



Sex Matters: The Information Disconnect That Plagues America's Youth

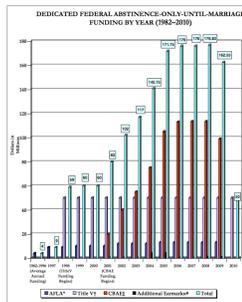
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INTRODUCTION

This research explores sex education policy at the state level, as well as the federal legislation and discretionary funding driving these policies. The specific period of interest for federal legislation is 1996-2010, in which time the nation witnessed the greatest expansion and subsequent reduction in funding for abstinence-only-until-marriage education programs. Looking at the states I have performed my own empirical test to observe teen pregnancy rates as a function of the "strength of sex education," according to state mandates and regulations.

UNDERSTANDING THE PROBLEM

Today, the United States continues to have one of the highest teen pregnancy rates in the developed world, more than twice that of Canada or Sweden (McKay 2007). While teens in the U.S. have a level of sexual activity similar to that of their Canadian, English, French and Swedish peers, they are more likely to have shorter and less consistent sexual relationships and are less likely to use contraceptives (Santelli 2008). In 1995, 8% of adolescent girls and 9% of adolescent boys were educated on sex without receiving any information about birth control; according to the 2006-2008 National Survey of Family Growth those numbers rose to 23% of females and 28% of males just a decade later (Lindberg 2006). Of teens aged 18-19, 41% reported knowing little to nothing about condoms and 75% state they know little to nothing about the contraceptive pill (Kaye 2009). As approximately 75% of Americans have had premarital sex by age 20, many of them are doing so ill equipped to protect themselves against disease and unintended pregnancy (Finer 2007).



Source: SIECUS "No More Money" Project

FEDERAL POLICY

The Title V funding stream was a product of the Clinton administration's welfare reform. The program, whose purpose was to "prevent and reduce the incidence of out-of-wedlock pregnancies," was allocated an annual \$50 million with \$37.5 million required in matching grants from the state recipients (Haskins, 1997). This marked a significant change in the approach to abstinence education, which until now relied solely on the vague, lowly funded Adolescent Family Life Act

Section 519 (b) of Title V of the Social Security Act, P.L. 104-193

For the purposes of this section, the term "abstinence education" means an educational or occupational program which:

- A. has as its exclusive purpose teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
- B. teaches 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 sexual activity;
- E. teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;
- F. teaches that teaching children sex-of-orientation 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 increase vulnerability to sexual advances; and
- H. teaches the importance of attaining self-sufficiency before engaging in sexual activity.

In October 2001 President Bush signed into law the Community-Based Abstinence Education, also held to the strict eight-point standards of abstinence education laid out in Title V. Now grants were to be given to the community-based organizations, thereby bypassing the state approval process.



Source: Time Magazine

In December 2009, President Obama officially brought to an end the dedicated funding of the Adolescent Family Life Act and the Community-Based Abstinence Education, which totaled \$102 million in fiscal year 2009 (Boonstra 2010). In that same legislation, the President enacted the Teen Pregnancy Prevention Initiative (TPPI), marking the first federal funding stream that could be utilized for more comprehensive sex education approaches (Boonstra 2010). When President Obama entered office, \$176.83 million were being allocated to abstinence-only education; today only \$50 is spent on such instruction compared to \$189.5 million available for more comprehensive approaches.

STATE POLICY

As of September 2011, 21 states mandate some form of sex education and 33 states mandate HIV education (Guttmacher Institute 2011). The requirements and extent of this instruction is often vague, consisting of more regulations than strict mandates. The existence of thorough regulations, or lack thereof, can drastically alter the "sex education" a child receives. Thirty-six states require that sex education include abstinence, with 27 of these stressing abstinence-only; meanwhile only 13 states require that the information be medically accurate. Eighteen states require that sex education includes information on contraception—none of them require that it be stressed.



METHOD

To rate the "strength of sex education," I created a 14-point scoring system of the general requirements mandated by state law when sex and HIV education is provided. A high score is an indicator of a stronger, or more comprehensive, approach, while a low score indicates weaker, or less comprehensive, education requirements. Forty-one states and the District of Columbia were included in the statistical analysis. Teen birth rates were measured as the number of births per 1,000 teens aged 15-19 in 2008. I controlled for socioeconomic factors, specifically median household income and state-level poverty. Teen birth rates were assessed as a function of the state scores, i.e. the strength of the state's sex education legislation.

- Scoring Points
1. Sex Education Mandated
 2. HIV Education Mandated
 3. Medically Accurate
 4. If Sex Ed Provided, Contraception Included
 5. Life Skills for Avoiding Coercion
 6. Healthy Decision Making
 7. If HIV Ed Provided, Condoms Included
 8. If HIV Ed Provided, Abstinence Included*
 9. If Sex Ed Provided, Importance of Sex Only Within Marriage*
 10. If Sex Ed Provided, Negative Outcomes of Teen Sex*
 11. If Sex Ed Provided, Abstinence Included**
 12. Parental Notice*
 13. Parental Consent ("Opt-in")*
 14. Parental "Opt-out"
- *Reverse scored, point granted for the absence of policy
**Reverse scored on a scale (Stress=0, Cover=1, Absent=2)

RESULTS

Scores for the states ranged from 2 (Arizona, Florida, Louisiana, Mississippi) to 12 (Dist. of Columbia, Maryland, Vermont). On average, states with the lowest score, or weakest sex education policy, experienced an increase of 7.2 births per 1,000 girls aged 15-19 in 2008 compared to those states with the highest scores.

	Coefficient	Standard Error	P-value
Teen Birth Rate	-.571	13.44	.67
Score	-.72	.40	.080
Median Income	.000091	.00013	.48
% of Pop Below Poverty	3.37	.45	<0.000

R-squared = 0.72 Number of Cases = 42

The results show that teen birth rates are associated with the strength of states' sex education requirements, with fewer regulations found among those states with the highest teen birth rates. This should represent an area for study in the causal link of varying teen birth rates, as well as a target for policy aimed to reduce these numbers. States set a minimum standard for education, built upon in local school districts. By requiring comprehensive education as a foundation, legislators may be addressing the information disconnect at its core.

WHY DO WE CARE?

There are both social and fiscal costs associated with young motherhood. Teenage mothers have an educational attainment much lower than that of the peers who do not give birth as a teen; only 51% percent will obtain a high school diploma, 15% will receive a GED and 34% will not receive either of these by the age of 22 (Perper 2010). The National Campaign to Prevent Teen and Unplanned Pregnancy estimated the public cost of teen childbearing to be \$10.9 billion in 2008 alone. While the federal government determines discretionary funding to the states, the actual legislation lies in the hands of the states. State governments need to increase the strength of their sex education to ensure that children and teens are fully informed to protect themselves against disease and unintended pregnancy.

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