

Sample final paper for 553

NOTE: This paper is shared with permission from the author, Tatiana Masters. This is an unedited version of the final paper that she submitted for the assignment in fall 2004.

In this paper, Tatiana reviews five empirical articles that provide evidence about the extent to which federal abstinence-only policies impact local policy delivery. The discussion of the symbolic versus instrumental function of the policy incorporates and extends the tools framework nicely.

The current paper is structured with some parts of the framework (the explanation of how to think about these studies and why the different parts of the analysis matter) early in the paper and some parts incorporated throughout, often in the transition between sections. I think this works fine in this case, but another option would be to pull more of the framework materials to the front.

The Impact of Federal Abstinence Promotion Funding on Sexuality Education in Public Schools

Tatiana Masters

Policy / SocW1 553

Professor Jen Romich

14 December 2004

The Impact of Federal Abstinence Promotion Funding on Sexuality Education in Public Schools

Abstinence-only education fails to delay sexual activity among adolescents. It is associated with decreased contraceptive use among sexually active teenagers, thus actually increasing their risk of becoming pregnant, or of being infected with a potentially deadly sexually transmitted disease (Kirby, 2001, cited in Arsneault, 2001).

Nonetheless, federal policy regarding sexuality education has shown an increasing tendency to encourage and fund exclusively abstinence promotion, rather than sexuality education including relationships, sexually transmitted diseases (STDs), decision making, sexual orientation, contraception, and abstinence. No current federal initiative supports this type of comprehensive sexuality education program (Dailard, 2002). However, support for abstinence-only programs is both abundant and increasing. The House of Representatives recently approved \$105 million for abstinence-only programs through the Maternal and Child Health Block Grant for 2005, an increase of 49% over the past fiscal year (Kaiser Family Foundation, 2004).

This paper will examine empirical research on 1) the implementation of policies that fund abstinence promotion, and 2) the impact they have had on the content of public school sexuality education. The policy questions the paper aims to answer are: What are the nature, extent, and structure of federal funding for abstinence-only education, and what impact has this funding trend had on the sexuality education being taught in United States public schools?

Framework

We will begin by describing federal abstinence promotion legislation, examining several works that contextualize and analyze this policy. Salamon's "new governance" framework (2002) describes the activities of government as different types of policy tools, each with its own characteristics and consequences. Arsneault (2001) describes abstinence promotion legislation as "morality policy"; this type of policy has particular qualities and specific likely outcomes. This background and analysis will allow us to go on to consider the repercussions of federal abstinence promotion policy all the way down the policy cascade, from state implementation to the level of sexuality education in the classroom.

We will do so by examining empirical articles in two areas: policy implementation and sexuality education content. One way of answering our policy questions would have been to consider "natural" experiments or quasi-experimental studies looking at public school sexuality education before and after major federal legislation funding abstinence promotion, or comparing sexuality education in states or counties that did and did not receive this funding. This might have allowed us to draw a cautious causal inference about the effect federal funding had on sexuality education content (Shadish, Cook, & Campbell, 2002). Since no such research appears to have been done, we will work with articles in each of the two areas and address our two interlocking policy questions in a more impressionistic way.

First we will look at studies on the implementation of federal abstinence promotion legislation; this literature includes survey and case study research. Next we will focus on work on the content of public school sexuality education programs; this literature is based on policy review and survey research. We can use these studies together to look at co-occurrence questions such as "what does public school sexuality education look like in a country where the

federal government funds only abstinence-based programs?” Since, as we will see, federal abstinence promotion policy is a multiple-level set of incentives and regulations, it needs to be examined with a multiple-level research approach. The literature reviewed here covers levels from federal to state to local school districts to classroom teachers. The synergy among these articles will allow us to paint a picture of the impact of federal abstinence promotion funding on the content of public school sexuality education.

Federal Abstinence Promotion Legislation

The largest and most dramatic federal abstinence program, and thus the one on which we will focus, was created and funded in 1996 as part of welfare reform: the U.S. Social Security Act, section 510(b)(2). The nature of the legislation has implications for studying its implementation and effects, so we will look at it in some detail. An article by Haskins and Bevan (1997), high level staff on the House committee that drafted the legislation, describes the context in which this program was passed and the implementation plan it contained.

Program context. These authors report that many Republican lawmakers saw “illegitimacy”, more neutrally referred to as nonmarital births, as both a social problem and a consequence of welfare support to single mothers. In reforming welfare, therefore, one of their stated goals was to reduce the nonmarital birthrate. They thought this would allow an eventual reduction in spending on welfare support for children of unmarried parents (often single mother households), as well as removing what they perceived as a financial incentive for bearing children out of wedlock. The legislation addressed the goal of reducing nonmarital births through a variety of means, including decreasing teen sexual activity through abstinence promotion, our focus here.

Haskins and Bevan make it clear that abstinence promotion funding was included in this initiative in the absence of any evidence that it was effective at reducing adolescent sexual activity or unwed births. They draw this comparison:

Congress passed strong civil rights legislation in 1965... despite lack of evidence that outlawing discrimination based on race would be effective. [In this case too] public policy was based primarily on the judgment that the nation faced a serious social problem [teen sexual activity and pregnancy] and strong action was therefore justified, never mind the lack of solid evidence that the action would produce substantial results.

(Haskins & Bevan, 1997, page 466)

Arsneault (2001) describes this type of policy as morality policy. Such policy, because it addresses conflict over ideas of right and wrong, is generally characterized by “fierce controversy and difficulty in finding resolution through means of empirical evidence...” She differentiates policies about which people make arguments of morality (for example, anti-poverty programs) from policies like abstinence promotion, which themselves attempt to change moral practices and personal conduct. This morality policy analysis also provides a useful frame for considering the implementation plan included in federal abstinence promotion legislation.

Implementation plan. Haskins and Bevan provide information on the planned implementation of the abstinence promotion provision of this law. It sets aside \$50 million per year in entitlement funding from the federal government to the states as part of the Maternal and Child Health Services Block Grant. States must match every four dollars of federal money with three dollars in state, local, or private funds. States then make grants to counties, who in turn make grants to local health departments, which both conduct program activities themselves and fund other organizations – public, nonprofit, and faith-based – that do so.

The law lays out eight components of abstinence education; programs can emphasize some over others, but must not eliminate any. A program must:

- 1) have as its 'exclusive purpose' teaching the social, psychological, and health gains to be realized by abstaining from sexual activity
- 2) teach that abstinence from sexual activity outside of marriage is the expected standard for all school age children
- 3) teach that abstinence from sexual activity is the only certain way to avoid illegitimate births and STDs
- 4) teach that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity
- 5) teach that sexual activity outside the context of marriage is likely to have harmful physical and psychological effects
- 6) teach that bearing children illegitimately is likely to have harmful consequences for the child, the child's parents, and society
- 7) teach young people how to reject sexual advances and how alcohol and drug use increase vulnerability to sexual advances
- 8) teach the importance of attaining self-sufficiency before engaging in sexual activity

(Haskins & Bevan, 1997)

Salamon (2002) describes the tool used in this legislation – the grant – as having characteristics that include low directness and high visibility. The federal abstinence promotion block grant is an indirect tool since the federal government does not itself conduct any abstinence promotion programs. Perhaps more importantly, it is a tool that is highly visible in the political process. This visibility fits into Arsneault's (2001) analysis of the policy; she states that morality policy is often more symbolic than instrumental, and in order to function as a symbol, it must be visible to the public.

While Salamon states that indirect tools like grants offer the opportunity for flexibility in their implementation, the authors of the abstinence promotion legislation were in fact rigidly specific about the types of programs it could fund. Arsneault (2001) identifies this as another typical characteristic of morality policy. Unlike most grant legislation, morality policy must be

highly specific about the activities it funds in order create effective symbolism. Furthermore, since morality policies focus on issues of right and wrong, empirical evidence and technical expertise are valued less in defining its implementation plans. The eight-point abstinence education plan above was included in this initiative not because there was evidence that it would be effective at reducing adolescent sexual activity or unwed births, but in order to symbolize policymakers' seriousness about addressing the "illegitimacy" problem.

Haskins and Bevan (1997) state that while section 510(b)(2) of the Social Security Act was meticulously crafted to support only programs fitting the eight-point definition, Congressional intent was not to interfere with comprehensive sexuality education programs, but rather to ensure that some federal money was spent on "true abstinence education programs". What happened after the law was passed? Were more of these programs funded, and was it at the expense of comprehensive sexuality education programs? To investigate the next step in the outcome of the legislation, we will review articles that report on its implementation.

Implementation of Abstinence Promotion Policy

Two studies examined federal funding for abstinence promotion at two different levels: one surveyed state program administrators nationwide about its implementation, and one reported on a case study of its implementation in one state.

State-level implementation nationwide. What happened to the projected \$87.5 million per year of federal, state, and local funds that was to be spent on these types of programs? Sonfield and Gold examined how the legislation was being implemented in their 2001 article.

The researchers surveyed maternal and child health coordinators, the administrators of the federal program, in all 50 states, Washington DC, and Puerto Rico. They asked about fiscal year 1999 activities and expenditures: how much was spent (both federal and non-federal), what

types of programs were funded, whether these programs provided information about contraception and STDs, and which components of the eight-point definition of abstinence education they emphasized. They got usable data from 45 jurisdictions.

Total spending was \$69 million in 1999; \$34 million federal and \$35 million nonfederal. Forty-eight percent of this money was granted to public entities (like health departments), 40% to private entities (like non-profit organizations), and 11% to faith-based entities (like religious service organizations). Public entities were most likely to conduct program planning and evaluation with these funds, with in-school instruction and parent and family education also common. Private entities most commonly conducted media campaigns, parent and family education, and in-school instruction. Faith-based entities were likely to conduct parent and family education, in-school instruction, and mentoring and counseling outside of schools.

On the whole, these funds do not appear to have been used to create programs that replaced public school sexuality education programs, which is in line with the Congressional intent that they instead fund separate abstinence programs (Haskins & Bevan, 1997). However, abstinence promotion during in-school instruction was funded, and it seems likely that some of programs took place in the public school system, though this was not reported upon.

What type of information was given out in funded programs? Only nine jurisdictions allowed organizations to provide information about contraception or referral to a contraceptive provider when it was requested by a client, and most of these allowed it only when it was funded through other means. When it was requested by a client, 32 jurisdictions allowed information about STDs to be given out, and 22 allowed referral to a provider of STD services; most allowed this to happen in programs using abstinence-promotion funds.

Jurisdictions reported on programs that emphasized specific components of the federal abstinence education definition. Four of these components (numbers 1, 2, 4, and 5 on the list above) are either factually untrue, based in a narrowly construed religious morality, or both, and the other four are skill-based or factually true and are standard components of comprehensive sexuality education as well as of abstinence education. Of the first group, which we may refer to as “abstinence only,” 15 programs emphasized one or more of them; forty-four programs emphasized one or more from the second “abstinence is an option” group. While Sonfield and Gold do not draw this conclusion, it is apparent from their findings that at least in fiscal year 1999, many more programs focused on the “abstinence is an option” elements of federal definition than on the “abstinence only” elements.

State implementation case study. In her 2001 article, Arsneault reports on a case study of the 1996 federal abstinence promotion program’s implementation in the state of Kentucky. In 1998, Kentucky was eligible for \$990,488 in federal funding. \$160,000 of this was used to expand an already existent abstinence-only sexuality education program that served junior high school students to include fifth and sixth graders as well. (Kentucky also had a comprehensive sexuality education program, offered to ninth graders, which was obviously not eligible for funding under the federal legislation; it was unaffected.) The bulk of the federal funds, \$500,000, were spent on a statewide media campaign designed to encourage teens to delay sex: “Get a Life First, Wait to Have Sex”. And an intergovernmental strategy was used to spend another \$285,721; the Department of Public Health requested abstinence promotion program proposals from communities, got 53 applications, and funded 15 recipients.

As in other states, organizations that advocated comprehensive sexuality education and the provision of contraceptives to adolescents feared that Kentucky’s need to provide matching

funds for federal dollars would divert state funding from the effective programs they favored. However, the state used local funding and in-kind support (donations of media spots) to make up its federal matching funds. No state funds were diverted away from comprehensive sexuality education or contraception programs in order to pay for abstinence promotion in Kentucky.

A conservative group monitoring states' implementation of the federal abstinence promotion legislation created "report cards" to summarize whether, in their judgment, states were adhering to the law. Kentucky received a "D" for addressing only three of the eight points in the federal guidelines (which points were not specified), and for not making abstinence until marriage the primary message of their media campaign.

Policy Implementation Summary. Both the nationwide assessment of state implementation and the Kentucky case study point to only mixed success of the federal government's plan to fund abstinence promotion. There appear to be more programs meeting the federal definition of "true abstinence education" than there were before the legislation. These programs, depending on which of the eight components of abstinence education they emphasize, may range from harmful to misleading to ineffective to moderately helpful in terms of the information they provide to adolescents. Many states seem to be funding programs that, while they focus on abstinence promotion, do not fully comply with the legislation's eight-point definition.

These studies demonstrate that the implementation of recent federal welfare reform legislation, featuring abstinence promotion, has not led to the complete demise of other types of sexuality education programs. But how has public school sexuality education in specific been affected?

The 1996 legislation was not the first or only federal policy to fund abstinence promotion. The Adolescent Family Life Act of 1981 was another major source of funding for abstinence-only education programs (Arsneault, 2001). While the 1996 initiative is the largest and is continuing to grow (Kaiser Family Foundation, 2004), it joins other programs which have been contributing to an overall climate of increasing enthusiasm for abstinence-only education for at least the past twenty years, and thus to a concomitant unfriendliness toward comprehensive sexuality education. How does this climate affect the sexuality education that students actually receive in U.S. public schools? We will continue to follow the cascade of the federal policy downward, looking next at research that examines recent trends in the regulation and content of sexuality education in public schools.

Sexuality Education in Public Schools

Three studies examined public school sexuality education at three different levels: one reviewed state laws and policies, one surveyed school district superintendents about district-level policies, and one surveyed sexuality education teachers about the content of their teaching, comparing 1988 and 1999 data.

State laws and policies. Gold and Nash (2001) reviewed state laws and policies regarding sexuality education. Their methods were not well described, but it was clear that their focus on was on direct policy review. They found that 39 states required some kind of sexuality education, 21 of these requiring both content on sexually transmitted diseases (STDs) and general sexuality education, and 17 requiring STD education but not general sexuality education. Eleven states left these decisions to school districts.

Regarding mandated content, 16 states gave total discretion about the content of sexuality education to school districts, and most mandated content only generally. Thirty-four state

policies required that abstinence be taught, 25 that it be stressed. Nineteen states required that contraception be taught but none that it be stressed. Seven states mandated sexuality education content specifically, all of them requiring abstinence promotion and limiting the provision of information on contraception.

School district policies. A study by Landry, Kaeser, & Richards (1999) examined the extent to which public school district sexuality education policies focused on abstinence promotion, and their direction on providing information about contraception. A random sample of 825 public school district superintendents were surveyed on local sexuality education policies and the presence and timing of changes in them.

Sixty-nine percent of surveyed districts had a sexuality education policy. Of these, 14% taught comprehensive sexuality education with abstinence as one option, 51% taught abstinence as the best option for adolescents but permitted positive discussion of contraception (abstinence-plus), and 35% taught abstinence as the only option outside marriage and prohibited discussion of contraception except to emphasize its failure rates. Regional differences were found; Southern districts were five times more likely to have abstinence-only policies than Northeast districts. One out of three districts nationwide prohibited the provision of any positive information on contraception.

Among districts who had changed policies, twice as many had moved toward a more abstinence-focused one as toward a less abstinence-focused one. However, no net increase in abstinence-only policies was found; rather, there was an increase in abstinence-plus policies.

Public school sexuality education teachers. In their 2000 study, Darroch, Landry, and Singh compared 1988 and 1999 surveys of public school sexuality education teachers to examine possible changes in emphasis of programs over time. They surveyed a nationally representative

sample of 1767 public school sexuality education teachers about the content of their teaching. The questionnaire and the sample were designed to replicate a previous 1988 study in order to enable comparisons.

Sexuality education in public schools remained similar in some ways between 1988 and 1999, with teachers in both survey years reporting that abstinence was their top message, but changes did occur. The proportion of those who taught that abstinence was the only way to prevent pregnancy and STDs went from one in 50 in 1988 to one in four in 1999. In 1988, 87% taught that condoms were an effective way for sexually active people to prevent STDs, whereas in 1999 only 59% taught this, and 22% taught that condoms were not effective against STDs.

However, there was a rather odd finding: nearly half of the teachers who stated that their sexuality education was “abstinence-only” also seemed to accept the idea that some young people would be sexually active and could benefit from using contraceptives. Four in ten of this “abstinence-only” group reported teaching that birth control was effective against pregnancy, or condoms against STDs. The authors do not make much of this, but it raises an interesting question: Are teachers managing to give their students accurate health information while preserving their jobs by claiming to teach abstinence-only? The question of teachers’ in-class teaching practices, not to mention their motivation or decision-making about content, cannot be answered by this kind of study.

Public School Sexuality Education Summary. Looking at studies on state and district level regulation of sexuality education, and at teachers’ reports on the content they teach, a picture of public school sexuality education emerges. States regulate sexuality education only generally if they do so at all. However, when they do mandate, it is most often to reject comprehensive sexuality education in favor of abstinence promotion.

Most regulation of the content of sexuality education programs goes on at the district level. Here the research shows us many districts switching from less abstinence-focused programs to those with a more exclusive focus on abstinence, and reveals that in one out of three U.S. school districts, any positive discussion of contraception is prohibited.

At the classroom level, we see divergent findings. On one hand, there was a substantial increase in the number of teachers who reported teaching abstinence-only sexuality education, including false information such as condoms being ineffective against STDs. On the other hand, some teachers seem to be talking the abstinence-only talk while walking a more comprehensive sexuality education walk. Four in ten of the teachers who stated that their sexuality education was “abstinence-only” also reported teaching that birth control was effective against pregnancy, or condoms against STDs.

These articles together demonstrate that federal abstinence promotion policy has had little direct effect on sexuality education in U.S. public schools, since most states leave policy on this to their school districts, but that it has had some indirect effect. School districts, while not directly affected by federal legislation, have been swept up in the abstinence promotion tide and are increasingly favoring abstinence-only programs.

Ultimately, what is taught in the classroom is up to the individual teacher. While research cannot give us full access to this setting, it appears that comprehensive sexuality education is still being delivered, though sometimes in contravention of school district policy. These findings are supported by a report on school-based sexuality education (Donovan, 1998), which states that the kind of sexuality education offered in any given school depends more on the teacher’s ability and training, the principal’s tolerance for controversy, and the involvement of

parents, parent groups, and school boards – whether as advocates for abstinence-only programs or for more comprehensive sexuality education.

Conclusions and Discussion

We reviewed empirical research on the implementation of federal abstinence promotion policy and the impact it has had on the content of public school sexuality education. Federal funding for abstinence promotion has increased steadily since 1996, but program implementation at the state level has been uneven. Some new programs are meeting the federal definition of “true abstinence education”, but many states seem to be funding programs that do not fully comply with the legislation’s definition. Most states are not using federal abstinence promotion funds for public school sexuality education.

Nonetheless, federal enthusiasm for abstinence-only education has contributed to an overall unfriendliness toward comprehensive sexuality education that has had repercussions down through the state level to the level of the public school classroom. School districts are increasingly favoring abstinence-only programs, though some comprehensive sexuality education is still being delivered.

Federal abstinence promotion policy operates on multiple levels, and as such, needs to be examined with a multiple-level research approach. The literature reviewed here covered levels from federal to state to local school districts to classroom teachers. This type of empirical work provides a valuable fine-grained look at different related elements of the impact of federal abstinence promotion policy, but still leaves us looking at the individual pieces.

The policy analysis guidelines of Salamon (2002) and Arsneault (2001) help us to step back and consider the mosaic as a whole. From this perspective, we can see that indirect tools such as grants are susceptible to a great deal of divergence between their start at the federal level

and their finish in the sexuality education classroom. This indirectness has lessened the impact of federal abstinence promotion policy on state level programs and on public school sexuality education. Advocates for comprehensive sexuality education have reason to be concerned about the federal government's policy goals, but they have reason to be relieved that an indirect policy tool was chosen.

Federal abstinence promotion policy is not only an indirect tool; it is primarily a very visible one. Visible tools earn political points with constituents who share the policymakers' morality and provoke distress in those who do not, or who eschew morality politics. Arsneault (2001) suggests that federal abstinence promotion policy, as a typical example of morality policy, was adopted more for symbolic than for instrumental purposes. It may not be effective at reducing teen pregnancy or STD rates, but it has been effective at demonstrating policymakers' disapproval of nonmarital sexual activity. Whether spending \$105 million to so demonstrate is an ethical policy choice is a question that is outside the scope of this paper.

Table 1. Empirical articles reviewed in this paper.

Authors (date)	Title	Type of Study
Arsneault (2001)	Values and virtue: The politics of abstinence-only sex education	Policy implementation case study (Kentucky)
Sonfield & Gold (2001)	States' implementation of the section 510 abstinence education program, fiscal year 1999	Survey of state-level program administrators (n = 45)
Gold & Nash (2001)	State-level policies on sexuality, STD education	Review of state laws & policies on sex ed (methods not well described)
Landry, Kaeser, & Richards (1999)	Abstinence promotion and the provision of information about contraception in public school district sexuality education policies	Survey of random sample of public school district superintendents (n = 825)
Darroch, Landry, & Singh (2000)	Changing emphases in sexuality education in U.S. public schools, 1988-1999	Survey of national sample of public school sex ed teachers (n = 1767); comparison with data from similar 1988 survey

References

- Arsneault, S. (2001). Values and virtue: The politics of abstinence-only sex education. *American Review of Public Administration, 31*(4), 436-454.
- Dailard, C. (2002). Abstinence promotion and teen family planning: the misguided drive for equal funding. *The Guttmacher Report on Public Policy, 5* (1), 1-3.
- Darroch, J.E., Landry, D.J., & Singh, S. (2000). Changing emphases in sexuality education in U.S. public schools, 1988-1999. *Family Planning Perspectives, 32* (5), 204-211 & 265.
- Donovan, P. (1998). School-based sexuality education: The issues and challenges. *Family Planning Perspectives, 30*, 188-193.
- Gold, R. B., & Nash, E. (2001). State-level policies on sexuality, STD education. *Guttmacher Report on Public Policy, 4* (4), 4-7.
- Haskins, R. and Bevan, C.S. (1997). Abstinence education under welfare reform. *Children & Youth Services Review, 19* (5-6), 465-479.
- Kaiser Family Foundation. (2004). House-passed appropriations bill includes 49% increase in abstinence-only sex education funding. *Kaiser Daily Reproductive Health Report*. [On-line]. Available: http://www.kaisernetwork.org/daily_reports.

Landry, D. J., Kaeser, L., & Richards, C.L. (1999). Abstinence promotion and the provision of information about contraception in public school district sexuality education policies.

Family Planning Perspectives, 31 (6), 280-286.

Salamon, L.M. (2002). The new governance and the tools of public action. *The Tools of*

Government: A Guide to the New Governance. Oxford, Oxford University Press: 1-47.

Shadish, W.R., Cook, T.D., & Campbell, D.T. (2002). Experiments and generalized causal

inference. *Experimental and Quasi-experimental Designs for Generalized Causal*

Inference. Boston, Houghton Mifflin: 1-32.

Sonfield, A. & Gold, R. B. (2001). States' implementation of the section 510 abstinence

education program, fiscal year 1999. *Family Planning Perspectives, 33* (4), 166-171.