

Adolescent Family Life Act (1981)

The 1981 Adolescent Family Life Act, or AFLA, is a US federal law that provides federal funding to public and nonprofit private organizations to counsel adolescents to abstain from sex until marriage. AFLA was included under the Omnibus Reconciliation Act of 1981, which the US Congress signed into law that same year. Through the AFLA, the US Department of Health and Human Services, or HHS, funded a variety of sex education programs for adolescents to address the social and economic ramifications associated with pregnancy and childbirth among unmarried adolescents. AFLA received several criticisms for directly emphasizing and funding abstinence-only education programs from religious organizations. However, when US citizen Chan Kendrick brought the case *Bowen v. Kendrick* before the Supreme Court in 1988, the Court upheld that AFLA was constitutional. Although numerous evaluations have shown minimal scientific evidence supporting abstinence-only education, as of 2020, the federal government still provides funding for such programs through AFLA.

To better understand the motivations and details of AFLA, it is important to differentiate that the two main forms of sex education in the US are abstinence-only education and comprehensive sex education. Typically, abstinence-only education promotes sexual restraint and self-discipline until marriage as the only completely effective method of birth control. Supporters of abstinence-only education are often from religious or self-proclaimed conservative backgrounds since religious texts, such as the Bible or the Quran, discourage or prohibit premarital sexual relations. According to researchers Leslie Kantor, Nicole Levitz, and Amelia Holstrom, legislators from the Republican Party have generally endorsed programs that allocate more federal funding to abstinence-only education programs, whereas legislators from the Democratic Party have allocated more federal funding to comprehensive sex education.

Comprehensive sex education discusses pregnancy prevention choices like abstinence and contraception, while also educating on topics related to reproductive choices, anatomy, puberty, and relationships. Numerous research studies have shown that the comprehensive sex education approach is more effective than abstinence-only education, which research has shown is largely ineffective and insufficient in preventing adolescent pregnancies. Furthermore, professional medical organizations including the American Medical Association, American Academy of Pediatrics, Society for Adolescent Medicine, and American College of Obstetricians and Gynecologists have endorsed comprehensive sex education rather than abstinence-only programs.

The 1981 AFLA garnered much of its initial support from members of the Republican Party. Prior to AFLA's enactment, the US provided federal funding for family planning services, such as contraceptive counseling, to low income and uninsured families via the Title X Family Planning Program, which was created in 1970. Two Republican Senators from Alabama and Utah, Jeremiah Denton and Orrin Hatch, opposed the Title X Family Planning Program, asserting that the program undermined self-proclaimed family values and promoted premarital sexual relations and abortion. They argued that legislators would need to address increasing adolescent pregnancy rates through a different approach. In the US between 1974 and 1980, following the implementation of Title X but before AFLA, the pregnancy rate for all females aged fifteen to nineteen years old had increased by 8.2 percent. Compared to other developed countries, the US had significantly higher adolescent pregnancy rates in the 1980s.

Therefore, in 1981, Denton and Hatch proposed AFLA as an amendment to the Public Health Service Act of 1970, which Congress passed later in 1981 as Title XX of the Public Health Service Act. At that time, a majority of the US Senate was Republican, and the president was Ronald Reagan, who

was also Republican. Rebekah Saul of the Guttmacher Institute claims that the Republican majority enabled Denton and Hatch to pass AFLA without any formal hearings or floor votes.

The stated purpose of the 1981 AFLA was to address the social and economic ramifications associated with pregnancy and childbirth among unmarried adolescents. When Congress signed AFLA into law in 1981, the US had a high rate of premarital adolescent pregnancies. According to AFLA, in the year 1978 alone, approximately 1,100,000 teenagers became pregnant, and of those teenagers, over half were not married. AFLA also states that pregnancy and childbirth among adolescents leads to severe adverse health, social, and economic consequences. Proponents of AFLA claimed that the absence of abstinence-based sexual education caused numerous consequences, including a higher percentage of pregnancy and childbirth complications, a higher frequency of developmental disabilities, and a greater likelihood of adolescent marriage ending in divorce.

Given the referenced alleged outcomes of premarital sexual relations and the high rate of premarital adolescent pregnancies in the US at that time, the 1981 AFLA stated that there was a need for services provided to adolescents and their families by other family members, religious and charitable organizations, voluntary associations, groups in the private sector, and publicly-sponsored initiatives. AFLA also stated that at the time in 1981, existing health, educational, and social services were ineffective at discouraging adolescent premarital sexual relations and communicating the consequences of those relations. Thus, AFLA advocated for the development of novel and improved health, educational, and social services, and allocated federal funds to organizations that developed such services, including those with religious affiliations.

Starting in 1981, AFLA allocated federal funds to organizations that would encourage unmarried adolescents to remain abstinent rather than engage in sexual intercourse or to pursue adoption rather than abortion if an adolescent became pregnant. AFLA funded services such as pregnancy testing, adoption counseling, and abstinence-only education classes. AFLA asserted that adoption is a positive option to provide permanent families for the children of unmarried adolescents. In contrast, AFLA did not fund comprehensive sex education programs. Further, it did not fund programs that provided abortions, abortion counseling, referrals for abortion services, or those that subcontracted with or made payments to organizations or people who provided those services. That restriction of AFLA funding is notable given that in 1973, just eight years prior to AFLA's enactment, the Supreme Court ruled in *Roe v. Wade* that the US Constitution protects a woman's liberty to choose to have an abortion without excessive government restriction.

Some Americans viewed AFLA as controversial since it funded programs that aligned with particular religious ideologies, such as Catholicism. AFLA explicitly included religious organizations, like Roman Catholic and Christian charities, in the programs it funded, allegedly because of those programs' ideological alignment with the mission of AFLA. Under AFLA, from 1981 to 1988, the government gave more than 100 million US taxpayer dollars to religious organizations, many of which were Roman Catholic charities that used the funding to teach abstinence-only education classes at churches and private schools with religious affiliations. Opponents of AFLA challenged in court that using taxpayer dollars to subsidize religious efforts to stop premarital sexual relations, abortion, and birth control was unconstitutional. Then in 1988, in *Bowen v. Kendrick*, the Supreme Court ruled that although the AFLA funded programs that aligned with certain religious ideologies, it was constitutional because it did not encourage government involvement in religion. The Supreme Court also held that AFLA's mission to prevent adolescent pregnancy and premarital sexual relations was a valid secular objective.

By upholding AFLA, *Bowen v. Kendrick* enabled the US government to continue funding abstinence-only education with taxpayer dollars. Although the total funding for AFLA fell during the 1980s and early 1990s, funding began to rise in 1997 after Congress directed that funds meant for the prevention of adolescent pregnancy be directed strictly to abstinence-only education programs. Prior to 1996, there was a funding division requirement of AFLA that required two-thirds of funds to be spent on support programs for adolescents who became pregnant, and one-third of funds to be spent on educational pregnancy prevention efforts. In 1996, Congress waived that funding division, which contributed to the rise in funding for AFLA.

Although the federal government continues to fund abstinence-only education, as of 2020, numer-

ous studies have shown that abstinence-only education is ineffective and insufficient at preventing adolescent pregnancies. A 2005 government performance review of AFLA gave it a poor rating, asserting that AFLA lacked strategic planning and that its impact on reducing adolescent pregnancy was indeterminable. In 2007, a study by researchers from the Guttmacher Institute found that the major decline in US adolescent pregnancy rates from 1995 to 2002 was primarily due to improved contraceptive use and not the practice of abstinence. That study also identified comprehensive sex education as more effective than abstinence-only education. The authors of that study suggested that comprehensive sex education is more effective because it teaches adolescents about contraception methods that can prevent unintended pregnancies rather than telling them they must abstain from sexual intercourse entirely. Furthermore, a 2008 report by the US Government Accountability Office titled “Abstinence Education: Assessing the Accuracy and Effectiveness of Federally Funded Programs” found that federal and state efforts at assessing the scientific accuracy and efficacy of abstinence programs were inadequate.

Since AFLA’s enactment in 1981, Congress has provided funding for numerous abstinence-only education programs, despite government performance reviews and studies concluding those programs as ineffective. For example, in 1996, Title V of the Welfare Reform Act, or the Temporary Assistance for Needy Families, gave more money to states providing abstinence-only education. In 2000, Title XI, §1110 of the Social Security Act provided funding for community-based and religious organizations to provide abstinence-only education for adolescents ages twelve to eighteen. While the US federal government provides some funding for comprehensive sex education programs, such as the Personal Responsibility Education Program, which was created as part of the Affordable Care Act in 2010, President Donald Trump’s administration issued a funding announcement that explicitly encouraged programs which emphasize abstinence and sex cessation support.

As of 2020, the US federal government continues to fund abstinence-only programs in addition to comprehensive sex education, even though numerous studies have concluded that abstinence-only programs are insufficient and ineffective. However, professional medical organizations continue to encourage and support comprehensive sex education programs, which as of 2020, support the inclusion of information on sexually-transmitted illnesses, in addition to making education accessible for adolescents with differing sexual orientations, gender identities, racial and ethnic backgrounds, and disabilities.

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