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SEX EDUCATION POLICY IN FLORIDA: STRATEGIES FOR CHANGE

by:

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B.A. University of Florida 2004

A thesis submitted in partial fulfillment of the requirements
for the degree of Master of Arts in Political Analysis and Public Policy
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at the University of Central Florida
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ABSTRACT

Sex education policies and programs in Florida are largely dominated by the abstinence-only approach. This paper makes the case that abstinence-only education is a failing policy in Florida, and evaluates strategies advocates may use in order to accomplish reform. Three different strategies are evaluated: countywide school district reform, statewide rejection of federal abstinence-only funding, and statewide standardization of sex education via legislation. Contrasts are drawn between all three strategies with regard to their potential impact on sex education policy in Florida, viability, and the challenges they present to advocates. This paper concludes that statewide standardization of sex education in Florida represents the best way to remedy the problem of insufficient sex education, but is unlikely to occur without increased bipartisan support in the Florida legislature. Statewide rejection of Title V federal abstinence-only funds remains an important policy goal for the purpose of accomplishing an end to federal abstinence grants but would likely achieve very little for Florida's students. Countywide sex education changes are thus far the only substantive victory for sex education advocates in Florida and should be instituted across the state with advocates taking special care to engage teachers, medical professionals, parents and local community leaders.

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CHAPTER 1: INTRODUCTION

Overview

This paper explores Florida's sex education policy, arguing for necessary reforms to adequately address the pressing health concerns of teen pregnancy and sexually transmitted infection transmission. The goal of this research is to inform advocates of comprehensive sex education of the best routes for accomplishing reform, and to analyze three methods for accomplishing change: county-level changes in curricula, statewide rejection of federal abstinence-only funding and legislative changes to standardize sex education policy in Florida and mandate that public schools teach comprehensive sex education in the classroom.

Florida currently leads the nation in several adverse sexual health outcomes among teens. In 2006, Florida's teen pregnancy rate was 6th highest among US states¹ and in 2005 Florida's overall HIV case rate ranked 2nd in the U.S.² Research shows that Florida's teens are sexually active. While the same can be stated about teens nationwide, some evidence shows that Florida's teens, especially males, are more sexually experienced than in other states and initiate sex earlier

¹ Guttmacher Institute. 2006. US Teenage Pregnancy Statistics: National and State Trends and Trends by Race and Ethnicity. New York, NY. Teen pregnancy statistics are calculated as the sum of births, miscarriages (including stillbirths) and abortions. The number of births to teenagers was obtained by the National Center for Health Statistics, and estimates miscarriages as 20% of births plus 10% of abortions. This data is limited because "teen" is defined as 15-19 year olds, which excludes teens younger than 15 and includes those of legal age to enter contracts.

² Centers for Disease Control and Prevention. 2005. HIV/AIDS Surveillance Report, 2004. Vol.16. Atlanta, GA: US Department of Health and Human Services. Retrieved online at <http://cdc.gov/hiv/topics/surveillance/resources/reports/2004report/default.htm>.

AIDS case rate refers to overall rates; many with HIV infection do not find out their HIV positive status for years after initial infection. The Alan Guttmacher Institute notes that of the 18.9 million new cases of STIs each year, 9.1 million (48%) occur among 15-24-year-olds, and the Joint United Nations Programme on HIV/AIDS (UNAIDS) considers 15-24 year olds to be the age group "most threatened by AIDS" and "at the center of HIV vulnerability" worldwide. However, because of the limitations on age-specific AIDS case rates, I am unable to rank Florida in terms of AIDS case rates for teens.

than in other states. In 2005, 47% of female Florida high school students and 54% of Florida male high school students reported having had sexual intercourse, compared with 46% of female high school students and 48% of male high school students nationwide.³ With regard to earlier sexual debut, in 2005, 4% of female high school students and 14% of male high school students in Florida reported having had sexual intercourse prior to the age of 13 compared to 4% of female high school students and 9% of male high school students nationwide.⁴ And while sexually active teens⁵ in Florida report having used condoms at last intercourse somewhat more frequently than teens nationwide,⁶ only 15% of sexually active females in Florida reported using birth control pills, while 21% report doing so nationwide.⁷ Florida's overall teen birth rate is not dramatically different from the U.S. teen birth rate, with 42 of 1,000 women aged 15-19 giving birth in Florida as compared to 41 of 1,000 nationwide; however Florida's teen pregnancy rate is cited by the Guttmacher Institute as being 6th highest in the nation.⁸ This is partially evidenced by the fact that Florida's teen abortion rate is dramatically higher than the nationwide average, with 33 abortions per 1,000 women in Florida between the ages of 15 and 19 compared with 24 of 1,000 nationwide.⁹

In recent years, and in response to the problems created by teen sexual involvement, Florida has accepted millions of federal dollars for "abstinence-only-until-marriage" (referred to

³ Sexuality Information and Education Council of the United States (SIECUS). 2007. SIECUS public policy office state profile: Florida. Retrieved online at <http://www.siecus.org/policy/states/2006/mandates/FL.html>.

⁴ SEICUS, Ibid.

⁵ Sexually Active is defined as having had sexual intercourse in the last three months.

⁶ SEICUS reports that 63% of females and 71% of males in Florida reported using condoms during last sexual intercourse while 56% of females and 70% of males nationwide reported using condoms during last sexual intercourse.

⁷ SEICUS, Ibid. 11% of males in Florida and 15% of males nationwide reported their female partners use birth control pills.

⁸ Ibid. Guttmacher Institute. Teen pregnancy and teen birth are different numbers, because teen pregnancy rates encompass not only birth but also miscarriages, stillbirths and abortions. Again, this data is limited because it only includes teens 15-19 years of age.

⁹ SEICUS, Ibid.

as “abstinence-only” hereafter) education for youth.¹⁰ Like other US states, Florida’s sex education focus has shifted from comprehensive sexuality education programs, which emphasize disease prevention and family-planning, to abstinence-only programs, which focus on sexual abstinence until marriage.¹¹ This shift has been led by the federal government, with federal funds for programs emphasizing abstinence growing in the late 1990s and then increasing dramatically between 2001 and 2007.

Abstinence-only programs first emerged as a method of sex education in 1981, as part of a government effort to encourage marriage. The Adolescent Family Life Act (AFLA), Title XX of the Public Health Service Act, which is overseen by the Office of Population Affairs,¹² was created in 1981. AFLA was designed to encourage teens to postpone sexual involvement and emphasizes “chastity” and “self-discipline.” Additionally, the program was designed to help support pregnant and parenting teens and their families. To date, this program has received over \$114 million in government funds, including \$13 million in the 2007 fiscal year.¹³ In 1996, Title V of the Welfare Act, or Temporary Assistance for Needy Families (TANF), set up a new system of grants for states providing abstinence-only education. These grants delineated specific eight-point criteria, which have been come to be known as the “A-H guidelines” for federal abstinence-only funding. These criteria are as follows:

A. has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;

¹⁰ There are currently three funding sources for abstinence-only education; Title V, Section (§) 510 of the Social Security Act (welfare reform); Community-Based Abstinence Education (CBAE), under Title XI, §1110 of the Social Security Act, formerly known as Special Projects of Regional and National Significance (SPRANS); and Adolescent Family Life Act, under Title XX of the Public Health Service Act.

¹¹ Santinelli, J., Duberstein-Lindberg, L., Singh, S. 2006. “Changes in Formal Sex Education: 1995-2002.” *Perspectives on Sexual and Reproductive Health*, 2006, 38:4.

¹² <http://www.hhs.gov/opa/>

¹³ National Coalition Against Censorship, Timeline of Abstinence-Only Education in the US. www.ncac.org/sex/timeline.cfm. Accessed April 26, 2008.

- B. teaches that abstinence from sexual activity outside marriage as the expected standard for all school age children;
- C. teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;
- D. teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity;
- E. teaches that sexual activity outside the context of marriage is likely to have harmful psychological and physical effects;
- F. teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society;
- G. teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and
- H. teaches the importance of attaining self-sufficiency before engaging in sexual activity.¹⁴

Funding through this new program was distributed directly to states and required that states match every five dollars of federal funds with 4 dollars from state funds. In 2001, a third source of abstinence-only funding was created. This third source, the Special Projects of Regional and National Significance- Community-Based Abstinence Education (SPRANS-CBAE), was the first abstinence-only funding source to offer federal grants directly to community organizations.¹⁵ In 2005, the SPRANS-CBAE program was moved from under the administration of Health and Human Services into the Administration of Children and Families, and was changed to

¹⁴ Section 510(b)(2) of Title V of the US Social Security Act

¹⁵ Ibid, National Coalition Against Censorship.

Community Based Abstinence Education (CBAE).¹⁶ By 2006, funding totals for all three programs, AFLA, CBAE and Title V, totaled \$176 million. During this same year, the US Department of Health and Human Services Administration for Children and Families released a new 11-page program outline for funding recipients. The document clarified the stance of CBAE on contraceptive use, specifying for the first time that “material must not encourage the use of any type of contraception outside of marriage or refer to abstinence as a form of contraception.”¹⁷ The document further required that funded programs do not “promote or encourage the use or combining of any contraceptives in order to make sex safer.”¹⁸ The document additionally began to espouse conservative family values, specifying that “the best life outcomes are more likely obtained if an individual abstains until marriage,”¹⁹ and that “the term ‘marriage’ must be defined as ‘only a legal union between one man and one woman as husband and wife.’”²⁰ In 2007, funding continued for abstinence-only programs under CBAE when Congress approved an additional \$27.8 million allocation. In total, the U.S. government has invested approximately \$1.5 billion on abstinence-only instruction.²¹

In Florida, the majority of federal abstinence-only funds are distributed directly to the Florida Department of Health. In the 2006 Fiscal Year, the Florida Department of Health received \$2,521,581 of Title V Federal abstinence-only funds directly, as well as \$3,500,000 of state matching funds. The State Health Department uses some of these funds for its statewide “It’s Great to Wait”²² program which includes a media campaign and statewide outreach events including youth rallies promoting sexual abstinence until marriage. The Health Department has

¹⁶ Ibid.

¹⁷ <http://www.acf.hhs.gov/programs/fysb/content/abstinence/guidance.pdf>, Page 1.

¹⁸ Ibid, page 4.

¹⁹ Ibid, page 2.

²⁰ Ibid, page 2.

²¹ Ibid.

²² www.greattowait.com

contracted sub-grantees throughout the state of Florida to implement community-based abstinence programs through Title V. Abstinence-only programs in Florida are primarily run by county health departments, community-based organizations and church-based groups, and anti-abortion crisis pregnancy centers, and are often used as supplementary or primary sex education for young people in public middle and high schools.²³ CBAE recipients receive their funding directly from federal sources and are not held accountable to the Florida Department of Health. No Florida school districts directly receive either Title V or CBAE funds.

As discussed above, Federal and State funding requirements for abstinence-only programs explicitly prohibit the discussion or instruction about contraception use, including condoms, for the prevention of pregnancy or sexually transmitted infection except to downplay their effectiveness. Therefore, teens enrolled in schools where abstinence-only instruction is the sole source of sex education often receive no other information regarding family planning or disease prevention. As a result of abstinence-only funding increases, teens across the U.S. are currently receiving dramatically less information about contraceptives and more information about abstinence than in the early 1990s. A study on changes in formal sex education published in *Perspectives on Sexual and Reproductive Health*²⁴, found that between 1995 and 2002, the percentage of teens receiving formal instruction about birth control methods declined nationwide. Among males, the percentage declined from 81% to 66%; among females, the percentage declined from 87% to 70%. The report additionally found that among those teens who did receive information about contraceptives, the information was often received after they had already become sexually active. Among sexually experienced adolescents, the report found

²³ SEICUS, Ibid. Page 18.

²⁴ Santinelli, J., Duberstein-Lindberg, L., Singh, S. 2006. "Changes in Formal Sex Education: 1995-2002." *Perspectives on Sexual and Reproductive Health*, 2006, 38:4.

that only 62% of females and 54% of males had received instruction about birth control methods prior to sexual debut.²⁵ During the 2006 fiscal year, Florida received \$10,700,147 in CBAE federal funds for abstinence-only programs, \$2,521,581 in Title V funds, and spent an additional \$3,500,000 of state funds on abstinence-only programs as part of the matching requirement for federal Title V grant recipients.²⁶ In fact, Florida receives one of the highest amounts of funding for abstinence-only instruction of U.S. states, second only to Texas.²⁷ For these reasons, we should expect that the number of teens in Florida receiving information about contraceptives has declined substantially with increases in abstinence-only instruction.

It should be a concern for teen pregnancy prevention advocates that fewer teens have received information about contraceptives, given research indicating that the decline in U.S. teen pregnancy rates are primarily attributable to teens using contraceptives better and more often. A 2007 study published in the *American Journal of Public Health* found that while both abstinence and contraceptive use have contributed to a decline in teen birth rates, the decline is primarily attributable to contraceptive use.²⁸ Between 1991 and 2000, pregnancy rates among 15-19 year olds declined a dramatic 27% and birth rates declined 33% between 1991 and 2003.²⁹ Despite this steady decline over two decades, the national teen birth rate increased slightly between 2005 and 2006. According to the National Center for Health Statistics (Centers for Disease Control and Prevention), teen births in 2006 increased 3% among teens aged 15-17, and 4% among teens

²⁶ Sexuality Information and Education Council of the United States (SIECUS). 2007. SIECUS public policy office state profile: Florida. Retrieved online at <http://www.siecus.org/policy/states/2006/mandates/FL.html>.

²⁷ SEICUS, Ibid.

²⁸ Santelli, J., Duberstein-Lindberg, L., Finer, L., Singh, S. 2007. "Explaining Recent Declines in Adolescent Pregnancy: The Contribution of Abstinence and Improved Contraceptive Use," *American Journal of Public Health*, 97:1.

²⁹ Martin, J., Hamilton, B., Sutton, P., Ventura, S., Menacker, F., Munson, M. Births: Final Data for 2003. *National Vital Statistics Rep.* September 8, 2005; 54:2.

aged 18-19. Births to the youngest teens, aged 10-14, did not increase.³⁰ While it would be difficult based on this report to prove that fewer teens receiving contraceptive information in schools has directly caused the increase in U.S. teen birth rates, it is certainly worth noting that the teen birth rate in the U.S. appears to have stopped declining and has increased slightly in the past year. If we consider that reducing teen birth rates is an important public health goal, it should be of concern that the U.S. is beginning to lose ground on this crucial health outcome.

While the Florida state statutes explicitly favor the abstinence-only approach, some flexibility is left to individual counties to determine what type of sexual health information is provided to students. With regard to health education instruction in acquired immune deficiency syndrome (AIDS), the Florida Statutes instruct that schools should “teach abstinence from sexual activity outside of marriage as the expected standard for all school-age students while teaching the benefits of monogamous heterosexual marriage.”³¹ The statutes further instruct teachers and school districts to “emphasize that abstinence from sexual activity is a certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, including acquired immune deficiency syndrome, and other associated health problems.”³² Despite the statutes’ explicit emphasis on abstinence, many counties in Florida have interpreted the statutes differently. In a highly-publicized article, “Regional Differences in Sexuality Education on a State Level: The Case of Florida,”³³ Dodge et. al. note that the type of sex education students receive in Florida depends to a large extent on the part of the state in which the student attends school. Dodge and others conclude that students in North Florida were more likely to have received abstinence-only

³⁰ Hamilton, B., Martin, J., Ventura, S. Births: Preliminary Data for 2006. National Vital Statistics Rep. December 5, 2007; 56:7.

³¹ Title XLVII K-20 Education Code, Chapter 1003 Public K-12 Education, 1003.46 2(a).

³² Title XLVII K-20 Education Code, Chapter 1003 Public K-12 Education, 1003.46 2(b).

³³ Bandiera, F., Jeffries, W., Dodge, B., Reece, M., Herbenick, D. (In Press). “Regional Differences in Sexuality on a State Level: The Case of Florida,” *Sex Education*

education, excluding information about family planning and disease prevention, and that students in South and Central Florida were more likely to have received information in addition to abstinence. These regional differences stem from the freedom the Statutes allow individual school districts to exercise with regard to a sex education curriculum. Chapter 1003.46 of the Florida Statutes reads:

Each district school board may provide instruction in acquired immune deficiency syndrome education as a specific area of health education. Such instruction may include, but is not limited to, the known modes of transmission, signs and symptoms, risk factors associated with acquired immune deficiency syndrome, and means used to control the spread of acquired immune deficiency syndrome. The instruction shall be appropriate for the grade and age of the student and shall reflect current theory, knowledge and practice regarding acquired immune deficiency syndrome and its prevention.

Thus, the Statutes allow for school board discretion on the amount of information to provide students in addition to abstinence. This is particularly significant with regard to transmission; when the statutes read that instruction “shall reflect current theory” with regard to transmission of HIV/AIDS, it is easy for many districts to justify instruction on condom use, as condoms have been proven to be effective at preventing transmission of HIV.³⁴ For this reason, some counties, such as Orange County and Miami-Dade County, have chosen for years to provide their students with information about not only abstinence but also family planning and sexually transmitted

³⁴ Pinkerton, S. and Abramson, P. “Effectiveness of condoms in preventing HIV transmission.” *Social Science & Medicine* 1997; 44:1303-1312.

Davis, K. and Weller, S. “The effectiveness of condoms in reducing heterosexual transmission of HIV.” *Family Planning Perspectives* 1999;31:272-279.

disease prevention. According to Dodge et. al., despite the small amount of flexibility the Florida Statutes provide to individual counties and school boards, for the most part, the majority of teachers in Florida report adhering to most of the Section 510(b)(2) of Title V of the Social Security Act's A-H guidelines for abstinence-only instruction.

Abstinence-Only Education as a Failed Policy

Public health and policy experts have illuminated several issues regarding the policy debate over sex education since abstinence-only-until-marriage education has been substantially funded by the federal government. The issues most frequently cited in research regarding sex education include the ineffectiveness of abstinence programs, the moral implications of denying young people access to health information, as well as the political motives of abstinence programs, which are increasingly run by anti-abortion crisis pregnancy centers and Christian organizations affiliated with churches. Additionally, several prominent health organizations have published position papers in favor of comprehensive sex education, among them The American Academy of Pediatrics,³⁵ the American Medical Association,³⁶ the American Public Health Association,³⁷ the Society for Adolescent Medicine,³⁸ the American Psychological Association³⁹ and others. In November of 2007, a group of leading scientists in the field of adolescent and

³⁵ American Academy of Pediatrics: Committee on Psychosocial Aspects of Child and Family Health and Committee on Adolescence. (2001). Sexuality Education for children and adolescents. *Pediatrics*, 108, 498-502. Available at: <http://aappolicy.aappublications.org/cgi/reprint/pediatrics;108/2/498.pdf>

³⁶ American Medical Association. H-170.968 Sexuality Education, Abstinence, and Distribution of Condoms in Schools. Available at: http://www.ama-assn.org/apps/pf_new/pf_online?f_n=browse&doc=policyfiles/HnE/H-170.968.HTM

³⁷ American Public Health Association. Abstinence and U.S. Abstinence-Only Education Policies: Ethical and Human Rights Policy Statement. Available at: <http://www.apha.org/advocacy/policy/policysearch>.

³⁸ Society for Adolescent Medicine. Abstinence-Only Education Policy and Programs: A Position Paper of the Society for Adolescent Medicine. *Journal of Adolescent Health*, 2006, 38, 83-87. Available at http://www.adolescenthealth.org/positionpaper_abstinence_only_edu_policies_and_programs.pdf

³⁹ American Psychological Association. Ad Hoc Committee on Psychology and AIDS. Resolution in Favor of Empirically-Supported Sex Education and HIV Prevention Programs for Adolescents: Resolution; 2005 February 18-20. Available at: http://www.apa.org/releases/sexed_resolution.pdf

reproductive health submitted a letter to Speaker of the House, Congresswoman Nancy Pelosi, and Senate Majority Leader, Senator Harry Reid, regarding Congressional allocations for abstinence-only programs. The letter cited “ethical and scientific shortcomings” of abstinence-only education and urged Rep. Pelosi and Sen. Reid to reconsider Congressional funding of abstinence-only programs.⁴⁰ In Florida, a coalition entitled the Healthy Teens Campaign has recently formed and is currently advocating legislative changes to ensure that teens receive comprehensive sex education. Members of the Healthy Teens Campaign include several Florida Healthy Start Coalitions and three county Health Departments.⁴¹ The concerns most frequently voiced by public health and policy experts are discussed in detail, below.

Abstinence-only education programs are frequently criticized by public health advocates for being ineffective at reducing teen pregnancy rates and preventing the transmission of sexually transmitted infections. Recently, abstinence-only programs funded under Title V, CBAE and programs adhering to the A-H guidelines generally, have lost credibility due to an alarming number of scientific studies showing the programs to have no effect on teen sexual behavior. This contrasts with other programs, traditionally called “comprehensive sex education,” which have been shown to delay teen sexual debut as well as effectively promote risk-reduction behaviors among teens such as condom use.⁴² In fact, to date, there has not been a single evaluation completed by an independent research group or university to indicate that abstinence-only-until-marriage curricula delay teen sexual involvement in any meaningful way.

⁴⁰http://www.nationalpartnership.org/site/DocServer/Leading_Scientists_Urge_Congressional_Leaders_to_Reduce_.pdf?docID=2561

⁴¹ www.healthyteensflorida.org. Accessed April 23, 2008. Healthy Start Coalitions from Orange County, Pinellas County, Hillsborough County and Sarasota have joined the Healthy Teens Campaign. Seminole County Health Department, Lee County Health Department and St. Lucie County Health Departments have publicly endorsed comprehensive sex education through their Healthy Teens Campaign membership.

⁴² Kirby, D. 2007. “Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases,” *The National Campaign to Reduce Teen and Unplanned Pregnancy*.6-24.

The *National Campaign to Reduce Teen and Unplanned Pregnancy* publishes an annual review of the nation's progress with reducing teen and unplanned pregnancies. The 2007 review, for the first time, definitively rejected the abstinence-only-until-marriage approach. Douglas Kirby, the author of the annual review, and one of the nation's foremost scholars in the field of sex education evaluation, rejected the abstinence-only-until-marriage approach on the basis that evaluation of these programs has consistently shown that the programs have no effect on teen sexual behavior. The annual review recommended that comprehensive sex education programs be expanded, as evaluations of these programs have been proven to delay teen sexual debut, increase contraceptive use among sexually-active teens as well as decrease the number of lifetime sexual partners.⁴³ Perhaps the most widely cited evaluation of abstinence-only-until-marriage programs was completed by a U.S. government commissioned report released in 2007. The U.S. government's report was completed by the independent research group, Mathematica Policy Research Inc., and is reported to have cost upwards of \$8 million. The study evaluated the effectiveness of four abstinence-only programs in different areas in the U.S. The official government report concludes: "Findings indicate that youth in the program group were no more likely than control group youth to have abstained from sex and, among those who reported having had sex, they had similar numbers of sexual partners and had initiated sex at the same mean age." Thus, the long-awaited ten-year evaluation of abstinence-only programs concluded that the programs evaluated were ineffective, having as much impact on teen sexual behavior as no sex education at all.⁴⁴

⁴³ Ibid.

⁴⁴ Trenholm, C., Devaney, B., Forston K., Quay, L., Wheeler, J., Clark, M. 2007. Impacts of Four Abstinence Education Programs. Princeton, NJ. Mathematica Policy Research Inc.

A frequently cited concern with abstinence-only education is that such programs potentially constitute unethical health policy. Santelli et. al. (2005) argue that abstinence-only education is morally problematic.⁴⁵ They argue that such programs promote “questionable and inaccurate”⁴⁶ opinions and “threaten fundamental human rights to health, information and life.”⁴⁷ An additional moral concern is that if abstinence-only programs are indeed problematic because they deny teens access to information, we need to consider whether all teens are affected equally. Considering that African-Americans and Latinos are disproportionately affected by both HIV/AIDS, teen pregnancy, and other sexually transmitted infections, one could make the argument that minority teens are put at a higher risk by being denied health information through abstinence-only programs. One could also make the case that female teens are disproportionately harmed by abstinence-only programs because females bear the burden of unplanned pregnancies, are at a higher risk of contracting sexually transmitted infections, and suffer complications as a result of sexually transmitted infections more frequently than males. Annie Michaelis, a researcher who primarily focuses on ethics in public health, has argued that public health professionals are limited in their capacity to effectively deal with public health concerns when social stigmas regarding affected groups persist. Michaelis argues that the U.S. government was slow to act regarding the AIDS crisis, because those infected were largely believed to be intravenous drug users and homosexuals. Michaelis argues that those infected with AIDS were largely seen to be infected as a result of their own devious behavior, and for this reason, inaction was believed to be justified.⁴⁸ Using this perspective, the A-H guidelines of abstinence-only

⁴⁵ Santelli, J., Ott, M., Lyon, M., Lyon, M., Rogers, J., Summers, D., Schleifer, R. 2006. “Abstinence and Abstinence-Only Education: A Review of US Policies and Programs,” *Journal of Adolescent Health*. 38, 72-81.

⁴⁶ Ibid, Page 1.

⁴⁷ Ibid, Page 1.

⁴⁸ Michaelis, Annie. 2002. “Priority-Setting Ethics in Public Health,” *Journal of Public Health Policy*. 23:4

education, which actively deny health information to teens, could potentially fall into the category of unethical public health policy. If premarital sex is seen as socially taboo, then the public may be slow to act in adequately addressing the pressing social issues of HIV/AIDS and teen pregnancy, because those affected will be seen as being so due to their own devious choices. As is the case with AIDS, the individuals affected by teen pregnancies or sexually transmitted infections are not seen as innocent victims. Michaelis argues that public health policy favors those with high social worth and punishes those with low social worth. For these reasons, it is vital that public health and political science researchers consider the issue of sex education in terms of its social impact. Good public health policy should not take into consideration political or social stigmas but should rather use the best evidence available to help the most number of individuals.

Another concern with the abstinence-only message is that it often relies on outdated gender stereotypes. SEICUS reviews of abstinence-only curricula used by Title V and CBAE sub-grantees throughout the state of Florida consistently find that little medical or scientific information is given regarding STD's and HIV/AIDS. SEICUS reviews report that the majority of classroom time is spent on biased views of marriage, family type, gender and sexual orientation. They find that much of the curriculum promotes fear and shame, and that curricula rely on gender stereotypes which are unsubstantiated by evidence. For example, one abstinence-only curriculum used throughout Florida, the *WAIT (Why Am I Tempted) Training*, explains to students that men and women have very different views when it comes to sex. The curriculum states that:

Men are sexually like microwaves and women sexually are like crock pots. A woman is stimulated more by touch and romantic words. She is far more attracted

by a man's personality while a man is more stimulated by sight. A man is usually less discriminating about those to whom he is physically attracted."⁴⁹

Thus, the *WAIT* curriculum teaches students that there are fundamental, and presumably, biological differences between males and females. The implication is that the stereotypical concepts that males are always looking for sex and females are always looking for relationships are not stereotypes but are indeed, biological facts. California Congressman Harry Waxman also commissioned and published a report on the content of abstinence-only programs, revealing that many federally funded abstinence curricula promote gender stereotypes, contain misinformation, and contain anti-abortion bias.⁵⁰

While both types of programs have been accused by opponents of having political bias, public opinion data consistently show a policy preference for comprehensive sex education as opposed to abstinence-only. Abstinence-only programs have been accused of bringing religion into the classroom, as many recipients of abstinence-only funding are Christian organizations. Abstinence-only programs have also been accused of being anti-abortion and anti-gay, as many recipients of the programs are anti-abortion "crisis pregnancy centers," and the emphasis on abstinence until marriage excludes gay and lesbian teens. "Abstinence-only-until-marriage" programs are seen by many comprehensive sex education advocates as being discriminatory against lesbian and gay students who are only legally allowed to marry in two U.S. states as of this writing: California and Massachusetts.⁵¹ Comprehensive programs have also been accused of political bias; some conservative interest groups such as the Heritage Foundation and Focus

⁴⁹ Krauth-Mackenzie, J. *WAIT (Why Am I Tempted) Training*, Second Edition (Greenwood Village, CO: WAIT Training undated).

⁵⁰ U.S. Committee on Government Reform- Minority Staff. Special Investigations Division. 2004. The Content of Federally Funded Abstinence-Only Education Programs. Washington, DC: U.S. Government Printing Office. Prepared for Rep. Harry Waxman.

⁵¹ Taverner, Bill. 2008. "Sex Ed in the USA," News Bulletin, International Society for Sexual Medicine.

on the Family have accused comprehensive programs of encouraging promiscuity, homosexuality, and abortion. Indeed, one of the primary proponents and providers of comprehensive sex education in communities is Planned Parenthood Federation of America, a reproductive health provider which also advocates for abortion rights. Focus on the Family, a conservative interest group opposed to comprehensive sex education, often makes the argument that comprehensive sex education (which they call “liberal” and “values-free”) actually causes and does not prevent STD’s and unintended pregnancies.⁵² One web article on the Focus on the Family website argues that prior to the existence of Planned Parenthood, not a single American had an incurable STD. Additionally, Focus on the Family’s article blames comprehensive sex education for the existence of HIV/AIDS. Despite the controversial nature of the sex education policy debate, however, public opinion data continue to show a preference for comprehensive sex education for middle and high school students. Recent public opinion surveys have shown that a majority of the American public (82%) support sexuality information which includes information about abstinence and other methods of preventing pregnancy and sexually transmitted infections.⁵³ There is even greater support among American parents, with 90% and 85% wanting schools to teach their children about birth control and condoms, respectively.⁵⁴ The Healthy Teens Campaign⁵⁵ cites on their website a Hamilton-Beattie poll which found that 78% of registered voters in Florida would support a proposal requiring that comprehensive sex education be taught in Florida’s public schools.⁵⁶ The support for comprehensive sex education

⁵² <http://www.family.org/socialissues/A000001082.cfm>

⁵³ Bleakley, A., Hennessy, M., Fishbein, M. 2006. “Public Opinion on Sex Education in US Schools,” *Archives of Pediatric Adolescent Medicine*. 160, 1151-1156. American Medical Association.

⁵⁴ Kaiser Family Foundation. 2000. *Sex Education in America: A View from Inside the Nation’s Classrooms*. Menlo Park, CA: Kaiser Family Foundation.

⁵⁵ www.healthyteensflorida.org

⁵⁶ Hamilton-Beattie conducted a statewide survey of 700 registered voters in Florida. Polling was conducted in January of 2007.

remains even across party lines; the Hamilton-Beattie survey found that 85% of Democrats supported comprehensive sex education, 82% of Independents and 68% of Republicans.

Given the wealth of evidence that public opinion favors the comprehensive sex education approach over abstinence-only-until-marriage programs, it seems extraordinary that policy should be so disconnected from public opinion. It is hard to imagine why legislators would continue to fund programs which have been deemed ineffective, and which voters do not support. In a democracy such as the United States, should we not expect a higher level of democratic responsiveness? Paul Burstein argues that while most social scientists acknowledge that public opinion has some impact on public policy, that there are some conditions which affect the degree to which public opinion affects public policy.⁵⁷ Many political scientists have argued that the degree to which public opinion influences public policy in democracies depends on how salient the issue is to the public. Political scientists have also argued that the relationship between public opinion and public policy is threatened by the power of interest groups and economic elites.⁵⁸ In the case of abstinence-only education in Florida, it would be wise to consider whether conventional political science wisdom with regard to democratic responsiveness can explain the disconnection between public opinion and public policy. It would seem that since abstinence-only funding decisions are made at the Federal level, interest groups and economic elites would have the most impact in Washington D.C., as opposed to in Tallahassee and Florida counties. Indeed, given the socially conservative Bush administration, and the fact that abstinence-only funding increased dramatically during the first year of the Bush administration, ideologically conservative interest groups likely had an impact. Salience may also be an issue here, since far

⁵⁷ Burstein, Paul. 2003. "The Impact of Public Opinion on Public Policy: A Review and an Agenda," *Political Research Quarterly*. 56:1

⁵⁸ Aldrich 1995, Dahl 1989, Mueller 1999, Stimson, MacKuen and Erikson 1995, Page and Shapiro 1983, Smith 2000. See references for full citations.

less media attention seems to be devoted to the issue of sex education than other social issues, such as the role of women, abortion, school prayer, gay marriage, and others. Indeed, the American National Election Survey has not used a single question about sex education between 1948 and 2004.⁵⁹ The exclusion of questions about sex education seems to indicate that political researchers consider this issue to be relatively unimportant when compared to other social issues. This may indicate that low salience has enabled the development and continuance of an unpopular social program.

In order to consider abstinence-only education as a policy which is failed or requires reform, it is appropriate to discuss the issue in the context of policy design literature. Policy design is often considered in terms of both policy content and political context. The overall tone of policy design research suggests that most consider the overarching goal of policy design to use public policies to improve desired outcomes. While various interest groups would clearly define the goals of sex education policy differently, with liberal groups espousing sexual health in addition to nonjudgmental attitudes regarding gay or lesbian lifestyles and pregnancy options, for example, and conservative groups espousing values such as traditional marriage and purity, there is some commonality in their goals. All interested stakeholders, so far as I can tell, agree that the purpose of sex education in public schools is to prevent teen pregnancies and reduce the transmission of sexually transmitted infections. Thus, for the purposes of this analysis, I will consider the goal of sex education policy to enable young people to prevent unintended pregnancies and the transmission of sexually transmitted infections, thus lowering teen pregnancy rates and rates of sexually transmitted infections among young people. Given the evaluative research, this would indicate that the abstinence-only approach is a failed public

⁵⁹ <http://www.electionstudies.org/nesguide/gd-index.htm#4>

policy, considering that not a single independent evaluation has found that abstinence-only programs adequately prevent pregnancy or sexually transmitted infection.

Policy Reform in Florida: From Abstinence-Only to Comprehensive Sex Education

The nature of a policy can inform the best route for policy reconsideration or reform. Peter May focuses on political environments as an important consideration for policy design and content, and argues that there are both policies with publics and policies without publics.⁶⁰ Policies with publics are issues with many interested stakeholders in organizations, government organizations or citizens affected by the policy. Policies without publics often constitute collective action dilemmas, given that they are often policies without interested parties except for some government agencies and technical experts. Based on these definitions, the issue of abstinence-only education would fall into the category of a policy with publics, given that there are many interest groups, government agencies and individual stakeholders actively involved in the discussion about sex education policy. Despite being an issue with relatively low salience as compared to other social issues, abstinence-only education is on the agenda of almost every major social issue-oriented interest group in the United States including Focus on the Family, the Heritage Foundation, the National Organization for Women, the National Abortion Rights Action League, Planned Parenthood Federation of America, the American Civil Liberties Union and others. May argues that in order to adequately reconsider a public policy with publics, like abstinence-only education, the challenge is to “find a political logic,” such as assembling a new coalition, finding a leader willing to take the blame, or creating a crisis. May argues that

⁶⁰ May, P. 1991. “Reconsidering Policy Design: Policies and Publics,” *Journal of Public Policy*. 11:2

continued debate among publics concerning appropriate objectives, definitions of policy problems and the meaning of policy outcomes enables policy change, given that this process enables the clear definition of policy goals and allows appropriate evaluation.

Primary Focus of Investigation

This paper evaluates strategies for change in Florida's limiting and failing sex education programs. I discuss the history of sex education policy and practice in Florida, statutory requirements for human sexuality education and various county-level policies instituted with regard to sex education. I analyze recommendations for change, discuss the ways in which Florida may change its policies to better meet the needs of youth and evaluate ways in which advocacy groups, parents, teachers, legislators and other stakeholders may approach accomplishing change from abstinence-only policies to comprehensive sex education.

This analysis evaluates three methods in which change may be accomplished. The first strategy, outlined in Chapter 2, focuses on countywide changes which occur at the school board level, the second, Chapter 3, discusses the potential for statewide rejection of federal abstinence-only funding and the third, Chapter 4, evaluates the potential for statewide legislation to change Florida Statutes with regard to sex education. The conclusion, Chapter 5, discusses the three methods evaluated.

Chapter 2 evaluates county level changes as a vehicle for sex education reform. This portion of my analysis focuses on Brevard, St. Lucie and Palm Beach counties. Brevard, St. Lucie and Palm Beach counties successfully changed their school district abstinence-only policies and created district wide standardized comprehensive curricula between 2006 and 2008. Because these county-level cases represent the only substantive victories for sex education

advocates, I analyze the processes whereby change was accomplished, the reasons cited for change, and discuss community response. I also discuss the initial implementation of these new policies, where applicable, discuss community response, and evaluate if the changes made are likely to have a positive impact on sexual health outcomes among teens. The intent is to discuss county level changes as a model for reform in Florida's public schools, and to discuss if changes such as those accomplished in Brevard, St. Lucie, and Palm Beach counties are likely to be replicated in other Florida school districts. This portion of my analysis is informed by newspaper articles which documented the processes and organizations which tracked these changes.

Chapter 3 focuses on statewide rejection of Title V abstinence-only funding as a vehicle for altering sex education policy in Florida. I discuss the 17 states which have thus far rejected Title V funds in favor of comprehensive programs in public schools, and discuss state characteristics which may impact a Governor's decision not to reapply for Title V funding. I evaluate the conditions which made it possible for states to reject abstinence money, compare similar and differing conditions in Florida and evaluate whether Florida may be likely to reject Title V funds in the future. The conditions I evaluate are: Democratic or Republican governor, the partisan composition of the state legislature, gender composition of the state legislature, percentage of state registered Republicans or Democrats, AIDS case rates, teen pregnancy rates, and reproductive health laws including adolescent confidentiality and parental involvement for abortion laws.⁶¹ This portion of my analysis is intended to evaluate how conservative the state is with regard to teen sexual activity, and sensitive topics such as HIV/AIDS, and then evaluate how Florida compares to the others states which have rejected federal abstinence funding.

⁶¹ Parental involvement for abortion refers to either parental consent or notification for an abortion procedure for a minor. State statutes vary in legislated parental involvement for abortion statutes, and this is discussed in my analysis.

Chapter 4 focuses on the potential for statewide standardization of sex education. This portion of the analysis discusses the current Florida statutes and evaluates the impact of statutory guidelines on school policies with regard to sex education. I will discuss recent legislation introduced in Florida which addresses the problem of failing sex education. I will focus on three legislative attempts to change sex education; the Parents' Right to Know Act in 2007 (SB 162/HB 663), the Prevention First Act in 2007 (SB 1156/HB 1191) and the introduction of the Healthy Teens Act in 2008 (SB 848/HB 449). I discuss the potential impact of these pieces of legislation, discussing the ways in which statewide standardization or increased parental involvement could impact sex education implementation. In these analyses I will be focusing on the challenges these bills face in passing the Florida legislature, their potential to remedy the problem of insufficient sex education in Florida, and whether they are viable strategies for use by advocates considering the political climate in the legislature.

The intention of my analysis is to better inform advocacy groups, teachers, parents, concerned students and legislators with regard to Florida's political climate concerning sex education, and the best method to present and implement reform. At this time, there is a substantial amount of literature on Florida's problematic sex education policies and their adverse effect on teen sexual health outcomes. Advocacy groups most often discuss three methods of reform; county-level changes, rejection of federal abstinence-only funds and statewide standardization of sex education. By focusing on these three methods and analyzing their potential impact and viability as political strategies, this analysis will begin the conversation not just on why Florida's sex education policies are failing, but how best to reform a broken system.

CHAPTER 2: COUNTY LEVEL REFORM

School District Sex Education Policy in Florida

A key point of inquiry throughout this paper is to determine which events or motivations contribute to statewide or countywide policy changes in sexuality curricula from abstinence-only-until-marriage to comprehensive sex education. As discussed in the introduction, abstinence-only curricula under the federal A-H guidelines have come under scrutiny since program evaluations have repeatedly confirmed their ineffectiveness. Despite the fact that abstinence-only programs are now widely cited as being unscientific and ineffective at changing teen sexual behavior and reducing teen pregnancies and sexually transmitted infections, many states continue to accept Title V funding for abstinence-only programs. In Florida, most counties continue to adhere to the federal abstinence-only criteria, despite the fact that the Florida Statutes allow a significant amount of discretion to each county school board. It should be noted that the Florida Statutes' significant emphasis on abstinence has led to Florida counties with comprehensive sex education curricula referring to their curricula as "abstinence-based" or "abstinence-plus." Abstinence-based curricula typically emphasize the benefits of abstinence and delaying sexual debut. However, unlike abstinence-only programs, abstinence-based programs may include information on disease prevention methods, shared sexual behavior, and contraception.⁶² The Florida Statutes do not mirror the federal Title V abstinence-only guidelines

⁶² Bleakley, A., Hennessy, M., Fishbein, M. 2006. "Public Opinion on Sex Education in US Schools," *Archives of Pediatric Adolescent Medicine*. 160, 1151-1156. American Medical Association.
Sexuality Information and Education Council of the United States (SIECUS). 2004. Guidelines for Comprehensive Sexuality Education Kindergarten through 12th Grade. National Guidelines Task Force. 3rd Edition. Washington, DC.

entirely, but the state continues to maintain an official policy to stress abstinence in regard to sexuality education instruction. Florida Statute 1003.46 reads:

Throughout instruction in acquired immune deficiency syndrome, sexually transmitted diseases, or health education, when such instruction and course material contains instruction in human sexuality, a school shall:

(a) Teach abstinence from sexual activity outside of marriage as the expected standard for all school-age students while teaching the benefits of monogamous heterosexual marriage.

(b) Emphasize that abstinence from sexual activity is a certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, including acquired immune deficiency syndrome, and other associated health problems.

(c) Teach that each student has the power to control personal behavior and encourage students to base actions on reasoning, self-esteem, and respect for others.

(d) Provide instruction and material that is appropriate for the grade and age of the student.⁶³

Dodge et. al. conducted a study with the intention of assessing the characteristics of Florida's public schools' sexuality education curricula and to "identify the factors that facilitate and challenge the ability to provide comprehensive sex education."⁶⁴ The study used a mail survey to middle and high school teachers responsible for the provision of sexuality education in their schools. This analysis found, among other things, that only about 68% of survey respondents

⁶³ Title XLVII K-20 Education Code, Chapter 1003 Public K-12 Education, 1003.46.

⁶⁴ Dodge, B., Reece, M., Herbenick, D., Zachry, K., Lopez, E., Gant, K., Tanner, A., Martinez, O. (In Press). "Sexuality Education in Florida: Content, Context and Controversy," *American Journal of Sexuality Education*, 3:2. Page 9.

used an official sexuality curriculum, 55% of which reported using a locally-developed curriculum.⁶⁵ Additionally, an overwhelming percentage of respondents reported strictly adhering to the federal A-H guidelines for abstinence-only education.⁶⁶ Additionally, Dodge et. al. found that there was limited access to sexuality education with only a small percentage of schools requiring sex education for all students, and with most of these schools requiring either active or passive parental consent.⁶⁷ Regarding Florida's school-based sexuality education programs, Dodge et. al. conclude,

In short, there appears to be absolutely no uniformity in terms of underlying value systems or philosophical foundations for sexuality education in Florida. For better or for worse, the law leaves the determination of curriculum content, including curricula for sexuality education, up to individual school systems.⁶⁸

For these reasons, county-wide shifts from abstinence-only to abstinence-plus or comprehensive sex education mark significant progress given that school districts are recognizing that students require more sexual health information.

County-Level Reform

Between 2006 and 2008, three Florida counties moved to change their school sex education curricula from abstinence-only-until-marriage requirements to comprehensive sex education. Brevard County, St. Lucie County and Palm Beach County all added more comprehensive information to their curricula, primarily in response to local health concerns about sexually transmitted infections. In each county, the changes sparked vigorous community

⁶⁵ Ibid, page 16.

⁶⁶ Ibid, page 17.

⁶⁷ Ibid, page 20.

⁶⁸ Ibid, page 22.

debate and attracted local media coverage. The purpose of this chapter will be to discuss the events leading up to county-level changes in sex education policy, why and how the changes in curricula were made, and how the changes were implemented. As discussed in the introduction, I analyze the county-level model of change and discuss whether this model is likely to accomplish the goal of providing Florida's teens with more comprehensive sex education.

Brevard County

In June of 2006, serious talks about revising Brevard County's abstinence-only policy to a more comprehensive approach were underway. Prompted by inquiries from local activists affiliated with the ACLU, the National Organization for Women Brevard Chapter, Planned Parenthood of Greater Orlando, and other interested stakeholders, the school board set up a review committee to discuss the sex education program in Brevard and to evaluate whether changing to comprehensive sex education would be beneficial. The review panel was comprised of 15 teachers, parents, medical professionals and school administrators.⁶⁹ These review panel discussions uncovered teacher concerns about the existing curriculum, with several citing confusion about what the abstinence-only policy allowed them to teach. One teacher admitted that she was afraid to answer student questions about condoms for fear of losing her job.⁷⁰ At a July review committee meeting, three groups providing sexuality education presented portions of their curricula to students, and the review committee voted on whether to allow these groups to add supplemental presentations to sexuality education classes. The Apostolic Ministries, a Titusville-based Evangelical Church and First Defense of Melbourne, a Baptist crisis pregnancy

⁶⁹ Kate Brennan, "Sex ed debate divides board," *Florida Today*, 18 July 2007, accessed 23 July 2007

⁷⁰ I was in attendance at this review committee meeting. The meeting took place at the School Board building in Viera, FL in June of 2007.

center, both presented abstinence-only curricula to the committee. Both groups are federally-funded CBAE recipients. Additionally, educators from Planned Parenthood of Greater Orlando (PPGO), an organization that favors comprehensive sex education and provides supplementary lessons to students in Orange County, presented a lesson on HIV/AIDS, which was developed through a cooperative agreement with the Centers for Disease Control and Prevention. The review committee approved First Defense and the Apostolic Ministries, but rejected PPGO. The vote against PPGO was split 7-6, with all of the teachers and medical professionals voting in favor of PPGO and all of the school administrators voting against PPGO.⁷¹ Despite the committee approving the abstinence-only curricula as supplementary for Brevard students, Superintendent Robert DiPatri promptly rejected the review committee's decision, and announced that he would prefer to see only teachers employed by Brevard County schools teach students about sex education topics. DiPatri did not voice an opinion about whether he would have preferred to see students receive information about contraceptives.⁷² A July 2007 review of the Brevard County sex education debate published by SEICUS cited FloridaToday.com (a Brevard County online news source) as saying that the sex education debate prompted hundreds of comments from readers.⁷³ According to the SEICUS policy update, FloridaToday.com reported that the majority of the comments were from readers who were in favor in changing the curriculum from abstinence-only to comprehensive sex education.

In August of 2007, Superintendent Robert DiPatri made a recommendation to the school board that led to more community controversy and media coverage. DiPatri recommended that students be provided with more information about contraceptives, that parents have the right to

⁷¹ Kate Brennan, "Committee divided on sex education policy," *Florida Today*, 11 July 2007

⁷² Kate Brennan, "DiPatri rejects sex ed choices," *Florida Today*, 17 July 2007

⁷³ Sexuality Information and Education Council of the United States (SIECUS). 2007. A Debate over Sexuality Education Heats Up in Brevard County, Florida. Policy Updates, July 2007.

sign an opt-out form if they do not want their children to participate in the lessons, and that a series of detailed lesson plans be created to assist school teachers in presenting the new information, which would in essence, standardize the curriculum.⁷⁴ The school board was to vote on DiPatri's recommendation at the August meeting. On August 13th, the day before the school board vote was to be taken, two editorials ran in the Florida Today. One was written by the editorial board of the paper, and the other was written by Marianne Ball, the Executive Director of First Defense. The Florida Today Editorial Board called DiPatri's recommendation "a compromise that makes sense for kids, families, and educators," writing:

The recommendations allow the district to retain its strong abstinence-based message, as required by law and as most parents desire. But it [sic] acknowledges the reality that at least half of high school students have sex before they graduate, and the district has a duty to help them protect their health with factual medical instruction. That's why the previous policy of giving contraceptive information only in the context of a failed approach was shortsighted, as well as confusing for teachers faced with answering students' questions. Meanwhile, the opt-out requirement smartly addresses the sensitivities of parents who -- for whatever reason -- don't want their kids to take part in the fact-based classes.⁷⁵

Marianne Ball's editorial argued that parents should be the sole providers of information to teens about family planning methods. Ball argued that abstinence education in Brevard County should not be changed, and that First Defense's policy had been misrepresented by local newspapers. Ball wrote:

⁷⁴ Editorial, "Our view: Giving teens the facts," *Florida Today*, 13 August 2007

⁷⁵ *Ibid.*

It is simply the program's philosophy that parents are the best teachers of family planning methods, as they can impart knowledge in the framework of their own principles, which is important and appropriate. Because no form of birth control is 100 percent effective, and condoms are not 100 percent effective in preventing HIV/AIDS -- condoms are risk reduction, not protection -- only parents have the right to decide if their teen is ready to accept the risks of sexual activity.⁷⁶

These opposing editorials capture the essence of the debate over sex education in Brevard County, with much of the emphasis on parents being the sole providers of information regarding family planning. Ball's editorial did not address the fact that teaching that sex should be reserved for marriage is indeed a moral mandate, and she did not address the reality that the majority of parents are not health professionals, and are thus less likely than health teachers to understand the intricacies of family planning methods.

On Wednesday, August 14th, the Brevard County school board voted to approve DiPatri's recommendation to add more comprehensive information to the county curriculum. The vote was close, and passing with a vote of 3-2.⁷⁷ The two opposing votes came from Janet Kershaw and Amy Kneeseey; both of whom were vocal opponents of the change throughout the discussions. Kershaw cited her Catholic faith and opposition to contraceptives as her reason for voting against the changes, while Kneeseey argued that parents should have to opt their children in to sex education rather than opting them out.⁷⁸ The *Stuart News* reported that the American Civil Liberties Union (ACLU) "praised the decision and said it could serve as a model for other school

⁷⁶ Marianne Ball, "The Importance of Saying No: Teaching Abstinence Sexual Education is Best for Our Children," *Florida Today*, 13 August 2007

⁷⁷ Megan Downs, "School board approves sex ed policy," *Florida Today*, 15 August 2007

⁷⁸ *Ibid.*

systems.”⁷⁹ The *Florida Today* editorial board published an article on August 16th, 2007 praising the Brevard County school board for passing the new curriculum. The editorial board wrote:

The decision allows the district to continue stressing abstinence until adulthood as the ideal. But it also rightly acknowledges the reality that almost half of high school kids engage in sex before graduation, and need full scientific facts to best protect themselves.⁸⁰

Follow-up articles have continued to document the ongoing discussion about sex education in Brevard County. On Monday, November 4th, 2007, the *Florida Today* published an article by a teenager, Kern Vijayvargiya, who was identified as a senior at West Shore Junior/Senior High School. Noting the public division created over the sex education change in Brevard County, Vijayvargiya wrote:

Since sex is a controversial topic, it should come as little surprise that the decision has generated public division. Despite this, however, the school board should be applauded for its courage. In updating the curriculum, the district’s students will no longer be educated in ignorance.⁸¹

The *Florida Today* additionally published an editorial on Tuesday, April 15th, 2008, in favor of standardizing Florida’s sex education curriculum and mandating statewide comprehensive sex education. The article was written in favor of the Healthy Teens Act (SB 848/HB 449), which would require that all public schools offering sex education curricula ensure that the information given to students is medically-accurate, age-appropriate and comprehensive. The article

⁷⁹ Lamaur Stancil, “Sex-ed ramped up in Brevard County,” *Stuart News*, 16 August 2007

⁸⁰ Editorial, “Our View: A Wise Decision,” *Florida Today*, 16 August 2007

⁸¹ Kern Vijayvargiya, “New sex ed curriculum tops the old,” *Florida Today*, 5 November 2007

commended the Brevard County school board's decision to alter its sex education curricula in 2007. The article read, "Brevard Public Schools rightly broadened its abstinence curriculum last year to include information about birth control."⁸²

The Brevard County sex education policy change has continued to garner the attention of sex education advocates since the school board vote. The ACLU recently partnered with Robert Greenwald, a progressive political activist and filmmaker,⁸³ to make a documentary about sex education. The documentary focused on two school districts which changed their sexuality education policies from abstinence-only to comprehensive sex education. One of the school districts was Brevard County, FL and the other was Pittsburgh, PA. The Brevard County decision appears to be heralded as a victory for sexuality education advocates not only because the abstinence-only policies were changed, but because the change was initiated by grassroots activists. The documentary highlights the key stakeholders involved with changing the school district's policies, and focused on parents, teens and a doctor who spoke out against the district's abstinence-only approach.

St. Lucie County

Discussions about changing St. Lucie County's sex education policy began in response to a concern about the county's high rates of HIV/AIDS, especially in the African-American Community. The Florida Department of Health's 2006 report, "Silence is Death: The Crisis of HIV/AIDS in Florida's Black Communities," documents shocking racial disparities in St. Lucie

⁸² Editorial, "Teach the facts: Healthy Teens Act for comprehensive sex education protects health, lives of students," *Florida Today*, 15 April 2008

⁸³ <http://www.robertgreenwald.org/about.php>

County's HIV/AIDS rate.⁸⁴ In fact, St. Lucie County ranks highest in the state for HIV infections among African-Americans with 1 in 35 non-Hispanic Blacks living with HIV/AIDS in St. Lucie County in 2005.⁸⁵ This compares to 1 in 701 Whites and 1 in 430 Hispanics living with HIV/AIDS in St. Lucie County.⁸⁶ Additionally, this compares to 1 in 58 non-Hispanic Black males living with HIV/AIDS in Florida as a whole and 1 in 83 non-Hispanic Black females living with HIV/AIDS in Florida as a whole.⁸⁷ After the release of these startling statistics, local community leaders began discussions to address the issue of HIV/AIDS through increased education in St. Lucie County's public schools. District Superintendent Michael Lannon repeatedly insisted that the HIV epidemic in St. Lucie County would be more effectively addressed through a comprehensive sex education curriculum. Lannon is widely seen as the catalyst for change in St. Lucie County.

St. Lucie County began its discussions about changing their abstinence-only policy to comprehensive sex education during the spring of 2006, sparking extreme community response. A group of community leaders, called the St. Lucie County Executive Roundtable, began meeting in the spring of 2006 to discuss potential changes to the county's sex education curriculum.⁸⁸ In May of 2007, the Executive Roundtable recommended that the district adopt the comprehensive sex education curriculum, "Get Real About AIDS," which is recognized as an "evidence-based program" by the independent non-profit health education group, ETR⁸⁹. The Executive Roundtable chose "Get Real About AIDS" because evaluations have consistently

⁸⁴ Florida Department of Health, Division of Disease Control Bureau of HIV/AIDS. 2006. "Silence is Death: The Crisis of HIV/AIDS in Florida's Black Communities." http://www.doh.state.fl.us/Disease_ctrl/aids/index.html

⁸⁵ Ibid, page 3.

⁸⁶ Ibid, page 3.

⁸⁷ Ibid, page 2.

⁸⁸ Cara Fitzgerald, "As St. Lucie sex-ed plan advances, focus on condoms draws fire," *Palm Beach Post*, 12 August 2007

⁸⁹ <http://www.etr.org/recapp/programs/getreal.htm>

found that teens who participated in the program are more likely to have reported purchasing condoms, reduce their overall number of sexual partners, and use condoms more frequently.⁹⁰ However, the curriculum's focus on condoms drew fire from conservative community activists. A St. Lucie County religious leader, Bryan Longworth, the Associate Pastor at Covenant Tabernacle World Outreach, attracted a significant amount of attention as he and others protested changes to the county's curriculum. Longworth, an outspoken opponent of comprehensive sex education, organized a petition drive to reject the curriculum change, recorded a 30-second Public Service Announced which he posted on his church's website warning of the dangers of the new curriculum, and held a press conference on October 16th, 2007, before the curriculum changes were made.⁹¹ Longworth even went so far as to picket one of the school board member's houses. On their own website, The Covenant Tabernacle World Outreach church reports that over 3,750 St. Lucie County residents signed the petition in opposition to changing the school's curriculum. Longworth and others called the curriculum a "graphic, explicit, risky, condom sex ed curriculum" in their October press release and in other publications,⁹² and focused on the fact that lessons on HIV transmission would begin in 4th grade. Longworth argued that this would "rob children of their childhood."⁹³ However, other community leaders spoke out in favor of changing the school's curriculum. Sylvie Kramer, Chief Executive Officer of Kids Connected by Design, a nonprofit organization that runs maternal and child programs in St. Lucie County, argued that abstinence-only programs do not do enough to prevent teen pregnancies. Calling the sex education issue, "a health issue, not a moral one," Kramer argued

⁹⁰ Main DS, Iverson DC, McGloin J, Banspach SW, Collins JL, Rugg DL, and Kolbe LJ (1994). Preventing HIV infection among adolescents: Evaluation of a school-based education program. *Preventive Medicine* 23: 409-471.

⁹¹ <http://chsn-usa.blogspot.com/2007/11/florida-pastor-vs-graphic-sex-ed.html>,
http://www.covenanttabernacle.com/covenant_tabernacle_sex_ed.html

⁹² http://www.covenanttabernacle.com/covenant_tabernacle_sex_ed.html

⁹³ Ibid.

that sex education can prevent not only teen pregnancies and sexually transmitted infections, but could also prevent child sexual abuse if started at a young age.⁹⁴

In December of 2007, a 43-page outline of the proposed curriculum was released to the community prior to the school board vote, heightening the community debate about sex education. The released curriculum outline was milder than had been anticipated; St. Lucie County officials removed some of the more controversial aspects of the proposed, “Get Real About AIDS,” curriculum prior to the school board vote. The *Palm Beach Post* and the *Stuart News* both reported on December 4th, 2007 that aspects removed included “condom field trips,” “graphic descriptions of sex acts,” and “hands on demonstrations” of condoms.⁹⁵ The *Stuart News* reported that outspoken Pastor Bryan Longworth was not satisfied with the modified curriculum, arguing that the majority of the focus is still on condom usage. Longworth additionally argued that parents would not have adequate time to review the curriculum because the proposed curriculum was presented to the community too close to the holidays. Superintendent Michael Lannon defended the modified curriculum, arguing that it was his job to find a curriculum for St. Lucie County, and that the curriculum continues to focus on prevention of HIV/AIDS.⁹⁶ On December 6th, 2007, the *Stuart News* reported additional criticism of the proposed curriculum. Willow Sanders, Abstinence Director of CareNet, an anti-abortion crisis pregnancy center with an abstinence-only education program, argued that the proposed curriculum lacked a minority focus. Sanders argued that if the motivation for altering the county’s curriculum was to address racial disparities with regard to HIV/AIDS rates, then the

⁹⁴ Cara Fitzgerald, “As St. Lucie sex-ed plan advances, focus on condoms draws fire,” *Palm Beach Post*, 12 August 2007

⁹⁵ Revised sex-ed proposal riles opponents in St. Lucie, *Palm Beach Post*, 4 December 2007

Pastor: Sex-ed plan in St. Lucie County is 'only slightly better', *Stuart News*, 4 December 2007

⁹⁶ *Ibid.*

curriculum should focus on minority students and should target minorities rather than all students.⁹⁷ Douglas Kirby, the aforementioned author of the *National Campaign to Reduce Teen and Unplanned Pregnancy's* annual review, and one of the nation's foremost scholars in the field of sex education evaluation, weighed in on this point. Kirby refuted Sanders' argument that only minorities should be targeted with HIV/AIDS prevention information and was quoted as saying, "Schools have to reach students of all races and ethnicities so all students have the information."⁹⁸ Superintendent Michael Lannon argued that his proposed curriculum was best for the entire district, adding, "We're not going to stereotype a segment of our population with this disease."⁹⁹ The week prior to the school board vote, the Palm Beach Post reported that opponents of the district sex education change distributed fliers, launched a website in opposition to the change, and picketed at various street corners around town. The executive roundtable members called these community members, "a vocal minority," and continued to argue that St. Lucie County needed to address its HIV/AIDS rates through comprehensive sex education.¹⁰⁰ The day prior to the vote, the school board received a letter from a local chiropractor and community activist calling for Superintendent Michael Lannon to be fired. School board members said they were not taking this request seriously, and most declined to tell local media how they planned to vote on the proposed sex education curriculum.¹⁰¹

On December 12th, 2007, the St. Lucie County school board voted 4-1 in favor of the proposed comprehensive sex education curriculum. The majority of board members told local

⁹⁷ Sex-ed critics in St. Lucie County say plan lacks minority focus, *Stuart News*, 6 December 2007

⁹⁸ Ibid.

⁹⁹ Ibid.

¹⁰⁰ Plan needed to cut teens' AIDS risk, backers say, *Palm Beach Post*, 6 December 2007

¹⁰¹ Sex-ed critics want superintendent Lannon fired in St. Lucie County: TCPalm.com, *Jupiter Courier*, 11 December 2007

St. Lucie board to vote on curriculum tonight, *Palm Beach Post*, 11 December 2008

media that their vote ultimately was based on the county's statistics with regard to HIV/AIDS rates.¹⁰² The only school board member to cast a vote opposing the change, Troy Ingersoll, said he was not convinced that the curriculum "was the best program for St. Lucie students," adding that he felt uncomfortable teaching elementary students in 4th grade about HIV/AIDS and other human sexuality topics.¹⁰³ Superintendent Michael Lannon argued that the sex education curriculum was only one important step to reduce the rate of HIV/AIDS in St. Lucie County, saying "the work continues."¹⁰⁴ Opponents of the school board vote, including Pastor Bryan Longworth, threatened to continue their work opposing comprehensive sex education in St. Lucie County. The Palm Beach Post quoted Longworth as saying, "In the next four years, we have four school board members to replace."¹⁰⁵

Palm Beach County

Palm Beach County's sex education change happened far more quietly than in Brevard or St. Lucie County, despite discussions having happened during the same time period. While the *Palm Beach Post* published numerous articles documenting the progress of St. Lucie County's proposed changes, neighboring Palm Beach County's proposed changes were mentioned only a handful of times, and were often mentioned only as supporting data in discussions about St. Lucie County's community controversy. An August 12th, 2007 article discussing St. Lucie County's controversial "Get Real About AIDS" proposed curriculum mentioned that Palm Beach County was considering updating their curriculum but "that changes won't be made until

¹⁰² St. Lucie adopts revised sex-ed plan, *Palm Beach Post*, 12 December 2008

¹⁰³ Ibid.

¹⁰⁴ Ibid.

¹⁰⁵ Ibid.

2009.”¹⁰⁶ Despite this claim, Palm Beach County’s changes actually went into effect in May of 2008.¹⁰⁷ The decision in Palm Beach County came after months of discussions between Health Department and School Board officials. Health Department officials, namely the Palm Beach County Health Department’s director, Jean Malecki, argued that the curriculum fell short of meeting student’s needs.¹⁰⁸ Despite the community controversy over discussions about condoms in neighboring St. Lucie County, Palm Beach County received comparably less media attention and criticism over the curriculum changes. In fact, the only criticism which appears to have been reported on was from Planned Parenthood of Greater Miami, Palm Beach and the Treasure Coast (PPGMPBTC). PPGMPBTC criticized Palm Beach County’s curriculum, arguing that the focus was primarily on middle school students, while data shows that most sexually active teens are in high school.¹⁰⁹

Palm Beach County’s new curriculum differs from Brevard and St. Lucie County’s as well; the curriculum now involves standardized lessons on condoms, sexually transmitted infections and contraceptives in 6th and 7th grades but no standardized lessons for high school students.¹¹⁰ However, the district’s change from abstinence-only to comprehensive sex education now allows teachers to answer a wider range of student questions, since they are no longer held to abstinence-only criteria in their discussions. Palm Beach County Superintendent Art Johnson has mandated that science teachers responsible for teaching sex education attend 5 training sessions prior to teaching the new lessons. Johnson says he would prefer that health professionals

¹⁰⁶ Cara Fitzgerald, “As St. Lucie sex-ed plan advances, focus on condoms draws fire,” *Palm Beach Post*, 12 August 2007

¹⁰⁷ Palm Beach County, Fla., School District Plans to Begin Comprehensive Sex Education Program, *Medical News Today*, 18 February 2008. <http://www.medicalnewstoday.com/articles/97544.php>, Accessed May 25, 2008

Christina DiNardo, “Contraceptive lessons for sixth graders start in May,” *Palm Beach Post*, 26 April 2008

¹⁰⁸ Palm Beach County, Fla., School District Plans to Begin Comprehensive Sex Education Program, *Medical News Today*, 18 February 2008. <http://www.medicalnewstoday.com/articles/97544.php>, Accessed May 25, 2008

¹⁰⁹ Christina DiNardo, “Contraceptive lessons for sixth graders start in May,” *Palm Beach Post*, 26 April 2008

¹¹⁰ *Ibid.*

teach the new materials since science teachers are often not experts on sexual health topics, but that there is a shortage of health professionals available to schools.¹¹¹ Despite the fact that the Palm Beach County curriculum change happened quietly and with little standardization, the shift is nevertheless significant because it allows teachers to discuss condoms and contraceptives during sexual health discussions. As one Palm Beach County teacher, Scott Goldscher, said, “It makes it easier for me to teach, given the go-ahead to discuss certain subjects.”

Discussion

While Brevard County, St. Lucie County and Palm Beach County all experienced different events leading up to curriculum changes, all three counties changed their sex education policies from abstinence-only to comprehensive sex education. In Brevard County, the primary motivation appears to have come from parents, teens, doctors and teachers, with organizing assistance from grassroots organizations like NOW, the ACLU and Planned Parenthood of Greater Orlando. In St. Lucie County, the primary motivation was clearly the county’s high rates of HIV/AIDS and health disparities in the African-American community. In Palm Beach County, the change appears to have happened because of concerns from health department officials. The one commonality that all three districts appear to have with regard to initial motivation is that school board members did not initiate the change. While Superintendents appear to have significant influence on this issue, school board members in each circumstance have been willing to make changes but only with the guidance from community leaders, parents, teachers and the recommendation of the county Superintendent.

¹¹¹ Ibid.

Because of these three county-wide successes, it would be difficult to argue that the county-level model of change is not a viable strategy for accomplishing reform. However, it appears that community concerns must be taken into consideration, and that the change from abstinence-only sex education to comprehensive sex education must be based on a clear need to assist students. In St. Lucie County, the focus on the county's high HIV/AIDS case rate allowed a comprehensive sex education curriculum focused on AIDS to be overwhelmingly approved by the school board, with only one opposing vote cast. In Brevard County, where the HIV/AIDS case rate and teen pregnancy rates were less pressing concerns, the focus was on the fact that the abstinence-only curricula presented contained inaccuracies and presented an incomplete picture to students. In this instance, positive media coverage from the *Florida Today* and a campaign led by parents, teens and doctors appears to have paved the way for reform. It should be noted, however, that the school board vote was close, 3-2, not an overwhelming victory by any standards. Palm Beach County's change, though less controversial, appears to have been led by health department officials concerned that the school district was not doing enough to prevent sexually transmitted infections and teen pregnancies. This decision does not appear to have been approved by the school board, but rather instituted by the Superintendent and the office of school health.

While these three sex education victories are significant accomplishments and will reach more Florida teens with accurate information about preventing sexually transmitted infections and teen pregnancies, they are small victories in a state of 67 counties, where many more teens are still denied access to this information. Additionally, school sex education policies could continue to change as elected school board members are replaced in future elections. Another concern is that although standardized lessons have been established in each county with a newly

established comprehensive sex education policy, only St. Lucie's curriculum is evidence-based with backing from ETR and the Centers for Disease Control and Prevention. County-wide sex education changes, though important, do not necessarily indicate that students will receive an evidence-based program. Because Brevard and St. Lucie county's sex education discussions were so controversial and involved so much media attention, both curricula were altered for the sake of compromise. St. Lucie's curricula removed some descriptions of sex acts, a condom demonstration and the "condom field trip" it once included, and Brevard's curriculum mandated an opt-out policy for parents opposed to comprehensive sex education and barred local agencies from supplementing the classroom lessons. Additionally, Palm Beach County's curriculum is standardized only in 6th and 7th grades, allowing high school teachers a great deal of discretion with regard to which topics to teach. While there are certainly positive aspects of altering curricula to meet community needs, and all three curricula now offer students medically-accurate information about the prevention of pregnancy and sexually transmitted infections, the programs in each county vary greatly and the effectiveness of each program remains to be seen.

CHAPTER 3: REJECTION OF FEDERAL ABSTINENCE FUNDS

Rejecting Federal Title V Abstinence-Only Funding

Over the past decade, perhaps the strongest stance any individual state has taken against federal abstinence-only programs is statewide rejection of abstinence-only funding. Since the inception of abstinence-only funding under Title V in 1996, 17 states have moved to reject the funding entirely. California was the only state to immediately reject funding in 1996, and has since never applied for abstinence-only funds.¹¹² Other states which have either already rejected funds or whose Governors have indicated that they do not plan to reapply for funds are Arizona, Colorado, Connecticut, Iowa, Maine, Massachusetts, Minnesota, Montana, New Mexico, New Jersey, New York, Ohio, Rhode Island, Wisconsin, Wyoming, and Virginia. Pennsylvania initially turned down abstinence-only funding in 2004, but has since reapplied for funds.¹¹³ States rejecting funds often cite the programs' ineffectiveness, and sometimes cite concerns about potential conflicts between the abstinence-only message and other sex education requirements as mandated by state statutes or local school boards.¹¹⁴ Maine, the third state to reject abstinence-only funds after California and Pennsylvania did so because they believed that promoting abstinence-only programs over comprehensive programs equaled ignoring science. Maine's Public Health Director, Dr. Dora Anne Mills told a reporter, "We were in a position of having to turn our backs on proven programs that we have been using for quite a while, versus

¹¹² <http://www.ncac.org/sex/timeline.cfm>

¹¹³ Kerhl, Brian H. November 29, 2005 "States Abstain from Federal Sex Ed Money," www.stateline.org. Accessed April 27, 2008.

¹¹⁴ Ibid, "States Abstain from Federal Sex Ed Money."

accepting these (new) standards that we think may actually be harmful to our children.”¹¹⁵

Interest groups advocating comprehensive sex education have cited statewide rejection of abstinence-only funding as successes for teens. The ACLU, Planned Parenthood Federation of America, Advocates for Youth, NARAL Pro-Choice America, and others have heralded statewide rejection of abstinence-only funding as validation of the programs failure to address the needs of youth.

In evaluating how Florida may best accomplish reform from abstinence-only policies and programs to comprehensive programs, it is critical to assess whether Florida may be a candidate for rejecting abstinence-only funding. As noted in the introduction, Florida ranks second to Texas for accepting the most federal abstinence-only funds.¹¹⁶ Given the large sum of money Florida receives, \$10,700,147 in CBAE federal funds for abstinence-only programs, \$2,521,581 in Title V funds in Fiscal Year 2006 alone, it would indeed be a bold move to reject future funding. It would, however, save the state additional expenditures through matching requirements. In 2006, a rejection of federal abstinence-only dollars would have saved \$3,500,000 of state funds. It is critical to note here, however, that only Title V funds can be rejected on a statewide level. CBAE funds are distributed directly to organizations, and cannot be rejected by the legislature or the governor. Given that abstinence-only funding has been rejected by 17 states, and that abstinence-only programs have been given negative evaluations in terms of their ability to reduce teen pregnancy and sexually transmitted infections, should we expect Florida to follow suit in rejecting abstinence-only funding?

¹¹⁵ Ibid, “States Abstain from Federal Sex Ed Money.”

¹¹⁶ Sexuality Information and Education Council of the United States (SIECUS). 2007. SIECUS public policy office state profile: Florida. Retrieved online at <http://www.siecus.org/policy/states/2006/mandates/FL.html>.

Is Florida Next?

In order to evaluate whether Florida will be a candidate for rejecting abstinence-only funding, I will first discuss what factors may make a state more likely to reject funding. Are states with higher rates of teen pregnancy more likely to reject funding in light of new evidence that abstinence-only programs will not lower their teen pregnancy rates? Do states with higher AIDS case rates reject abstinence-only funding more frequently than states with lower AIDS case rates? Or, is the propensity to reject Title V abstinence-only funds related to an overall openness regarding teen sexual activity? Put another way, will states with more liberal laws with regard to teen access to abortion and contraception be more likely to reject abstinence-only funding than states with conservative laws regarding teen sexual activity? We must also consider that sex education may simply be a partisan issue; that Democratic governors will be more likely than Republican governors, or that states with higher percentages of Democrats in the state legislature will be more likely to reject Title V. Given that opinions regarding abstinence-only versus comprehensive sex education may also be linked to opinions regarding sex roles, an additional factor to consider would be whether the gender composition of the legislature will affect a states' propensity to reject Title V funding.

Data and Methods

My goal in conducting quantitative research evaluating states which have rejected abstinence-only funding will be to evaluate whether there are factors which make a state more likely to reject abstinence-only funds. Having a better understanding of the qualities which make states more prone to reject Title V funds may illuminate whether Florida will be a candidate for rejecting Title V funds in the future. Because this research evaluates U.S. states, I am using states

as my unit of analysis. In testing relationships, I will be primarily using cross tabulations, bivariate correlations and linear regression. I also use bar graphs and interactive scatterplots as visual evidence for my analysis.

Dependent Variable

The dependent variable in my analysis is a dummy variable, called “abreject,” which codes states accepting Title V funds as 0, and states rejecting Title V funds as 1. Thus, states with the characteristic of having rejected Title V funds are coded 1, and states lacking that characteristic are coded 0. California is coded as 1 despite never having officially rejected Title V, because California has never applied. Pennsylvania is coded 0 despite having rejected Title V at one point, because they are current Title V recipients.

Independent Variables

To test whether a rejection of Title V funds is part of a liberal attitude toward teen sexual activity, I created two variables, “abaccess” and “bcaccess.” Both variables represent state laws with regard to teen sexual behavior. Because states vary with regard to minors’ access to abortion and confidential access to birth control, I created ordinal-level variables to measure the individual states’ permissiveness with regard to these laws. Abaccess is a 3 category ordinal level variable measuring the level of parental involvement with regard to minors seeking abortions. States coded 1 allow minors to consent to abortion services without parental involvement, states coded 2 require minors to notify one or both parents prior to an abortion procedure, and includes those states whose notification provision is permanently enjoined by a court order, and states coded 3 require minors to obtain consent of one or both parents prior to an

abortion procedure, and also includes those states whose consent provision is permanently enjoined by a court order. Thus, states coded 1 have the most liberal laws with regard to minors' access to abortion, states coded 2 have parental notification for abortion which creates somewhat of a barrier to abortion services but still allows the minor to legally consent to abortion services, while states coded 3 have passed laws which only permit minors to access abortion with the explicit permission of one or both parents, making states coded 3 the most restrictive. The second variable measuring the states laws with regard to teen sexual behavior, *bcaccess*, is a 3 category ordinal-level variable. States coded 1 explicitly allow minors to consent to contraceptive services without parental involvement. States coded 2 allow any minor 12 or older to consent,¹¹⁷ allow minors to consent for health reasons or allow minors to consent to contraceptive services if a healthcare provider deems the minor sufficiently "mature." States coded 2 additionally include those states with no explicit policy regarding a minor's access to contraception. States coded 3 only allow minors to consent if they meet a higher age restriction (at least 14 or 16), have been pregnant or married, or are a high school graduate. Thus, states coded 1 have the most liberal laws with regard to minors' access to contraception, states coded 2 have some restrictions but for the most part allow the majority of minors access to contraception, and states coded 3 have the most restrictive laws with regard to minors' access to contraceptive services.

I am also looking at whether or not partisanship plays a role in whether or not states decide to reject Title V funding. I have created several variables to measure a states'

¹¹⁷ Only Rhode Island had an age restriction of 12 years old. I included Rhode Island with other states coded 2 because allowing minors at least 12 years of age to access contraception allows the vast majority of teens access to contraception. Age restrictions of 14 or 16 significantly limit a minor's access to contraception, and could have an impact on teen birth and pregnancy rates given that most measures of teen pregnancy are 15-19 year olds, and a minor becoming pregnant at age 14 would likely give birth at age 15. Thus, states with age restrictions of 14 or 16 were coded 3.

partisanship. One is “demgov,” a dummy variable whereby states coded 1 have a Democratic governor, and states coded 0 have a Republican governor.¹¹⁸ This will enable me to determine whether states with Democratic governors are more likely to reject Title V funding than states with Republican governors. I have additionally created “demhouse” and “demsenate,” two interval-level variables measuring the percentage Democratic state legislators within the state legislature.¹¹⁹ I created separate variables for the state House and the state Senate, which seemed important given that the House and Senate of each state are comprised of representatives from districts that are geographically different, of different sizes, and because state representatives and state senators hold different levels of power. Nebraska was the only state for which data was missing for both demhouse and demstate because the state legislature is non-partisan and unicameral. Finally, given that abstinence-only funding increased substantially and became far more restrictive under President George W. Bush’s first term, whether or not a state voted to re-elect Pres. Bush could give us some insight into how state residents perceive Bush’s abstinence-only stance. Of course, this is complicated by the fact that sex education policy has low issue salience with voters, as discussed in the introduction, and is likely not to be a key issue for most voters in presidential elections. Nevertheless, looking at how states voted in 2004 could give us some additional insight into whether or not partisanship plays a role in whether or not states reject abstinence-only Title V funding. I use gb_win04, an ordinal-level dummy variable coded 1 if George W. Bush won the state in the 2004 Presidential Election, and coded 0 if George W. Bush did not win the state.

¹¹⁸ Demgov is based on current governors. This is limiting, because governors who may have made the decision to reject Title V could potentially not be governors any longer. However, in order to be consistent, I needed to use data from the same year. Thus, demgov is another measure of partisanship, rather than an actual measure of whether democratic governors are more likely to reject Title V than republican governors.

¹¹⁹ Data was obtained from the National Conference of State Legislatures’ 2006 Partisan Composition of State Legislatures fact sheet. <http://www.ncsl.org/ncsl/db/elect98/partcomp.cfm?years=2006>. Data obtained April 7, 2008.

Another aspect of my inquiry looks at whether the gender composition of state legislatures has had an impact on rejecting Title V funds. As referenced in the introduction, one could make the argument that female students are more likely to suffer as a result of being denied access to comprehensive sex education than males. Thus, considering the gender composition of the legislature could give us insight into whether or not female legislators are more likely to influence statewide decisions in favor of comprehensive sex education. This could also simply indicate that states more likely to elect female legislators are also more likely to favor comprehensive sex education. I created two variables as measures of the percentage of state legislators who are women. Again, considering the differences between state houses and senates, I created two interval-level variables, “womhouse,” and “womsenate,” representing the percentage of women in the state senate and the state house, respectively.¹²⁰ Nebraska has the same value for both womhouse and womsenate, because of the 49 total seats in the unicameral legislature, there are 9 women. Rather than exclude Nebraska from this analysis, I coded both variables with the same value.

Finally, I wanted to test whether states with higher teen pregnancy rates or higher rates of HIV/AIDS would be more motivated to reject Title V funding as a way to address these pressing health concerns. I created two variables to measure a state’s teen pregnancy rank, “ustprank,” and “ustp.” The first variable, ustprank, is an ordinal-level variable based on the state’s rank was obtained from the Guttmacher Institute, and is based on how the state ranks with regard to teen pregnancy.¹²¹ There are 50 values for ustprank because each state has a different ranking. I additionally created “ustp,” an ordinal-level variable also based on the Guttmacher ranking of

¹²⁰ Data was obtained from the Center for American Women and Politics, Women in State Legislatures 2008 Fact Sheet.

¹²¹ Guttmacher Institute. 2006. US Teenage Pregnancy Statistics: National and State Trends and Trends by Race and Ethnicity. New York, NY.

each state, but in order to simplify this measurement, I created another ordinal-level variable with 5 values. States coded 1 have the highest teen pregnancy rates, while states coded 5 have the lowest. It was difficult to use an interval-level variable for this measurement because it is challenging to find an actual “teen pregnancy rate” to use. This is because teen pregnancy rates are based not only on teen births but also stillbirths, abortions and miscarriages. For this reason, it made the most sense to use the state’s rank in order to have a complete picture of teen pregnancy in each state. The variable used to measure a state’s HIV case rate is “hivcaserate,” an interval-level variable based on the number of reported HIV cases per 100,000 state residents in 2005 as per the Centers for Disease Control and Prevention’s 2005 fact sheet.¹²²

Findings

Minors’ Access to Confidential Reproductive Healthcare and Rejecting Title V Funds

As discussed above, a key point of my inquiry evaluates whether or not a states’ rejection of abstinence-only Title V funding indicates an overall permissive attitude with regard to teen sexual behavior. I used two independent ordinal-level variables to evaluate this relationship, one evaluating teens access to contraceptive services, bcaccess, and another evaluating parental involvement laws with regard to minors seeking abortion services, abaccess. My analysis found that there is a fairly strong association between a rejecting Title V and minors’ access to

¹²² 2005 rate per 100,000

<http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2005report/pdf/2005SurveillanceReport.pdf>

contraception, but no relationship between rejecting Title V and parental involvement for abortion laws.

I found that states allowing minors more access to contraceptive services were more likely to reject Title V funding than states with more restrictive access to contraceptive services. Figure 1 offers visual evidence for this relationship. As referenced above, states coded 1 have the most liberal laws with regard to minors' access to contraception, states coded 2 have some restrictions but for the most part allow the majority of minors access to contraception, and states coded 3 have the most restrictive laws with regard to minors' access to contraceptive services.

As seen in Figure 1, states coded 1 have a mean of about 0.5 for abreject, states coded 2 have a mean of about 0.4, while states coded 3 have a mean of about 0.1. Chi-Square is .018 for this relationship, not terribly robust, but it appears nevertheless that there is some association between these two variables.

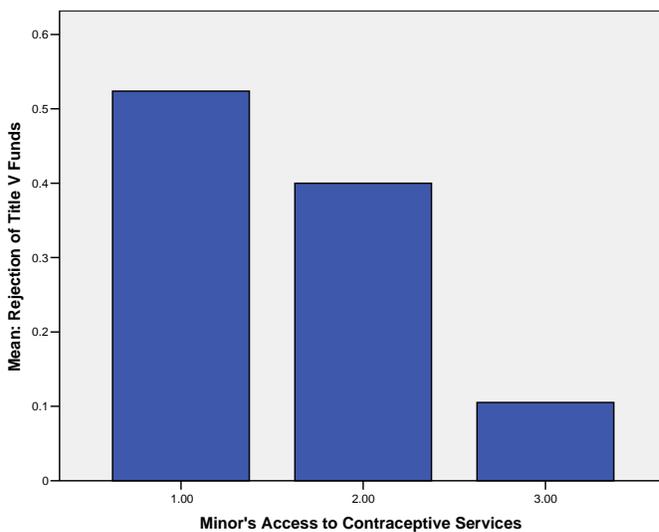


Figure 1: Bar Graph of Minors' Access to Contraceptive Services and State Rejection of Title V Funding

Despite the above finding that there was some association between states allowing minors more access to contraceptive services and rejecting Title V funds, there was no relationship found between parental involvement for abortion laws and rejecting Title V funds. Figure 2 shows a bar graph which clearly shows no relationships between these two variables. As would be expected, Chi-Square confirms that this is an insignificant relationship.

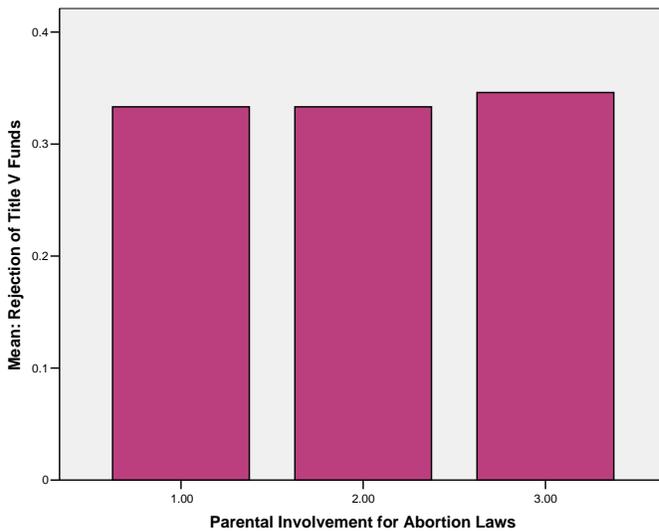


Figure 2: Bar Graph of Parental Involvement for Abortion Funds and State Rejection of Title V Funds

Partisanship and Rejecting Title V Funds

As discussed above, I also evaluate whether the partisan composition of state legislatures and the partisanship of governors plays a role in a state’s decision to reject Title V funds. I have created several variables to measure a states’ partisanship: “demgov,” a dummy variable whereby states coded 1 have a Democratic governor, and states coded 0 have a Republican governor, “demhouse” and “demsenate,” two interval-level variables measuring the percentage of state legislature seats occupied by democrats. A bivariate correlation between demgov and

abreject, two dummy variables, finds a Pearson's r of .296. Knowing that Pearson's r is bracketed by -1 and +1, this shows a fairly positive association between states' having democratic governors and rejecting Title V. Visual evidence for this relationship can be seen in Figure 3. Thus, states with democratic governors are more likely to reject Title V than states with Republican governors. There were no Independent governors at the time of the study.

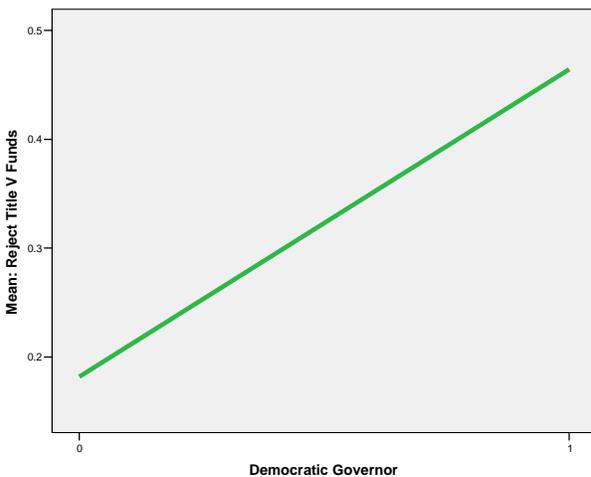


Figure 3: Line Graph of Democratic Governor and State Rejection of Title V Funds

Partisan composition of state legislatures seems to play a smaller role than partisanship of governors. A linear regression analysis using abreject as the dependent variable and demhouse and demsenate as the independent variables finds an insignificant relationship between partisanship of state legislatures and a states' rejection of Title V, as seen in Table 1. The constant for abreject in this analysis is .053, with the property of having a democratic house adding .005 and a democratic senate adding just .001. The P-value for demhouse is .598 and for demsenate is .868, showing an insignificant association. Finally, as seen in Table 2, the R-square for this regression analysis is .035, indicating that insofar as we can predict whether a state will

reject Title V funds, knowing the partisan composition of the state’s legislature increases our ability to predict by just 3.5%. We can reasonably conclude that the partisan composition of a state legislature is not significantly associated with the likelihood that a state will reject Title V.

Table 1: Regression Analysis of Democrats in the State Legislature and State Rejection of Title V Funds

Coefficients^a

| Model | | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. |
|-------|------------|-----------------------------|------------|---------------------------|------|------|
| | | B | Std. Error | Beta | | |
| 1 | (Constant) | .053 | .239 | | .223 | .824 |
| | demhouse | .005 | .009 | .145 | .531 | .598 |
| | demsenate | .001 | .008 | .046 | .167 | .868 |

a. Dependent Variable: abreject

Table 2: Model Summary, Regression Analysis of Democrats in the State legislature and State Rejection of Title V Funds

Model Summary

| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate |
|-------|-------------------|----------|-------------------|----------------------------|
| 1 | .186 ^a | .035 | -.007 | .483 |

a. Predictors: (Constant), demsenate, demhouse

Finally, my last measure of partisanship is whether or not the state voted for President George W. Bush’s reelection in 2004. Table 3 shows a bivariate correlation between gb_win04 and abreject. Pearson’s r is -.221, and the P-value is .123, indicating a relatively small but negative relationship between abreject and gb_win04. Thus, states that voted for George W. Bush’s reelection are less likely to reject Title V funds. While this is not an especially large relationship, it is more robust than the relationship between partisan composition of state legislatures and the likelihood that a state will reject Title V. Thus, we can reasonably conclude that partisanship does indeed play a role in whether or not a state will choose to reject Title V funding.

Table 3: Bivariate Correlation Analysis of Did Bush win the State Electoral Vote in 2004 and State Rejection of Title V Funds

| | | Correlations | |
|------------------------------------|---------------------|--------------|------------------------------------|
| | | abreject | Did Bush win electoral vote, 2004? |
| abreject | Pearson Correlation | 1 | -.221 |
| | Sig. (2-tailed) | | .123 |
| | N | 50 | 50 |
| Did Bush win electoral vote, 2004? | Pearson Correlation | -.221 | 1 |
| | Sig. (2-tailed) | .123 | |
| | N | 50 | 50 |

Gender Composition of State Legislatures and Rejection of Title V

As discussed above, another aspect of my inquiry looks at whether the gender composition of state legislatures has had an impact on whether a state rejects Title V funds. The two variables created, womhouse and womsenate are interval-level variables representing the percentage of women in a state's house and senate, respectively. Bivariate correlations between abreject and womhouse and womsenate indicate that there is a relationship between the gender composition of the legislature and rejecting Title V, however this relationship is stronger for womhouse than womsenate. Tables 4 and 5 show bivariate correlations for abreject and womhouse, and abreject and womsenate, respectively. Pearson's r for abreject and womhouse is .263, showing a positive and significant relationship; as the percentage of women in the state house increase, the state becomes increasingly likely to have rejected Title V funding. Table 5 shows a weaker relationship with a Pearson's r of .195. However, both relationships are positive, and indicate that as the percentage of women in the legislature increase, so does the likelihood that the state has rejected Title V funding. Table 6 shows a multiple regression analysis using abreject as the dependent variable and womhouse and womsenate as the independent variables. We find again that as the percentage of women in the legislature increase, so does the likelihood

that the state has rejected Title V funding. The relationship between womsenate and abreject again looks small compared to the relationship between womhouse and abreject. Indeed, we find that the P-value for this relationship is .206, which does not indicate that this relationship definitely did not happen by chance, but it does indicate that this relationship is probably not something to disregard. Finally, Table 7 shows an R-square of .070, indicating that insofar as we can predict whether a state will reject Title V funding, knowing the gender composition of the legislature increases our level of predictability by about 7%. This relationship is not especially large, but should certainly not be disregarded.

Table 4: Bivariate Correlation Analysis of Women in the State House and State Rejection of Title V Funds

| | | abreject | womhouse |
|----------|---------------------|----------|----------|
| abreject | Pearson Correlation | 1 | .263 |
| | Sig. (2-tailed) | | .065 |
| | N | 50 | 50 |
| womhouse | Pearson Correlation | .263 | 1 |
| | Sig. (2-tailed) | .065 | |
| | N | 50 | 50 |

Table 5: Bivariate Correlation Analysis of Women in the State Senate and State Rejection of Title V Funds

| | | abreject | womsenate |
|-----------|---------------------|----------|-----------|
| abreject | Pearson Correlation | 1 | .195 |
| | Sig. (2-tailed) | | .175 |
| | N | 50 | 50 |
| womsenate | Pearson Correlation | .195 | 1 |
| | Sig. (2-tailed) | .175 | |
| | N | 50 | 50 |

Table 6: Multiple Regression Analysis of Women in the State Legislature and State Rejection of Title V Funds

| Model | | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. |
|-------|------------|-----------------------------|------------|---------------------------|-------|------|
| | | B | Std. Error | Beta | | |
| 1 | (Constant) | -.070 | .227 | | -.307 | .760 |
| | womsenate | .003 | .009 | .050 | .279 | .781 |
| | womhouse | .015 | .011 | .231 | 1.283 | .206 |

a. Dependent Variable: abreject

Table 7: Table 8: Model Summary, Regression Analysis of Women in the State legislature and State Rejection of Title V Funds

Model Summary

| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate |
|-------|-------------------|----------|-------------------|----------------------------|
| 1 | .265 ^a | .070 | .031 | .471 |

a. Predictors: (Constant), womhouse, womsenate

Given that there seems to be some association between the gender composition of the legislature and whether a state rejects Title V funding, I decided to explore this relationship further. If a larger percentage of women in the state legislature indicates that the state will be more likely to reject Title V funds, should we also expect to find a relationship between the gender composition of the legislature and other issues concerning minors and reproductive health? Linear regression analysis using womsenate as the independent variable and baccess and abaccess as dependent variables find that there is, indeed, a relationship. Table 8 depicts the relationship between women in the state legislature and minors' access to contraceptive services. While we, again, find a more significant relationship between the percentage of women in the state house than the state senate, we do indeed find that as the percentage of women in the state legislature increase, states should be expected to allow minors increased access to contraception. Table 9 finds that the R-square for this relationship is .126, indicating that insofar as we can predict a state's laws with regard to a minor's access to contraception, knowing the gender composition of the legislature increases our predictive power by almost 13%. The relationship between women in the legislature and minors' access to confidential abortion services was more robust. Table 10 again finds a stronger relationship between minor's access to abortion and the

percentage of women in the state house than minor's access to abortion and the percentage of women in the senate.

Table 9: Regression Analysis of Women in the State Legislature and Minor's Access to Contraception

Coefficients^a

| Model | | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. |
|-------|------------|-----------------------------|------------|---------------------------|--------|------|
| | | B | Std. Error | Beta | | |
| 1 | (Constant) | 2.986 | .415 | | 7.190 | .000 |
| | womsenate | -.002 | .017 | -.019 | -.110 | .913 |
| | womhouse | -.041 | .021 | -.342 | -1.957 | .056 |

a. Dependent Variable: bcaccess

Table 10: Model Summary of Regression Analysis of Women in the State Legislature and Minor's Access to Contraception

Model Summary

| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate |
|-------|-------------------|----------|-------------------|----------------------------|
| 1 | .354 ^a | .126 | .088 | .862 |

a. Predictors: (Constant), womhouse, womsenate

Table 11: Regression Analysis of Women in the State Legislature and Minor's Access to Abortion

Coefficients^a

| Model | | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. |
|-------|------------|-----------------------------|------------|---------------------------|--------|------|
| | | B | Std. Error | Beta | | |
| 1 | (Constant) | 3.995 | .280 | | 14.243 | .000 |
| | womsenate | .002 | .011 | .025 | .185 | .854 |
| | womhouse | -.070 | .014 | -.690 | -5.004 | .000 |

a. Dependent Variable: abaccess

Teen Pregnancy Rates and Rejecting Title V Funds

In my introduction and throughout my analysis I have discussed the possibility that states reject Title V funding based on its ineffectiveness, and that states may do this more often when they have higher teen pregnancy rates. This theory rests on the idea that states will be more likely to reject Title V funding in order to properly address the problem of teen pregnancy, and that this

will be a more pressing concern for states with exceptionally high teen pregnancy rates. A bivariate correlation between *abreject* and *ustprank*, the Guttmacher Institute's rank of each state with regard to its teen pregnancy rate, finds that there is in fact no such relationship. Table 11 shows that this bivariate correlation finds a Pearson's *r* of just .118, with a P-value of .412. A linear regression analysis finds no relationship as well. Table 12 shows that the higher the rank on the Guttmacher measurement regarding teen pregnancy increase a state's likelihood of rejecting Title V funds by just .04. With a P-value of .412, we know that this is a small and likely insignificant association. It should be noted that the higher the rank on the Guttmacher scale, the lower the teen pregnancy rate. Thus, we find a small and likely insignificant but negative relationship. As a state's teen pregnancy rate gets lower, the state becomes slightly more likely to reject Title V. As shown in Table 13, R-square finds that insofar as we can predict whether or not a state will reject Title V funding, knowing how the state ranks with regard to teen pregnancy rates increases our predictive power by just 1.4%. Figure 4 depicts an interactive scatterplot which confirms an insignificant yet negative relationship whereby the lower a state's teen pregnancy rate, the more likely the state will be to reject Title V funding. Using the second ordinal-level measurement of teen pregnancy, *ustp*, it is again clear that there is no clear relationship between a state's teen pregnancy rank and whether the state chooses to reject Title V. Figure 5 shows a bar graph which again confirms that while there is not a strong relationship between teen pregnancy rates and whether a state rejects Title V funds, the states with the lowest teen pregnancy rates (coded 4 and 5) have rejected Title V funds more often than the states with the highest teen pregnancy rates (coded 1 and 2). We can reasonably conclude that teen pregnancy rates are not playing the hypothesized role of motivating states to reject Title V federal abstinence-only funding.

Table 12: Bivariate Correlation Analysis of US Teen Pregnancy Rank and State Rejection of Title V Funds

Correlations

| | | abreject | ustprank |
|----------|---------------------|----------|----------|
| abreject | Pearson Correlation | 1 | .118 |
| | Sig. (2-tailed) | | .412 |
| | N | 50 | 50 |
| ustprank | Pearson Correlation | .118 | 1 |
| | Sig. (2-tailed) | .412 | |
| | N | 50 | 50 |

Table 13: Regression Analysis of US Teen Pregnancy Rank and State Rejection of Title V Funds

Coefficients^a

| Model | | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. |
|-------|------------|-----------------------------|------------|---------------------------|-------|------|
| | | B | Std. Error | Beta | | |
| 1 | (Constant) | .241 | .138 | | 1.747 | .087 |
| | ustprank | .004 | .005 | .118 | .827 | .412 |

a. Dependent Variable: abreject

Table 14: Model Summary for Regression Analysis of US Teen Pregnancy Rank and State Rejection of Title V Funds

Model Summary

| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate |
|-------|-------------------|----------|-------------------|----------------------------|
| 1 | .118 ^a | .014 | -.007 | .480 |

a. Predictors: (Constant), ustprank

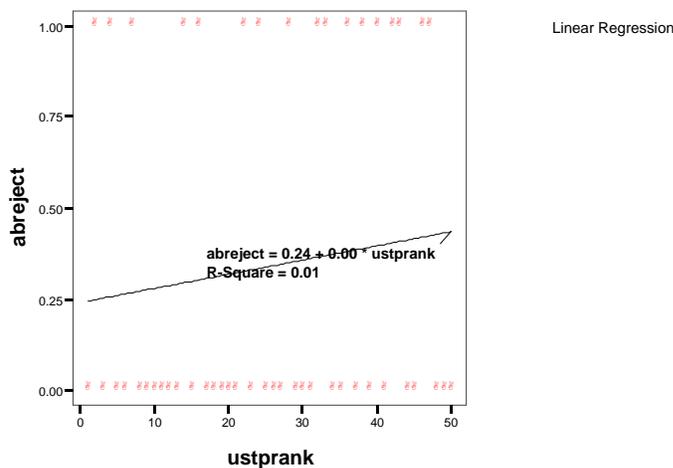


Figure 4: Interactive Scatterplot Graph of US Teen Pregnancy Rank and State Rejection of Title V Funds

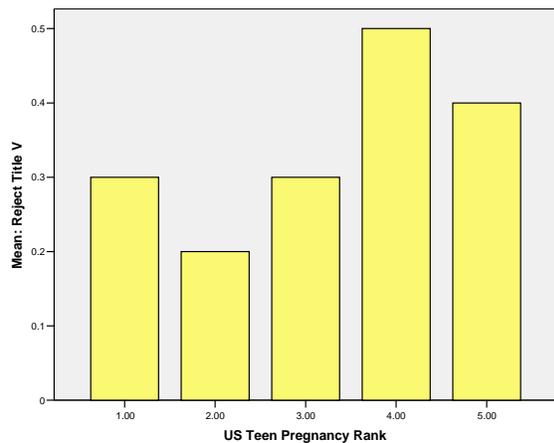


Figure 5: Bar Graph with US Teen Pregnancy Rank and State Rejection of Title V Funding

HIV Case Rate and Rejection of Title V Funds

The last portion of this analysis deals with whether a state's HIV case rate has an impact on whether they choose to reject Title V funding. It should be noted that there are large differences from state to state with regard to HIV case rates. The state with the lowest rate of HIV is Montana, with a rate of .6 per 100,000. The state with the highest rate of HIV is New York, with a rate of 38.8 per 100,000. Thus, states with higher rates of HIV could be seen as having more to gain through comprehensive sex education programs which have been proven to reduce rates of HIV. At first glance, this hypothesis appears challenged given that both Montana and New York, representing the highest and lowest rates of HIV cases, have rejected Title V funding. Additionally, this hypothesis parallels the hypothesis that states with higher rates of teen pregnancies have more to gain by rejecting Title V funding in favor of more comprehensive programs, and that hypothesis did not appear to have any inferential ground.

A regression analysis confirms that there is no relationship between a state's HIV case rate and whether or not they choose to reject Title V funding. Figure 6 depicts an interactive scatterplot which shows a small but negative relationship between a state's HIV case rate and whether they choose to reject Title V funds. A linear regression analysis using abreject as the dependent variable and hivcaserate as the independent variable finds that hivcaserate has no impact on abreject. As seen in Figure 7, P-value of .970 confirms that there is no relationship between a state's HIV case rate and whether they choose to reject Title V funding. Indeed, Figure 8 shows that R-square is .000, indicating that insofar as we can predict whether a state will reject Title V funds, knowing the state's HIV case rate increases our predictive power by 0%. Thus, states with higher HIV case rates are no more likely to reject Title V funding than other states.

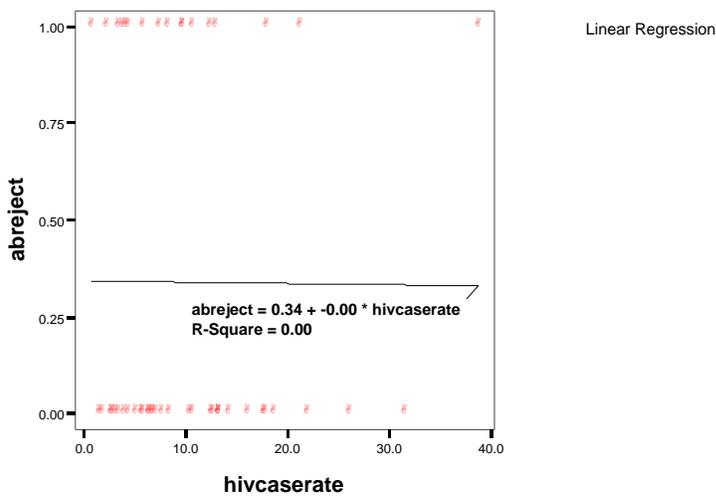


Figure 6: Interactive Scatterplot Graph of HIV Case Rate and State Rejection of Title V Funding

Coefficients^a

| Model | | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. |
|-------|-------------|-----------------------------|------------|---------------------------|-------|------|
| | | B | Std. Error | Beta | | |
| 1 | (Constant) | .343 | .112 | | 3.072 | .004 |
| | hivcaserate | .000 | .009 | -.005 | -.038 | .970 |

a. Dependent Variable: abreject

Figure 7: Regression Analysis HIV Case Rate and State Rejection of Title V Funding

Model Summary

| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate |
|-------|-------------------|----------|-------------------|----------------------------|
| 1 | .005 ^a | .000 | -.021 | .483 |

a. Predictors: (Constant), hivcaserate

Figure 8: Model Summary for Regression Analysis of HIV Case Rate and State Rejection of Title V Funding

Discussion

To evaluate how Florida’s policy regarding Title V funding may change in the future, this concluding portion of the analysis will discuss where Florida ranks on the key indicators we found which may have an impact. As discussed in the introduction, the purpose of this analysis is to inform advocates of comprehensive sex education of how best to accomplish statewide policy change in Florida, and this portion explores the conditions which may affect whether a state chooses to reject Title V abstinence funding. Given that Florida has the second highest HIV case rate next to New York at 31.5 HIV cases per 100,000 state residents and ranks 6th for the highest teen pregnancy rate in the U.S., rejecting Title V funds in favor of more comprehensive sex education programs could begin to adequately address these problems. Unfortunately, this analysis reveals that there appears to be no connection between a state’s HIV case rate, teen pregnancy rank and whether they choose to reject Title V funds. Thus, states rejecting Title V funding may be doing so in order to combat the problems of teen pregnancy and HIV/AIDS, but the states where these issues are of paramount concern do not appear to most often be the states

rejecting funding. The conditions that do appear to be related to rejecting Title V funding are whether a state has a Democratic or Republican governor, whether the state allows minors confidential access to contraception, and to a lesser degree, the percentage of the state legislature occupied by Democrats. The analysis below explores how Florida compares with the key indicators found to have an impact on statewide rejection of Title V.

First, this analysis found that states with Democratic governors are more likely to reject funding than states with Republican governors. Florida's governor, Charlie Crist, as well as Florida's previous governor, Jeb Bush, are both Republicans. Given that this analysis found that states with Democratic governors are more likely than states with Republican governors to reject Title V funding, this does not appear to indicate that Florida is likely to reject Title V.

Second, this analysis found that states with higher proportions of women in the state legislature are more prone to reject Title V funding than states with fewer women in the state legislature. The percentage of women in Florida's state legislature ranks near the median value for both the percentage of women in the house and the percentage of women in the senate. Florida's state senate has 25% of its seats occupied by women, while the state house has 22.5% of its seats occupied by women. This puts Florida just above the median for womsenate of 20.55 and just below the median of womhouse of 24.254. This does not give us much insight, since Florida is not at the extreme end of either indicator.

Third, we found that states which allow minors more access to confidential reproductive health services are more likely to reject Title V funds. We found that states coded 1 for bcaccess, and which allow all minors access to confidential contraceptive services are the most likely to reject Title V. When abreject was used as the dependent variable on a bar graph, the value for states coded 1 was just above .5. Put another way, about 50% of the states allow minors

confidential access to contraception have rejected Title V funds. States coded 2, which allow the vast majority of minors to consent to contraceptive services, rejected Title V about 40% of the time. Finally, states coded 3, which have the most restrictive laws regarding minors' access to contraceptive services, rejected Title V funding only about 10% of the time. Florida was coded 2 for bcaccess, because its laws allow minors to consent to contraception for health reasons, if they are married, parenting, or if they have ever been pregnant. Allowing minors to consent to confidential contraceptive services for "health" reasons allows a physician to make the determination, allowing most minors access to contraception. Again, this analysis does not necessarily illuminate whether Florida will reject Title V funding, however, it does indicate that Florida has a better chance of doing so than states with extremely restrictive laws regarding minors' access to contraception.

Finally, this analysis found a small relationship between partisanship and rejecting Title V funds. States which George W. Bush won in the 2004 Presidential Election were less likely to reject Title V funding than states won by John Kerry. Florida's electorate voted for George W. Bush. The Florida legislature is overwhelmingly Republican, as compared to other U.S. states. The median for demhouse, the percentage of democrats in the state house, was 49. The median for demsenate, the percentage of democrats in the state senate, was 50. Florida ranked significantly lower than both medians, with 29.2% of state house seats occupied by Democrats and 35% of state senate seats occupied by Democrats. While this data regarding rejection of Title V funds and state partisanship seem to indicate that Florida will be less likely than other states to reject Title V funding, it should be considered that partisanship had less of an impact on rejecting Title V than other characteristics.

Advocates for comprehensive sex education should by no means abandon the possibility of Florida rejecting Title V based on partisanship, as this does not appear to have as much of an impact as one might expect. Further, while Florida's Governor is a Republican, he is largely seen as a moderate, especially on social issues, and could be a potential ally on this particular issue especially given the public opinion data showing that Floridians for the most part support comprehensive sex education. The gender composition of Florida's legislature should neither be seen as an impediment to change or a predictor of change. Florida's house and senate do not have extraordinarily high nor extraordinarily low numbers of women as compared to other U.S. states. Finally, the fact that Florida allows minors comparably liberal access to contraception indicates that rejection of Title V funds should not be considered out of the question. Unfortunately, this analysis did not reveal that Florida is exceptionally likely to reject Title V funding. The potential for rejecting Title V should, however, not be ruled out.

CHAPTER 4: STATEWIDE LEGISLATION

Legislative Efforts to Alter Florida's Sex Education Policy

As discussed throughout this paper, the Florida Statutes explicitly favor the abstinence-only approach but allow for individual county discretion regarding the amount of information schools provide to students. For this reason, sex education varies a great deal from county-to-county throughout the state, with some schools requiring a comprehensive sex education curriculum, most schools adhering to the A-H guidelines of abstinence-only education, and many schools avoiding sex education altogether. Comprehensive sex education advocates attempted three legislative efforts to alter the state's sex education policy in 2007 and 2008. Two different types of legislative changes were attempted. First, legislation was introduced which would have standardized sex education in the state of Florida, mandating that schools teach a comprehensive sexuality education program. Second, legislation was introduced which would have mandated that schools teaching an abstinence-only curriculum notify parents that students are not receiving information on the prevention of sexually transmitted infections or pregnancy prevention. This chapter focuses on three legislative attempts to change sex education between 2007 and 2008: the Parents' Right to Know Act in 2007 (SB 162/HB 663), the Prevention First Act in 2007 (SB 1156/HB 1191) and the Healthy Teens Act in 2008 (SB 848/HB 449). This chapter discusses the potential impact of these pieces of legislation, evaluates the ways in which advocates can use legislation to alter Florida's sex education policy, and discusses the viability of each strategy as a vehicle for reform.

The Prevention First Act (SB 1156/HB 1191)

The Prevention First Act was introduced in the Florida legislature in some form in 2006, 2007 and 2008. The bill's focus has always been on the need to reduce the number of unplanned pregnancies by increasing access to reproductive health services. In 2007, the Prevention First Act had several components, and addressed the issue of sexuality education. The Prevention First Act in 2007 was introduced in the Florida House (HB 1191), and was sponsored by Representative Yolly Roberson (D-104). The House version had 15 co-sponsors, all Democrats.¹²³ The Prevention First Act was also introduced in the Florida Senate (SB 1156), and was sponsored by Senator Nan Rich, and co-sponsored by 7 others: 6 Democrats and 1 Republican.¹²⁴ The two bills were identical. As originally filed, the Prevention First Act addressed three issues. First, it required that the Florida Department of Health include family planning and reproductive health services as a service listing on their website.¹²⁵ Second, it required that that when a woman is raped and presents for care at an emergency room, that health care professionals must advise her of her risk of pregnancy, the availability of emergency contraception and either prescribe it or refer the woman to an agency where the woman could receive it in a timely manner.¹²⁶ Third, the bill directed the Florida Department of Education to develop a plan to provide "comprehensive and family life education no later than the 2010-2011 school year and shall implement such plan by the following year."¹²⁷ The bill defined comprehensive sex education as education which:

- (a) Respects community values and encourages family communication.

¹²³ Co-sponsors of HB 1191: Representatives Brandenburg, Bucher, Bullard (Ed), Fitzgerald, Garcia (Luis), Heller, Jenne, Meadows, Porth, Randolph, Schwartz, Skidmore, Taylor, Vana and Waldman.

¹²⁴ <http://www.myfloridahouse.gov/Sections/Bills/billsdetail.aspx?BillId=36211&SessionId=54>

Co-sponsors of SB 1156: Senators Bennett, Bullard (Larcenia), Deutch, Geller, Joyner, Ring and Wilson.

¹²⁵ Prevention First Act 2007, Lines 48-59.

¹²⁶ Prevention First Act 2007, Lines 97-110.

¹²⁷ Prevention First Act, 2007, Lines 62-65.

- (b) Develops skills in goal-setting, communication, decision-making, and conflict resolution.
- (c) Contributes to healthy relationships.
- (d) Provides education in human development and sexuality which is medically-accurate and age-appropriate.
- (e) Promotes responsible behavior, including, but not limited to, the promotion of abstinence.
- (f) Addresses the medically-accurate use of contraception measures, including, but not limited to, the rate of efficacy and responsible decision-making skills.
- (g) Promotes decision-making skills.¹²⁸

If passed, the Prevention First Act would have altered the Florida State Statutes to require schools to teach comprehensive sex education, including medically-accurate information about contraception, thereby standardizing Florida's sex education policy.

The Prevention First Act in 2007 died in both the House and the Senate. Neither HB 1191 nor SB 1156 had a floor vote. HB 1191 was referred to the Committee on Health Quality, where it died, before being heard in any other committees. SB 1156 was heard in the Senate Committee on Health Quality, where it was amended to strike the section requiring the Department of Education to develop sexuality education programs, and subsequently passed the committee on a unanimous vote. The sexuality education portion of the bill was removed because it was largely seen by some Senators as too controversial. Senator Dockery (R-15) and former Senator Argenziano (R-3), members of the Senate Committee on Health Quality, argued that the sexuality education part of the bill was problematic, and that the bill only had a chance if that

¹²⁸ Prevention First Act, 2007, Lines 69-81.

portion was removed.¹²⁹ Senators Dockery and Argenziano argued that the sex education portion was problematic because the words “sexuality education” was too broad, and would intimidate those Senators opposed to school education about gender identification, homosexuality, and other controversial human sexuality topics. They further argued that “age-appropriate” was too vague and questioned how that would be defined, and finally they determined that the bill contained too little information with regard to whether curricula would be state controlled or controlled by local school boards.

The Parents’ Right to Know Act (SB 162/HB 663)

The Parents’ Right to Know Act was introduced in the Florida Senate and the Florida House in 2007. This was the first and only time the bill was introduced in the Florida legislature. HB 663 was sponsored by Representative Scott Randolph (D-36), and co-sponsored by 11 other Representatives, all Democrats.¹³⁰ SB 162 was sponsored by Senator Steven Geller (D-31), and was co-sponsored by Senator Ted Deutch (D-30). The House and Senate versions, as originally filed, were identical. As originally filed, the Parent’s Right to Know Act would have required that all schools offering abstinence-only instruction send letters home to parents stating such, allow parents to review the curriculum, authorize parents to excuse their students from abstinence-only instruction in certain circumstances, provide a process for parents to comment on the curriculum including filing complaints, appeals, investigation and corrective action, and provided an effective date.¹³¹ The bill also defined the term “medically accurate,” as follows:

¹²⁹ Strain, H. and Pardue, C. 2007 Florida Legislative Final Report: Executive Summary. Florida Alliance of Planned Parenthood Affiliates.

¹³⁰ Co-sponsors of HB 663: Representatives Brandenburg, Bucher, Fitzgerald, Heller, Jenne, Meadows, Schwartz, Skidmore, Taylor, Vana, Waldman.

¹³¹ <http://www.myfloridahouse.gov/Sections/Bills/billsdetail.aspx?BillId=35256&SessionId=54>

As used in this section, the term ‘medically-accurate’ means information supported by the weight of research conducted in compliance with accepted scientific methods and recognized as accurate and objective by leading professional organizations and agencies having relevant experience in the field.¹³²

As originally filed, the requirements of the bill required a lengthy letter from each school Principal in school districts where students were receiving abstinence-only instruction in 6th-12th grades. The bill would have required not only that parents be advised that their child was receiving abstinence-only instruction, but that their student would not be receiving the following information:

1. Methods, other than abstinence, for preventing pregnancy and sexually transmitted infections, including, but not limited to, HIV/AIDS.
2. Medically-accurate information on the risks and benefits, including safety and efficacy, of methods approved by the Food and Drug Administration (FDA) for:
 - a. Reducing the risk of contracting sexually transmitted infections, including HIV/AIDS.
 - b. Preventing pregnancy.¹³³

HB 663 was never heard in committee, and died in the House Committee on K-12. SB 162 was first heard in the Senate Committee on Pre-K-12, where the Committee Chair offered a “strike-all” which replaced the bill with language which applied to all schools, rather than just schools with abstinence-only curricula. The new language would have required that each school district notify parents of the type of human sexuality education offered. The new language allowed

Parents’ Right to Know Act 2007, Lines 3-13.

¹³² Parents’ Right to Know Act 2007, Lines 21-25.

¹³³ Parents’ Right to Know Act 2007, Lines 37-46.

Principals to communicate with parents using the school district's website, or the most commonly-used method of communication.¹³⁴ The amended version of SB 162 passed the Senate Committee on Pre-K-12, was withdrawn from the Committee on Judiciary, passed the Senate Committee on Health Quality, was withdrawn from the Committee on Education Pre-K-12 Appropriations, was placed on the Senate Calendar and subsequently died before having a floor vote.

While the Parents' Right to Know Act would not have altered the Florida Statutes to standardize human sexuality education, it would have assisted advocates of comprehensive sex education for several reasons. First, it would require individual school districts to clarify their policy on sex education. As Dodge et. al. have noted, the absence of clear guidelines in the Florida Statutes have led to inconsistent messages regarding sexuality education across the state. Dodge et. al note that many teachers are unclear on what their district's guidelines are with regard to sex education, and are afraid to address certain topics with their students. Mandating that school districts make their curricula available to parents would force school districts to clarify their sex education policy publicly. Second, because school districts would have had to allow parents to review and comment on curricula, this would have required school districts lacking standardized curricula to develop standardized lessons. Third, this would have required school districts with abstinence-only curricula to release their lessons, and would have alerted advocates and parents to the medically-inaccurate, ideologically conservative content that many of these curricula contain. As noted in the introduction, 78% of Florida registered voters support statewide standards mandating comprehensive sexuality education. Considering that the weight of public opinion data supports the idea that most Floridians favor comprehensive sex education,

¹³⁴ Strain, H. and Pardue, C. 2007 Florida Legislative Final Report: Executive Summary. Florida Alliance of Planned Parenthood Affiliates.

mandating schools to release abstinence-only lessons to the public would likely assist advocates in efforts to alter school district policies from abstinence-only to comprehensive sex education.

The Healthy Teens Act (SB 848/HB 449)

The Healthy Teens Act (SB 848/HB 449) was introduced for the first time in 2008. HB 449 was introduced in the Florida House by Representative Bendross-Mindingall (D-109). HB 449 had 25 co-sponsors: 23 Democrats and 2 Republicans.¹³⁵ SB 848 was sponsored by Senator Ted Deutch (D-30), who was a co-sponsor of both the Prevention First Act in 2007 and the Parent's Right to Know Act in 2008. SB 848 had 8 co-sponsors, 7 Democrats and 1 Republican.¹³⁶ The Healthy Teens Act was the first of the three sex education bills introduced between 2007 and 2008 to have bi-partisan co-sponsorship for both the House and Senate versions of the bill. The Healthy Teens Act would have mandated that any Florida public school which is already teaching sex education to ensure that the contents of the program be medically-accurate, age-appropriate and comprehensive. The language of the bill dealing with the content of sexuality education programs is as follows:

Any public school which receives state funding directly or indirectly and that provides information, offers programs, or contracts with third parties to provide information or offer programs regarding family planning, pregnancy, or sexually transmitted infections, including HIV and AIDS, shall provide comprehensive, medically-accurate, and factual information that is age-appropriate.¹³⁷

¹³⁵ Co-sponsors of HB 449: Representatives Brandenburg, Brise, Bucher, Bullard, Chestnut, Fitzgerald, Garcia (Rene), Gibbons, Gibson (Audrey), Heller, Homan, Jenne, Kiar, Kriseman, Machek, Nehr, Porth, Randolph, Robaina, Sachs, Schwartz, Scionti, Skidmore, Vana, Waldman.

¹³⁶ Co-sponsors of SB 848: Senators Geller, Rich, Bennett, Margolis, Ring, Joyner, Wilson, Aronberg.

¹³⁷ The Healthy Teens Act 2008, Lines 53-59.

The bill included a definition of “medically-accurate” using the same language as the Parents’ Right to Know Act of 2007, and defined “factual information” as including, but not limited to “medical, psychiatric, psychological, empirical, and statistical statements.”¹³⁸ The bill also included a definition of “comprehensive information” using a 9-point definition which, if enacted as law, would have barred abstinence-only programs using the Title V “A-H guidelines.”

The definition of “comprehensive information” was as follows:

- (1) Helps young people gain knowledge about the physical, biological, and hormonal changes of adolescence and subsequent stages of human maturation;
- (2) Develops the knowledge and skills necessary to ensure and protect young people with respect to their sexual and reproductive health;
- (3) Helps young people gain knowledge about appropriate decisionmaking;
- (4) Is appropriate for use with students of any race, gender, sexual orientation, and ethnic and cultural background;
- (5) Develops healthy attitudes and values concerning growth, development, and body image;
- (6) Encourages young people to practice healthy life skills including goal setting, decisionmaking, negotiation, and communication;
- (7) Promotes self-esteem and positive interpersonal skills focusing on skills concerning human relationships and interactions, including platonic, romantic, intimate, and family relationships and interactions, and how to avoid abusive relationships and interactions;

¹³⁸ The Healthy Teens Act 2008, Lines 104-106

(8) Teaches that abstinence is the only certain way to avoid pregnancy or sexually transmitted diseases; and

(9) Commencing in the 6th grade:

a. Emphasizes the value of abstinence while not ignoring those adolescents who have had sexual intercourse and who thereafter may or may not remain sexually active;

b. Helps young people gain knowledge about the specific involvement and responsibilities of sexual decisionmaking for both genders;

c. Provides information about the health benefits and side effects of all contraceptives and barrier-protection methods as a means of preventing pregnancy and reducing the risk of contracting sexually transmitted infections, including HIV and AIDS;

d. Encourages family communication about sexuality among parents, their children, and other adult household members;

e. Teaches skills for making responsible decisions about sexuality, including how to avoid unwanted verbal, physical, and sexual advances and how to avoid making unwanted verbal, physical and sexual advances; and

f. Teaches how alcohol and drug use may affect responsible decision-making.¹³⁹

Despite some similarities, this 9-point definition could be viewed as a direct challenge to the “A-H guidelines” established in Title V, CBAE and other abstinence-only funding sources. While both the A-H funding guidelines for abstinence-only education and the Healthy Teens Act 9-point definition of “comprehensive information” both require teaching that abstinence is the only

¹³⁹ The Healthy Teens Act 2008, Lines 61-103

100% effective way to avoid unwanted pregnancy or sexually transmitted infection and how to avoid unwanted sexual advances, the 9-point definition about challenges the A-H guidelines for abstinence-only education for several reasons. First, point 4 of the definition of “comprehensive information” requires that information provided to students be appropriate for use with students of any “race, gender, sexual orientation, and ethnic and cultural background.” As noted in the introduction, the A-H guidelines of abstinence-only funding directly promote monogamous, heterosexual relationships. Line D of the A-H guidelines reads, “teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity,” thereby ignoring the reality that some students are lesbian, gay, bisexual or transgendered.¹⁴⁰ Additionally, the 11-page supporting document released with the new CBAE funding guidelines in 2006¹⁴¹ requires that “material must not encourage the use of any type of contraception outside of marriage or refer to abstinence as a form of contraception.” Point 9(c) of the Healthy Teens Act’s definition of “comprehensive information” requires that students be taught about the benefits and risks of all contraceptives. Further, the Healthy Teens Act’s definitions of “medically-accurate” and “factual” would preclude the use of exacerbated failure rates for contraceptives, as many abstinence-only programs adhering to A-H guidelines have done in order to strengthen the abstinence-only message. As Dodge et. al. noted, the majority of Florida public schools lack standardized sex education programs but primarily adhere to the A-H guidelines for abstinence-only education.¹⁴² Thus, if enacted, the Healthy Teens Act would have required that all public schools receiving any state funding establish programs meeting the above

¹⁴⁰ Section 510(b)(2) of Title V of the US Social Security Act

¹⁴¹ <http://www.acf.hhs.gov/programs/fysb/content/abstinence/guidance.pdf>, Page 1

¹⁴² Dodge, B., Reece, M., Herbenick, D., Zachry, K., Lopez, E., Gant, K., Tanner, A., Martinez, O. (In Press). “Sexuality Education in Florida: Content, Context and Controversy,” *American Journal of Sexuality Education*, 3:2. Bandiera, F., Jeffries, W., Dodge, B., Reece, M., Herbenick, D. (In Press). “Regional Differences in Sexuality on a State Level: The Case of Florida,” *Sex Education*

9-point requirements, forcing schools to abandon the abstinence-only approach and provide students with medically-accurate, factual and comprehensive information about sexuality.

The Healthy Teens Act did not become law in 2008. HB 449 was referred to both the Schools and Learning Council and the Policy and Budget Council. The bill was not heard in any committee, and died in the Schools and Learning Council.¹⁴³ The Senate version, SB 848, was referred to four Senate committees: Education Pre-K-12; Children, Families and Elder Affairs; Health Policy; and Education Pre-K-12 Appropriations. SB 848 was heard in Education Pre-K-12 on April 1, 2008, and passed 4-3 in favor. The vote was almost along party lines, with Republican Senator Lisa Carlton (R-18) being the only Republican to vote in favor of the bill. All of the Democrats on the committee voted in favor of SB 848.¹⁴⁴ SB 848 was to be heard next in the Committee on Children, Families and Elder Affairs, but died in this committee. The Committee Chair, Senator Rhonda Storms (R-10) is opposed to comprehensive sex education and refused to place the bill on the agenda.

While the Healthy Teens Act did not become law in 2008, it is expected to be introduced in future legislative sessions. The Healthy Teens Act is backed by a coalition formed to mandate comprehensive sex education in Florida's public schools, the Healthy Teens Coalition.¹⁴⁵ The Healthy Teens Coalition is comprised of 37 member organizations including 5 county Healthy Start Coalitions, 7 Planned Parenthood affiliates, 3 county Healthy Departments, and others.¹⁴⁶ According to the website, the Healthy Teens Coalition sole mission is "improve the health and

¹⁴³http://www.flsenate.gov/session/index.cfm?Mode=Bills&Submenu=1&BI_Mode=ViewBillInfo&Billnum=0449&Year=2008

¹⁴⁴http://www.flsenate.gov/cgi-bin/view_page.pl?Tab=session&Submenu=1&FT=D&File=session/2008/Senate/bills/votes_com/html/SSB0848.ED.html

¹⁴⁵ <http://healthyteensflorida.com>

¹⁴⁶ <http://healthyteensflorida.com/for-media/node/39>

safety of Florida teens through comprehensive sex education.”¹⁴⁷ The Healthy Teens Coalition has launched a significant organizing effort in favor of comprehensive sex education in Florida, and should be expected to reintroduce the Healthy Teens Act in the Florida legislature in 2009.

Discussion

Of the two strategies used by advocates to legislate changes in Florida’s sex education policy, the strategy more likely to affect change is to create statewide standards requiring public schools to teach comprehensive sex education. While the Parents’ Right to Know Act would have assisted advocates with county-wide reform, by alerting the community to medically-inaccurate and ideologically extreme agendas in abstinence-only programs, it would likely not result in immediate changes for the majority of Florida counties. Further, the Parents’ Right to Know Act did not require that a sex education curriculum be taught. This could have created the unfortunate motivation for school districts to avoid discussion of sexuality completely in order to avoid creating a standardized curriculum, in effect, denying students access to information about sexual health entirely. Despite these shortcomings, the Parents’ Right to Know Act would have created a more transparent system for parents and community leaders to review district sexuality education curricula. However, it would not have guaranteed that any substantive changes in sex education content would have changed, which would not have remedied the problem of inadequate sex education in Florida.

The second strategy used by advocates to legislate changes in Florida’s sex education policy, creating statewide standards requiring comprehensive sex education, would be most effective for addressing the problem of inadequate sex education in Florida. The Prevention First

¹⁴⁷ <http://healthyteensflorida.com/for-media/node/11>

Act of 2007, which contained a provision about sex education, was an inadequate bill because the sex education provision was listed among three other provisions regarding reproductive health in Florida. For this reason, the sex education provision was removed during the first Senate committee hearing. The Healthy Teens Act, which contained similar sex education provisions as in the Prevention First Act of 2007, but as a stand-alone bill, appears more likely to accomplish the statewide standards that Florida's sex education policy lacks. Dodge et. al note that Florida's public schools lack consistent messages, standardization or regulation of curricula, limited time spent on sexuality education, late onset of sexuality education and limited access to sex education.¹⁴⁸ The Healthy Teens Act addresses most of these inadequacies, given that it requires that clear guidelines be met with regard to content and accuracy and requires that sex education be commenced in 6th grade, prior the age of sexual debut for the vast majority of young people. The only aspect of inadequate sex education found by Dodge et. al. not addressed by the Healthy Teens Act is the limited amount of time spent on sex education.

Despite the fact that the Healthy Teens Act would address the majority of inadequacies in the Florida Statutes regarding sex education, the bill is likely not to become law without increased bi-partisan support. Given that the Florida Legislature is overwhelmingly dominated by Republicans, the fact that the vast majority of support for the Healthy Teens Act is among Democrats is likely to be problematic in future legislative sessions. While the Healthy Teens Act did have some bi-partisan co-sponsorship, with 2 Republican Representatives sponsoring HB 449 and 1 Republican Senator sponsoring SB 848, the bill does, for the most part, appear to be primarily pushed by Democrats. This is further evidenced by the fact that the Committee vote, though favorable, was for the most part along party lines with only one Republican breaking

¹⁴⁸ Dodge, B., Reece, M., Herbenick, D., Zachry, K., Lopez, E., Gant, K., Tanner, A., Martinez, O. (In Press). "Sexuality Education in Florida: Content, Context and Controversy," *American Journal of Sexuality Education*, 3:2.

rank. In order to accomplish statewide standards mandating comprehensive sexuality education in Florida, advocates will need to make the case that this is not a partisan issue, but a health issue.

CHAPTER 5: CONCLUSION

Conclusions

Sex education policies and programs in Florida are dominated by the abstinence-only approach, stressing that teens should abstain from sex until heterosexual marriage. This approach marginalizes homosexual and sexually active teens, prevents teachers from honestly answering students' questions, presents ethical dilemmas by denying teens access to information, and is shown to have no impact on teen sexual behavior. As discussed in the introduction, after \$1.5 billion of federal funds has been spent on abstinence-only education nationally, the U.S. saw the first increase in teen birth rates in over two decades between 2005 and 2006. In Florida, the condition is urgent. Florida has one of the highest teen pregnancy rates in U.S. states, and has one of the highest rates of HIV/AIDS in the country. While the Florida statutes allow some flexibility to individual counties to provide teens with additional information outside of abstinence until marriage, the influx of community based abstinence-only education funding has replaced many school-based sex education programs with ineffective, ideological sex education emphasizing chastity and denying teens access to information about family planning and disease prevention.

The primary purpose of this analysis was to evaluate strategies for altering sex education policy in Florida. Chapter 2 focused on county-level changes, Chapter 3 focused on the potential for Florida to reject Title V abstinence-only funds, and Chapter 4 focused on using statewide legislation as a means to standardize Florida's sex education policy. While all three strategies

appear to have viability for advocates to utilize, it should be noted that only county-level changes have accomplished sex education victories in Florida. The fact that three individual Florida counties were able to accomplish reform from abstinence-only to comprehensive sex education between 2006 and 2008 cannot be understated. While there are 67 Florida counties, and these victories do not accomplish comprehensive sex education for all of Florida's students, they do indicate a willingness of individual school districts to alter policies and reject abstinence-only instruction in favor of comprehensive sex education. Because county-level victories are thus far the only substantive victories for sex education advocates, this model of change should be employed throughout the state, with advocates taking special concern to engage community leaders and key stakeholders in the process of reform. County-level victories have also offered increased issue salience, which is important given that abstinence-only education receives less media attention than other social issues. Increased salience was accomplished through positive media coverage, public education on the content of abstinence-only programs, as well as the evaluative data showing that abstinence-only education is ineffective. Increased issue salience in communities appears to facilitate reform, as would be suggested by public opinion surveys and Paul Burstein's 2003 article which discusses low issue salience as a reason for the perpetuation of unpopular social programs.

Statewide rejection of Title V funding, though an important symbolic success, would likely accomplish very little in the State of Florida. While Florida receives the 2nd highest amount of Federal abstinence-only funding, the vast majority of the funding Florida receives is through Community Based Abstinence Education (CBAE) and not through Title V. Federal abstinence-only funding through CBAE is distributed directly to community-based organizations providing abstinence-only education, and are not distributed directly to any school districts.

While community-based abstinence education, like other abstinence-only education, is ineffective at reducing the transmission of sexually transmitted infections or preventing teen pregnancies, these programs are most problematic when instituted in schools. Community-based abstinence organizations present the largest barriers to comprehensive sex education when schools and teachers invite CBAE recipients into the classrooms to present on sex education topics, thereby replacing school-based sex education. While CBAE funds cannot be rejected by state government, CBAE recipients can be prevented from entering school classrooms and replacing school-based abstinence-only education through county or state policies. For example, school districts with mandatory comprehensive or abstinence-based sex education programs and standardized curricula can reject presentations from CBAE providers. Statewide standards mandating comprehensive sex education throughout Florida would also prevent CBAE recipients from replacing school-based sex education as each district would be required to implement a comprehensive sex education curriculum. Thus, the problem of abstinence-only funding is best remedied by the other two methods of reform, and not via statewide rejection of Title V funding.

Despite the fact that statewide rejection of Title V funding would be more of a symbolic success than a substantive victory for Floridians, it continues to be an important policy goal. From a national standpoint, as states continue to reject Title V funding on the basis of program ineffectiveness, Congress will be increasingly likely to stop funding abstinence-only programs via CBAE, Title V and other funding sources. Thus, statewide rejection of Title V is an important policy goal because it has the potential to eliminate the problem of abstinence-only education altogether, which would be a national victory for sex education advocates. In Chapter 3, a quantitative analysis explored the possibility of Florida rejecting Title V, and compared Florida to states which had rejected Title V across several variables. This analysis revealed that

there was no relationship between a state's HIV case rate or teen pregnancy rank and the decision to reject Title V funding; an unfortunate trend given that states with higher HIV case rates and teen pregnancy ranks are more in need of comprehensive sex education. The analysis also revealed that states with Democratic governors are more likely to reject Title V than states with Republican governors; another unfortunate indicator given that Florida's governor, Charlie Crist, is a Republican. The analysis also found that states with higher proportions of women in state legislatures are more likely to reject Title V funds, a finding that gives little insight into Florida given that the Florida legislature's proportion of women is near the median for all U.S. states in both the house and the senate. Another finding was that states which offer minors confidential access to contraceptive services are more likely to reject Title V funding. About 40% of states offering most minors access to confidential services, like Florida, also rejected Title V funding, which contrasts with just 10% of those states with the most restrictive access to contraception for minors. This finding may be significant, as it could indicate that Florida has a more permissive attitude with regard to teen sexual behavior than other U.S. states. Finally, this analysis revealed that there does not appear to be a strong relationship between the partisan composition of state legislatures and rejection of Title V; a positive finding for Florida advocates of comprehensive sex education given that Florida has one of the most Republican-dominated state legislatures of any U.S. states.

Legislative changes via the Healthy Teens Act represent the best method of reform for Florida's sex education policy for several reasons. First, by mandating that Florida schools teach a fact-based, medically-accurate, age-appropriate and comprehensive curricula commencing in 6th grade, the Healthy Teens Act would eliminate abstinence-only policies at the district level. Thus, the Healthy Teens Act would accomplish comprehensive sex education for all Florida

students enrolled in public schools. With the passage of the Healthy Teens Act, the other two strategies considered would be unnecessary. County-level changes would be not be necessary if sex education was standardized statewide because all Florida school districts would be required to implement a comprehensive sex education curriculum. Additionally, as noted above, statewide standards mandating comprehensive sex education in public schools would eliminate the possibility of community-based organizations offering federally-funded abstinence-only programs replacing school-based sex education. If these organizations were kept out of public school classrooms, it would be likely that some would lose their funding given that it would be difficult to reach a large number of students without being permitted into public school classrooms.

Despite the fact that the Healthy Teens Act represents the best route for achieving comprehensive sex education in Florida, its passage will likely continue to be an uphill battle for advocates. While Chapter 3 indicates that there does not appear to be a relationship between the partisan composition of the state legislature and statewide rejection of Title V funding, this does not indicate that a Republican-dominated legislature should be expected to pass a comprehensive sex education bill. As noted in Chapter 4, the Healthy Teens Act had some bi-partisan co-sponsorship in 2008. However, the bill was primarily supported by Democrats, who are currently a narrow minority in the Florida legislature. The bill passed one Senate committee, with only one Republican crossing party lines to support the bill, and the rest of the votes cast along party lines. The Healthy Teens Act was stalled in the Senate, when a Republican opponent of comprehensive sex education refused to agenda the bill. Thus, without increased bi-partisan support for the Healthy Teens Act, the bill is not likely to become law with the current partisan composition of the state legislature.

Summary of Findings and Implications

This analysis revealed a few key implications for advocates and future researchers. A key area which should be explored further is the apparent difference between decisions made at the state and local level of government. One notable finding was that while a state's HIV case rate did not appear to affect a state's decision to reject Title V funding, some communities in Florida decided to alter their school district's curriculum based on high local HIV case rates. Additionally, while state trends indicate that partisanship, especially partisanship of state legislatures, had little impact on a state's decision to reject Title V funding, the partisanship of the Florida legislature appears to have stalled the Healthy Teens Act in 2008. Decisions about statewide rejection of Title V appear to be made by state Governors, not legislators, so the finding in Chapter 3 that partisanship has little impact on rejection of Title V funding should not be expanded to suggest that Republican-dominated legislatures will assist sex education advocates in their policy goals. The legislature in Florida is now, and will likely continue to be, hostile territory for sex education advocates attempting policy reform without substantial increases in the number of elected Democrats. Another interesting difference trend regarding partisanship was that two of the counties altering their sex education policies; St. Lucie County and Brevard County; are generally considered two of the more Republican-dominated and conservative Florida counties.

Chapter 2 identified the strengths of county-wide sex education victories. Local media attention appears to have contributed to policy learning, increased issue salience, and finally reform. One of the major barriers to sex education reform in Florida appears to be that few citizens are truly educated about the issue. As increased attention is paid to abstinence-only

education policies in communities, it appears that communities are more willing to help facilitate reform. However, all three of the counties which accomplished reform under media scrutiny modified their originally proposed curricula changes to accommodate community concerns. It remains to be seen whether this will be a positive development, given that all three communities have different sex education programs from one another, with varying levels of standardization, and only St. Lucie County adopted an evidence-based ETR accepted curriculum.

Moving Forward

This analysis was intended to be a starting point for research regarding sex education policy reform in Florida. While some questions regarding the viability of three strategies for reform in Florida have been answered, many more remain. As this analysis was completed, several needs for future research emerged, and are detailed below.

A key point of inquiry regarding abstinence-only policies and programs generally is whether abstinence-only programs simply do not decrease teen pregnancy rates and rates of sexually transmitted infections, but if they could in fact increase these health indicators. As discussed in Chapter 1, teen birth rates rose for the first time in two decades between 2005 and 2006. This rise in teen birth rates coincides with a decrease in teens receiving information about contraceptive methods and an expansion of abstinence-only programs. It would be worthwhile for researchers to further evaluate this trend, and to determine whether the expansion of abstinence-only policies and programs has facilitated an increase in teen births. Such would likely make the case that abstinence-only programs are contributing to a public health crisis, as Peter May (1991) suggests is sometimes necessary to accomplish change in policies with publics.

If it were to be proven that abstinence-only programs are not simply ineffective, but that they actually have the potential to increase births to teens and rates of sexually transmitted infections, policymakers may be more likely to eliminate federal funding altogether.

This analysis compared Florida to other U.S. states to evaluate characteristics which make states more likely to reject Title V funding, but did not evaluate other states from the standpoint of the other two strategies discussed. Research into county-wide sex education victories across the country could offer more insight into the characteristics of successful county or district campaigns. This analysis also did not compare legislative attempts to alter sex education policy in other states, with differently composed legislatures. The Florida legislature appears to have been a very difficult environment for the Healthy Teens Act in 2008, a bill dominated by support from Democrats in both the House and Senate versions. Research regarding characteristics of state legislatures and sex education reform could evaluate strategies, successes and failures of various sex education bills introduced nationwide. Such an analysis could consider partisan and gender composition of state legislatures; the amount of federal funding a state receives for abstinence-only funding, state HIV/AIDS rates, teen birth rates and other health indicators. This research would be helpful in assisting advocates of the best strategies to use for accomplishing sex education victories via statewide legislation.

Finally, this analysis appears to suggest that as issue salience increased, citizens in three Florida counties became more likely to support comprehensive sex education in public schools. While this observation is not based on quantitative or qualitative findings, but rather inferences made by evaluating three counties, research is needed to further explore the role that communications has on local sex education policies. Such research could explore the role of political knowledge on sex education opinion, and could assist advocates in developing the most

effective messages to use with communities regarding sex education. Based on the available public opinion research, and the fact that sex education appears to be an issue with low salience, we should expect a relationship whereby as political knowledge increases, an individual will be more likely to support comprehensive sex education and reject abstinence-only policies and programs. Communications and the media appear to have played a huge role in Brevard and St. Lucie Counties in educating the public on key differences between comprehensive sex education and abstinence-only education and the media appears to have contributed to the success of both campaigns.

It is clear that Florida's sex education policy is failing to meet the needs of youth. However, it is unclear why Florida's local community leaders and representation in Tallahassee have continued to support a failing policy. This analysis was intended to guide advocates of sex education of how best to navigate various political institutions in order to accomplish reform in Florida. However, it should be noted that abstinence-only policies and programs were created in Washington, D.C., and not Tallahassee. At the time of this writing, there are no comparable federal grants to Title V and CBAE for abstinence-only providers available to providers of comprehensive sex education. In this case, while state and local policies and procedures remain relevant, statewide reform will likely need to be accompanied by reform at the national level as well. Moving forward, advocates should focus their efforts not only at the state and local levels, but also at the national level where abstinence-only funding was developed, expanded, and has continued for several years. In addition to stopping funding of failed abstinence-only programs, advocates should seek the development and expansion of comprehensive sex education grants in order to expand the programs which have been proven to work.

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