because grantees typically serve a variety of youth populations, some chose to provide abstinence-only programming to one group of youth, and comprehensive to another. Of the 29 grantees that chose the abstinence-focused strategy, 59% (n=17) also provided comprehensive sexuality education to certain youth, typically older or parenting adolescents, either by choosing the comprehensive strategy in addition to the abstinence-focused strategy, or by providing comprehensive information through a supportive strategy. Forty-one percent (n=12) provided no comprehensive sexuality education to any youth.

Numerous specific examples of biased and medically inaccurate components of some of these CCG-funded programs were provided by Burlingame (2006). For example:

The Centers for Disease Control (CDC) have stated for over five years that the only way to reduce unplanned pregnancies and sexually transmitted diseases is to delay the age of sexual onset and reduce the number of lifetime sexual partners. -- AWAIT & FIND application for CCG grant, p. 12

References

Brindis, C. & Cagampang, H. H. (2001). *Community Challenge Grant Program Evaluation: The First Cycle (1997 – 1999)*. San Francisco: UCSF Institute for Health Policy Studies.

Burlingame, P. (2006). *Community Challenge Grants 2005 Abstinence-Focused Grantees and Examples of Bias and Inaccuracies*. San Francisco: American Civil Liberties Union of Northern California.