HOW SEX EDUCATION AFFECTS PUBLIC HEALTH OUTCOMES

by

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HONORS THESIS

Submitted to Texas State University
in partial fulfillment
of the requirements for
graduation in the Honors College
August 2020

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DEDICATION

Dedicated to my mother, who without I would not have come as far as I have.

ACKNOWLEDGEMENTS

Thank you to all my family and friends that helped me through my undergraduate degree. Also, a special thank you to Dr. Paula Granados that supervised me in writing this thesis.

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ABSTRACT

Studies conducted by The Sexuality Information and Education Council of the United States have shown how sex education programs impact our young populations. This research observes the issues currently with abstinence-only-until-marriage programs and how they affect young Americans. The findings show that these types of programs especially hurt women and members of the LGBTQIA+ community by spreading false information. Uneducated young Americans are more likely to have worse public health outcomes later in life due to the falsehoods they learned as children. One solution presented is to remove federal funding from abstinence-only-until-marriage education and instead invest it in evidence-based research that can be used to create comprehensive sex education-based curriculum and improve overall health outcomes.

I. INTROUDUCTION

The reality of sex education in the United States (U.S.) is that two teenagers that go to two different high schools will have a different understanding of sex. If two consenting teenagers that go to different high schools decide to have sexual intercourse, they are going to start to discover the gaps between each other's education. One teen could believe that the "pull-out" method is an effective form of birth control while the other teen believes that it is not and would like to use a condom. If they begin to engage in intercourse and the male using the condom takes it off, then the female could end up with an unwanted pregnancy or sexually transmitted infection (STI). Now she will need either prenatal treatment, disease treatment, or physiological treatment. Also, if pregnancy occurs then the female will have to decide whether she would like to keep the baby or terminate which has its own issues and stigmas attached to whatever decision she decides to make. The lack of education in schools and federal regulations systematically victimizes vulnerable members of the population and causes worse public health outcomes for young people in the U.S.

The U.S. does not have any federal regulations regarding sex education currently on the books. Law makers have left the task of sex education regulations to each state and only provides funding for teaching certain curriculum. The comprehensiveness of the sex education given to students depends on what the state law makers put in place and believe is in their students' best interest to be educated on. The Center for Disease Control and Prevention (CDC) and several other government organizations have gone through and researched what each state is pushing and how this knowledge as either helped or harmed students. This has allowed them to pinpoint some of the best ways to

teach students sex education so that they will have a well-rounded and beneficial curriculum.

II. FEDERAL FUNDING

As stated previously, the federally government does not have any regulations specifically regarding how sex education is taught and what should be taught to students. Instead, their only influence in what is taught by the states is through federal funding. This money is given to each state so that they can teach students a certain curriculum the current White House administration would like to push. This has resulted in students over the past several decades being taught falsehoods or abstinence only education because of the basis of politicians in the White House.

In 2018, the Sexuality Information and Education Council of the United States (SIECUS) published a report title "A History of Federal Funding for Abstinence-Only-Until-Marriage Programs" that found between 1996 and 2018, Congress had funneled over $2.1 billion in taxpayer dollars into abstinence-only-until-marriage programs. This is disturbing because according to a 2017 report titled "The State of Sex Education in the United States" research has proven these type of programs are ineffective, do not delay sexual initiation, sexual risk behaviors, or improve reproductive health outcomes (2). Starting in 1981, the Regan administration created five separate funding streams for abstinence-only-until-marriage programs. The Adolescent Family Life Act (AFLA) was the first, being signed into law in 1981 as Title XX of the Public Health Service Act. This title was not voted on or debated by Congress but rather pushed through quietly without public attention. The goals of the AFLA was to provide comprehensive support to pregnant and parenting teens and their families. It was also established to promote what was described as chastity and self-discipline among young Americans along with

encouraging abstinence until marriage (1). From 1981-1988, the AFLA provided funding to faith-based organizations as well as schools to teach abstinence-only-until-marriage education. The Supreme Court upheld the constitutionality of the AFLA in 1988 with a settlement that the education the AFLA provides funding for may not include; religious reference and may not be offered in a site used for religious worship services, or offered in sites with religious iconography (1). The AFLA also went through changes in 1997 when Title V of The Temporary Assistance for Needy Families Act (TANF) or welfare reform was sign into law under the Clinton administration. This provided a new stream of funding for grants so that states could continue to have abstinence-only-until-marriage programs. It also outlined an eight-point definition in section 510 (b) of Title V of the Social Security Act which included that abstinence education was about the teaching of social, psychological, and health gains to be realized by abstaining from sexual activity. It also stated that when teaching abstinence education to children that it should be enforced that abstaining from sexual activity outside of marriage was the expected standard and the only way to prevent fully against STIs, unwanted pregnancies, and other health problems. It also outlined in the definition that school-age children should be taught that partaking in any kind of sexual activity outside of marriage is psychologically and physically harmful to them. That if they ended up with an unwanted pregnancy their lives, their parent's lives, and the life of their child would be damaged societally and would be meet with harmful consequences for everyone involved (3). Abstinence-only-until-marriage programs received approximately $210 million through the AFLA since the law was enacted in 1981-2010 (1). In 2010, Congress passed the Consolidated Appropriations Act of 2010, which cut funding to most existing programs for abstinence-

only-until-marriage education that were required to follow the eight-point definition of abstinence laid out in Title V.

TANF was passed quietly, just as the AFLA had been in 1996, with Title V which marked a shift in federal funding and philosophy from pregnancy prevention to promoting abstinence-only-until-marriage at any age. Originally, $50 million was allocated by the Health and Human Services department (HHS) to be given to each state every year depending on the number of low-income students in the state. The state would then have to match however much was given to them by the federal government at a rate of 4 federal dollars with 3 state dollars. Then the states were left with the responsibility of either distributing the money into the community or using the funding themselves to set up these abstinence-only-until-marriage programs. Due to the language of section 510(b) of Title V, these abstinence-only programs were not allowed to discuss how to use contraceptives but rather only allowed to inform students of their failure rates. Also, under TANF the states could give money to faith-based organizations if the money did not go to teaching or promoting religion (1).

In 2005, the Bush administration gave responsibility for allocating and controlling federal funding for abstinence-only-until-marriage programs to the Administration for Children and Families (ACF). Within two years of the shift the ACF began putting in place stricter guidelines for these programs to follow which included an adding that all programs have an age limit. Previously, there had been no rule on how old the participants in the programs had to be so each state could choose when they wanted to have their students enrolled in these programs. Many states decided to have their children enrolled between the ages of 9-14, which they believed would help delay sexual initiations earlier. But due

to ACF guidelines all programs that receive Title V funding could only focus on students between the ages of 12-29, despite the fact that according to the CDC 47.80% of students between freshman and senior year of high school had already had sexual intercourse in 2007 (4). During that same year, a study conducted by Mathematica Policy Research titled "Impacts of abstinence education on teen sexual activity, risk of pregnancy, and risk of sexually transmitted diseases" found that abstinence-only-until-marriage programs did not benefit the sexual behavior of young people. They also discovered that teens who went through these programs had a similar number of sexual parents and began having intercourse around the same age as students that had not gone through any of the programs (5). Ironically enough, I report done by researchers for the Journal of Adolescent Health discovered that students who had comprehensive sex education where more likely to delay sexual intercourse compared to students that were taught abstinence-only curriculum (6).Reports from 13 individual states also showed that Title V programs had either been ineffective in the state or harmful to students. After several years of having this funding stream in place it was not reauthorized by Congress and funding expired for Title V in 2009.

The most restrictive abstinence-only-until-marriage legislation was passed in 2000 titled "Special Projects of Regional and National Significant- Community-Based Education" now known as the CBAE program. The CBAE program had stricter rules and guidelines the states had to follow on what could be taught by educators and how. The program was also different in that states did not allocate the money but rather the HHS allocated it to the communities and organizations they deemed appropriate in each state (1). In 2006 CBAE programs were updated to include the information that teenagers that

decided to wait to have sexual intercourse after marriage lead happier lives, had healthier behaviors, and lead them to be more honorable and responsible parents. The guidance also stated that not only could contraception not be taught to students in the program but also anything that had to do with sexual contact of genitals could not be taught as being acceptable outside of marriage. In 2008, Congress held their first ever hearing on abstinence-only-until-marriage programs. Medical and sexual health experts, young Americans, and several government officials testified to the ineffectiveness of these programs and the harm they could bring to students later in life. They also pointed out that the programs had continuously failed at their goals to get teens to delay having sexual intercourse, reducing teen pregnancy rates, and reducing HIV and other STI rates. They rallied for federal funding to go to comprehensive sex education rather than abstinence-only-until-marriage programs. Between the programs lifespan of 2001-2010 it gave approximately $525 million to states in order to teach abstinence-only-until-marriage education (1). The program was finally cut off by the Consolidated Appropriations Act of 2010.

Several members of Congress did not like the approach the Obama administration was taking with cutting funding for abstinence only education. So, when the Patient Protection and Affordable Care Act (ACA) was passed in 2010 these lawmakers put a provision in the bill that allowed for funding to be reallocated back to abstinence-only programs. The provision which was good between 2010-2014 gave $250 million back to these programs (1). The ACF released the Funding Opportunity Announcement (FOA) under Title V in 2010. Although it allowed abstinence only programs to be more flexible than they had been in the past, they were still required to teach abstinence education and

exclude other topics. This means that young people between the ages of 12-29 were not allowed to learn about contraception if the program they were enrolled in received Title V funding. In 2016, Title V funding increased from $50 million given to states each year to $75 million and was tied to the originally definition set by section 510(b) up until 2017. That year the Consolidated Appropriations Act of 2018 was passed and renamed Title V to "Title V Sexual Risk Avoidance Education." The language was changed to make abstinence seem more like a voluntary choice rather than a societal normality while also including guidelines about drug abuse and teen dating violence.

Sexual Risk Avoidance Education or SRAE is another form of abstinence-only education that is currently being pushed by the Trump administration. From 2016-2018 SRAE programs have received $25 million each year to teach abstinence-only education to students (1). The program believes that teens who delay sex and childbearing can help solve several societal problems. They have guidelines that teach students the best way to stay out of poverty is by finishing high school, getting a full-time job, and waiting to marry until age 21. The SRA programs have a guideline that everything taught to students is supposed to be based in evidence-based facts, but the programs have had no oversight to ensure that the information is correct.

With millions of taxpayer dollars having been given to abstinence-only-until-marriage education it would be assumed that the general public would agree with all the guidelines and regulations given to the states by the federal government. But according to a report done but SIECUS in 2018 titled "On Our Side: Public Support for Sex Education" complied data from voters and parents have found that regardless of political affiliation or geographic location there are guidelines that a majority of the general public

do not agree with (7). Only 9% of voters support federally funded abstinence-only-until-marriage education programs without contraception education as of 2018. As stated previously these programs do not contain information on contraception which is not in line with what parents and voters want being taught to middle and high schooler. In 2017, 86.3% of parents of middle schoolers surveyed believed their child should be taught about birth control while 94.4% of high school parents believed that it should. Voters in 2018 had around the same numbers with 82% believing middle schoolers should be given education on birth control and 94% for high schoolers. The data complied shows that parents and voters believe the children in their communities should be given comprehensive sex education with not only information about postponing sex but giving them information about birth control, protection from STIs, sexual orientation, and healthy relationships. This should be reflected in federal funding policies and initiatives when it comes to sex education in middle and high schools.

III. STATE LEGISLATION

Although the federal government controls some of what is taught to students when it comes to sex education, the offices that control the curriculum most are the states and local offices. States must follow certain federal guidelines if they take federal funding but there are several states that choose not to take federal grants and teach their students something, they believe will be more beneficial for the students. There are several states that are notorious for turning down federal funding which include California, Maine, and New Jersey (1). California has never taken Title V funding because they have conducted evaluations in their state that show abstinence-only-until-marriage education to be ineffective. Maine has not taken federal money since 2005 because their lawmakers passed legislation that mandated that contraception be a part of sex education curriculum. This is against section 510(b) guidelines, so they are legally not able to take the money. New Jersey has declined funding since 2006 due to the belief at the time the funding would not be enough to cover the costs of student's sex education courses. They governor at the time believed the state would have to add extra information to combat the falsehoods given out by abstinence-only-until-marriage programs so it was not worth the trouble of taking the money and then having to put more back in. Other states saw what these three were doing and decided to follow with ten states declining Title V funding by 2007 and nearly half of states declining funding by 2009. The drop-in support of abstinence-until-only-marriage education began when peer reviewed studies came out showing how the programs had been harmful and ineffective for students. After Title V was put back into law through the ACA only 30 states and Puerto Rico decided to take the money and follow the section 510(b) guidelines. When the Title V redefined its

purpose and added sexual risk avoidance behavior to section 510 (b) in 2018 only 37 states and two U.S. territories decided to take the federal funding offered.

For states that did not decide to take the money, it is up to the state and local government to decided what they wanted taught to their students. This ambiguity between the states has caused a dramatic gap in education given to students depending on what state they went to high school in. According to the CDC as of their 2016 School Health Report, only 38% of all high schools and 14% of middle school in the U.S. provide all 19 topics they have identified to be critical sex education topics (8). An infographic created by the USC Suzanne Dworak-Peck School of Social Work Department of Nursing shows just how different each states curriculum is compared to their neighbors and can be found here https://nursing.usc.edu/blog/americas-sex-education/ (9). Looking through the infographic the difference between each state's laws regarding sex education can be seen and some states are shown to have concerning legislation. There are currently 21 states that do not mandate sex education be taught to students in middle or high school. Also, out of all 50 states only 13 require that the information given to students be medically accurate which is problematic due to the fact that states choose the definition of the term "medically accurate"; so something that is accurate in California might not be accurate in Iowa. There are also several states that have ignorant and homophobic laws that require teachers to give negative opinions and assumptions when asked about the LGBTQIA+ community. Arizona and Oklahoma having the most restrictive and negative legislation regarding sexual orientation and HIV/AIDS education. In Arizona, the Guttmacher Institute found there was legislation on the books that mandated HIV education could only be taught if it did not "promote" a

“homosexual lifestyle” in a positive manner (10). In Oklahoma they were found to have legislation that required teachers to say that “homosexual activity” was “responsible for contact with the AIDS virus.” This type of curriculum not only spreads misinformation and falsehoods to students but it is also deeply harmful to the LGBTQIA+ students in these communities that must learn this information along with their other classmates.

IV: AFFECTS ON PUBLIC HEALTH OUTCOMES

For the members of the LGBTQIA+ community, they can face social stigma in the forms of discrimination, harassment, and family rejection. This stigma already puts them at an increased risk for certain negative health outcomes. When it comes to sex education for members of this community, they can be given false information and learn about harmful stereotypes which can cause them to have worse outcomes than their heterosexual peers. According to a report done by the CDC titled "Health Considerations for LGBTQ Youth", young gay and bisexual males have disproportionately high rates of HIV, syphilis, and other STIs (11). They also found that lesbian and bisexual women are more likely to have been pregnant compared with their heterosexual peers. It has also been shown that transgender youths are more likely to attempt suicide than their cisgender peers. Not only that but transgender students are more likely than their cisgender peers to be a victim of a violent crime and to use illegal substances. These negative health outcomes have led to people in the community not living as long a life as they should, taking sexual risks, and being ill informed of the consequences. Comprehensive sex education is not only used to teach students about sexual intercourse, but it can be used to inform and dispel harmful information that children can learn through relatives and media. In a Guttmacher Institute report it was found that when programs linked traditional gender norms, unequal power in sexual relationships and inmate partner violence into the curriculum there are negative sexual and reproductive health outcomes (12). They also found that when programs address gender or power norms that 80% of the participates had lower rates of STIs or unintended pregnancy. If students have a chance to learn early on not to stigmatize their LGBTQIA+ peers, then

less harassment and violence against this group will occur. If these students feel safe enough to talk to their teachers or other trusted adults in their life about sex and relationships and then given the correct information than it can keep them from talking huge sexual risks. Talking to students with accurate and unbiased facts will help these students have better health outcomes as adults.

Another group negatively impacted by the lack of comprehensive sex education in schools are women. According to a report written by the Sexuality and Family Rights Program at Legal Momentum titled "Sex, Lies & Stereotypes: How Abstinence Only Programs Harm Women and Girls" abstinence-only education harms young women long term (13). They found that women have a greater risk of contracting an STI through unprotected sexual activity and suffer greater long-term health risks than males do. They also highlight that; young women of color are more at risk of contracting HIV/AIDS and other STIs compared to any other population. Young women and girls are also at risk of unplanned pregnancies if they are not properly educated on contraception use. Primarily what happens when a teen girl becomes a mother is that she often bears the sole responsibility of raising the child and because of that she will end up sacrificing her own educational and career goals. A report titled "Why is Sexual Education Taught in Schools" by the National Conference of State Legislatures concluded that teen mothers were less likely to finish high school and are more likely to live in poverty, depend on government assistance, and be in poorer health (14). They also found that the children of teen mothers are more likely to suffer poorer health outcomes, are more likely to encounter Child Protective Services and the prison system. Also, just like their mothers

they are more likely to live in poverty, not finish high school, and have a higher chance of becoming a teen parent themselves.

All abstinence-only education programs do not teach students about contraception and how to protect themselves from STIs once they are sexually active. This lack of education has been a contributing factor in how STIs disproportionately affect young people with approximately 10 million young people ages 15-24 contracting an STI every year. In a CDC reported titled "Incidence, Prevalence, and Cost of Sexually Transmitted Infections in the United States" they found that in 2017 reported cases of chlamydia, gonorrhea, and syphilis increased among young people ages 15-24 (15). Also, in 2017, 21% of new HIV diagnoses were among people ages 13-24. While some of these diseases can be treated easily if caught early, others if gone undetected can have serious health risks. A woman with undiagnosed or untreated chlamydia is at a higher risk of chronic pelvic pain, life-threatening ectopic pregnancy, and an increased chance of infertility. The most common STI is Human papillomavirus (HPV) which 35% of teens ages 14-19 have. Most HPV cases will go away on their own without treatment but approximately 10% of infections can lead to serious disease which include cervical cancer. Also, the lack of knowledge about symptoms of STIs can lead to teens not knowing to seek treatment if symptoms arise. This can lead to them being undiagnosed and putting their future sexual partners at risk because they are unaware of their own status. This is a public health issue because the spread of these disease cannot only cause serious injury but death.

V: RECOMMENDED SOLUTIONS

A 2017 CDC survey found that approximately 40% of all high school students have reported having sex and 10% of those students have had 4 or more partners (8). Among students who had sex in the past couple of months prior to the survey, 54% reported using a condom while 30% reported using other birth control methods during their last sexual encounter. Studies have shown that abstinence-only-until-marriage programs are ineffective and harmful and with students not delaying sex it is important that they are given the knowledge they need to be well informed on the subject. The best course of action to ensure this is by making comprehensive sex education a federal regulation rather than giving the states the option to choose what they teach to students. Having students learn medically accurate and evidence-based data can help them have better long-term health outcomes which leads to better public health outcomes overall for the U.S. The federal government should shift funding away from abstinence-only education and put the money into research-based programs so that they can continuously provide sex education teachers across the U.S. with the funding and current information that they need. Comprehensive sex education would include information on contraception, inclusivity, and provide students with support systems they may not have at home. Helping teens access contraception can lead to a decline in teen pregnancy rates, STIs, and remove the stigma that students feel to ask for these products when they need them. Teaching inclusivity to middle and high schoolers can help stop the stigma around the LGBTQIA+ community so that the health discrepancy they face can attempted to be eliminated. If a student that is a part of that community is given the education and support, they need then they will be less likely to take sexual risks and will not have the

same increased health risks. There are a lot of students that do not have the support at home to where they feel comfortable enough to talk with their parents or guardians about issues or questions they may have. A school or community making sure that young adults have a well-informed and nonbiased support system will allow them to make informed decisions and not take risks because they have someone to talk to about the consequences they may face for their actions. Comprehensive sex education makes students feel more informed, help them to make better choices, and have healthier public health outcomes.

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