



SUPPORT FOR SCHOOL- BASED SEXUALITY EDUCATION: NO LONGER JUST FOR HIGH SCHOOL STUDENTS

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Presenter Disclosures

Elissa M. Barr, PhD

- (1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:**

No relationships to disclose

The Need for Sexuality Education

□ 2009 YRBS – Florida Highlights


- 37% of 9th graders have had sex
- 63% of 12th graders have had sex
- 56% of 12th graders have had oral sex
- 22% of 12th graders have had sex with 4 or more partners
- 12% of males and 4% of females had sex for the 1st time before age 13.



The Need for Sexuality Education

- 1 in 3 teens in the US will be be **pregnant** by age 19



- 1 in 2 sexually active youth will contract an **STD** by age 25
- In 2007, Florida was 1st in the Nation for number of **AIDS** cases transmitted through heterosexual contact. 
- **The US leads the industrial countries in teen pregnancy, birth and abortion rates.**

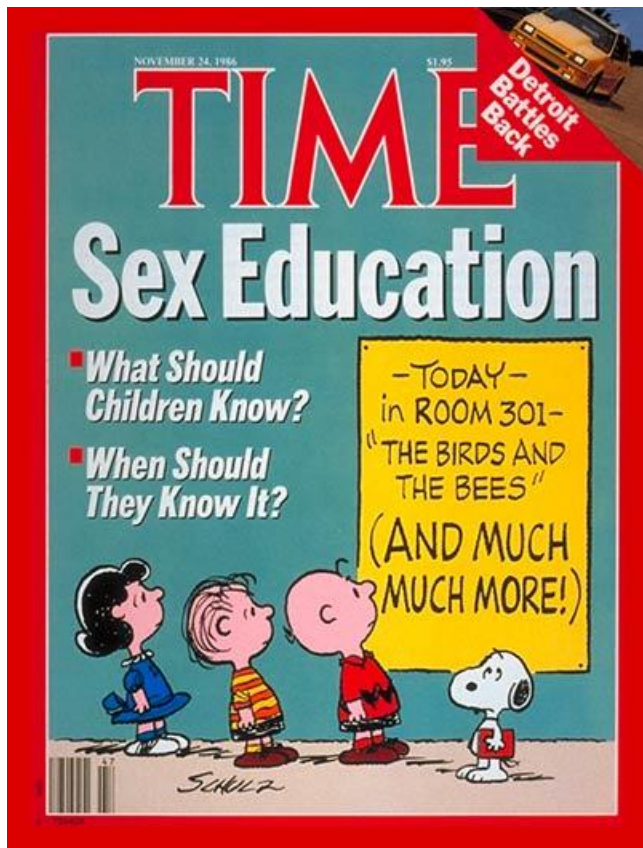
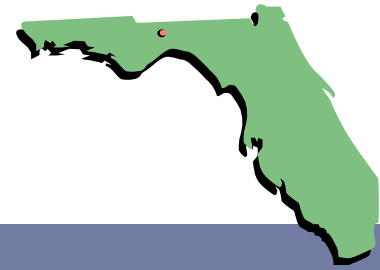


Types of Sex Education



- ***Abstinence-Only Until Marriage:*** emphasizes abstinence from all sexual behaviors outside marriage; may not include information about contraception, except in terms of failure rates; typically presents marriage as the only morally correct context for all sexual activity (includes only abstinence).
- ***Abstinence-only:*** emphasizes abstinence from all sexual behaviors; does not include information about contraception, except in terms of failure rates (includes only abstinence).
- ***Abstinence-based/plus/centered:*** emphasizes the benefits of abstinence; includes information about contraception as a disease prevention method (includes abstinence & contraception).
- ***Comprehensive Sex Ed:*** Age appropriate, sequenced K-12 sexuality education; includes info on a broad set of topics related to sexuality and sexual health including abstinence and contraception as disease prevention methods (includes abstinence & contraception).

Sexuality Education in FL



Florida State Statute 1003.42

-Requires Comprehensive Health Education to include HIV/STDs & teen pregnancy under “family life,” “personal health” & “prevention & control of disease.”

Florida State Statute 1003.46

-Provides additional guidance regarding AIDS instruction.

Policies & practices vary widely across the state.

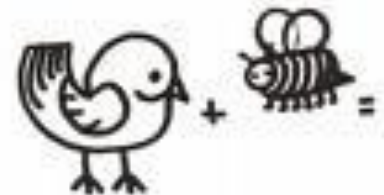
What's Being Taught in FL

- Dodge et al. (2008). Sexuality Education in Florida: Content, Context, and Controversy. *American Journal of Sexuality Education*.

- **Results:** Even though the vast majority of teachers (87%) acknowledged that some form of “sex education” took place in their schools it:
 - was not accessible to all students
 - was most often afforded little time
 - occurred late in the students’ academic career
 - had little to no uniformity in terms of what was being taught and who was teaching it
 - had no standards in terms of training or quality assurance, and
 - may not adequately address the realistic needs of students.

Common Barriers in Teaching Sexuality Education

- Inadequate teacher preparation in human sexuality
 - ▣ Lack knowledge and/or low comfort level
- Curricula lacking sequence and age-appropriate content
- Inadequate time
- Absence of school administrative support
- Absence of, or deficiencies in evaluation
- ***Perceived* lack of parental support**



Background

- Numerous state and national surveys have documented vast support for abstinence-plus or comprehensive sexuality education to be taught in high school and often middle school.





National & State Support



- 1. The NPR/Kaiser/Kenned School (Harvard) report “Sex Education in America,” 2005: www.fkk.org
 - Abstinence-Only: 15%
 - Abstinence-Plus/Based: 46%
 - Comprehensive Sexuality: 36% (3% unknown)

- 2. Howard-Barr, E.M. & Moore, M.J. (2007). Florida residents’ preferred approach to sexuality education. *American Journal of Sexuality Education*, 2 (3).
 - Abstinence-Only: 11.2%
 - Abstinence-Plus/Based: 44.3%
 - Comprehensive Sexuality: 32.9% (11% unknown)

- 3. Howard-Barr, E.M., Moore, M.J., & Weiss, J.A. & Jobli, E. (2011). Public opinion toward sexuality education: Findings among one south Florida county. *American Journal of Sexuality Education*, 6(2), 1-16.
 - Abstinence-Only: 13.6%
 - Abstinence-Plus/Based: 48.7%
 - Responsible Decision Making 33.6% (4.1% unknown)

- 4. Numerous state surveys – similar results
 - California, 1999; New Mexico and Minnesota, 2000; Indiana and Oregon, 2003; Connecticut, 2004; South Carolina, 1997, 2004, 2007

Purpose

- This purpose of this study is to assess parental support for sexuality education in elementary, middle and high school in Florida.



Methods

- The data used for this analysis are from the 2008 and 2009 Florida Behavioral Risk Factor Surveillance System (BRFSS) and Child Health Callback (CHS) Surveys.
- The BRFSS is an on-going, cross-sectional, population-based telephone survey of non-institutionalized adults 18 years of age and older in randomly selected households in the United States and the U.S. territories.
- The BRFSS elicits information from respondents pertaining to a variety of disease states, risk factors, preventive health practices, and emerging health issues. In addition, demographic & socioeconomic data are collected.
- BRFSS data are collected monthly through telephone interviews and aggregated and weighted annually by the Centers for Disease Control and Prevention (CDC) Behavioral Sciences Branch.
- Adults 18 & older: randomly selected from eligible households for interview.

Methods



- The Florida BRFSS had nearly 23,000 respondents for the two years.
- BRFSS participants were asked if (1) they had children less than 18 years of age living in the household and (2) if they agreed to be contacted again for additional questions.
- Participants responding "yes" to both of these questions were eligible for selection for the CHS.
- The CHS survey collects information on the health and health practices of the respondent's children, as well as their support for various health education programs and practices.
- For the two years combined, 1,715 BRFSS participants also participated in the CHS.

Methods: Survey Items

- Would you allow your (child) to participate in grade level appropriate human sexuality education at his or her school?
 - Yes/No

- Which kind of human sexuality education or prevention would you be MOST likely to support in your (child) or children's school?
 - **Abstinence-Plus:** emphasizes the benefits of abstinence; includes information about contraception, and disease prevention methods
 - **Abstinence-Only/Abstinence Only Until Marriage:** emphasizes abstinence from all sexual behaviors; may not include information regarding contraception, except in terms of failure rates, or disease prevention methods.
 - **Comprehensive Sexuality Education:** Age appropriate K-12 sexuality education programs that address various health and reproductive issues.
 - **Do not read:** Don't know/Not sure or Refused

Methods: Survey Items

- I am going to read you a list of topics that may be taught in a human sexuality class. For each topic, please tell me yes or no whether you would be in favor of your (child) learning about it in ELEMENTARY school.
 - ▣ Communication Skills [IF ASKED: Communications Skills are the ability to clearly express your feelings and/or desires with a family member, friend or partner.]
 - ▣ Human anatomy and reproductive information
 - ▣ HIV and sexually transmitted infections information
 - ▣ Abstinence from sexual activity
 - ▣ Gender and sexual orientation issues
 - ▣ None of these / Don't know/Not sure / Refused

- Please tell me yes or no whether you would be in favor of your (child) learning about each of the following topics in a MIDDLE school human sexuality class. ... in a HIGH school class ...
 - ▣ Communication Skills
 - ▣ Human anatomy and reproductive information
 - ▣ HIV and sexually transmitted infections information
 - ▣ Abstinence from sexual activity
 - ▣ Birth control methods
 - ▣ Condom use
 - ▣ Gender and sexual orientation issues
 - ▣ None of these / Don't know/Not sure / Refused



Data Analysis

- The CHS data were merged by participant sequential number with the 2008-2009 BRFSS data.
- As a result, the data collected for the BRFSS were available for each CHS participant.
- The data were re-weighted to account for non-response and the results can be generalized to Florida adults with children less than 18 years of age in the household.
- The data were managed and variables created using SAS version 9.2.
- Point estimates and 95% confidence intervals were calculated using SUDAAN version 10.0.
- Frequencies were calculated for parent demographics & support for sex education & each topic.
- Chi-square analyses were conducted to test for statistically significant associations between two variables: parent demographics & each type of sex ed supported & all topics at each grade level.
- Statistically significant associations and/or rate differences have p-values less than or equal to 0.05.

Results: Parent Demographics

PARENT DESCRIPTIVES		Number	%	C.I.
Sex	Male	1715	40.7	36.3-45.1
	Female		59.4	54.9-63.7
Race/Ethnicity	NH White	1636	62.2	57.6-66.7
	NH Black		15.7	12.3-19.8
	Hispanic		22.1	18.1-26.7
Age Group	18-29	1712	14.4	11.1-18.4
	30-39		40.7	36.5-44.9
	40-49		32.6	28.9-36.6
	50+		12.4	10.4-14.7
Education	< HS	1715	8.2	5.8-11.4
	HS/Some College		20.2	17.1-23.6
	4+ Yrs College		71.6	67.6-75.3
Married/Cohab	Yes	1713	80	76.1-83.5
	No		20	16.6-23.9
Child Sex	Male	1711	51.3	47.0-55.5
	Female		48.8	44.5-53.0
Support Sex Ed	Yes	1624	79.3	75.6-82.7
Type of Sex Ed	Abstinence +	1545	36.4	32.4-40.6
	Abstinence Only		23.2	19.7-27.2
	Comprehensive		40.4	36.3-44.7



Results: Percent of Parents Supporting Each Topic by School Level

Topic	Elementary	Middle	High
Communication	89	91	91
Anatomy	65	88	92
HIV	53	86	91
Abstinence	61	86	90
Birth Control	NA	71	86
Condoms	NA	69	83
Gender Issue	52	62	72

Results: Significant Differences by Gender

- **Males** significantly more likely than females to support:
 - ▣ Abstinence-only ed (30 vs 20%, $p=.04$)
- **Females** significantly more than males likely to support:
 - ▣ Anatomy (MS) (91 vs 83%, $p=.01$)
 - ▣ HIV (MS) (89 vs 79%, $p=.01$)
 - ▣ Birth Control (MS) (76 vs 61%, $p=.00$)
 - ▣ Birth Control (HS) (89 vs 79%, $p=.01$)
 - ▣ Condoms (MS) (72 vs 61%, $p=.01$)
 - ▣ Condoms (HS) (87 vs 73%, $p=.00$)



Results: Significant Differences by Race/Ethnicity & Marital Status

- NH Black & Hispanic significantly more likely than NH White to support:
 - ▣ HIV (ES) (63, 61 vs 48%, $p=.01$)
 - ▣ Gender Issues (61, 59 vs 47%, $p=.02$)
- Not Married/Cohabiting significantly more likely than Married/Cohabiting to support:
 - ▣ Birth Control (MS) (81 vs 68%, $p=.00$)
 - ▣ Gender Issues (ES) (60 vs 49%, $p=.03$)
 - ▣ Gender Issues (MS) (72 vs 59%, $p=.01$)

Results: Significant Differences by Education

- Those with <High School education significantly more likely than those with High School/Some College or 4+ Years of College to support:
 - ▣ HIV (ES) (73 vs 55, 50%, $p=.02$)
 - ▣ Gender Issues (ES) (67 vs 56, 49%, $p=.05$)
 - ▣ Gender Issues (HS) (73 vs 68, 59%, $p=.05$)

Conclusions

- Results add substantial support for age appropriate school-based sexuality education, as well as for the current trend of federal funding to support evidence-based abstinence-plus and comprehensive sexuality education.



Conclusions



- Findings are similar to other state and national studies documenting the overwhelming support.
- The majority, 3 out of 4, participants supported teaching abstinence-plus or comprehensive sexuality education.
- There was wide support for all sexuality topics at all 3 levels (elementary, middle, and high school)
- Females were more likely to support more topics than males.

The Irony...

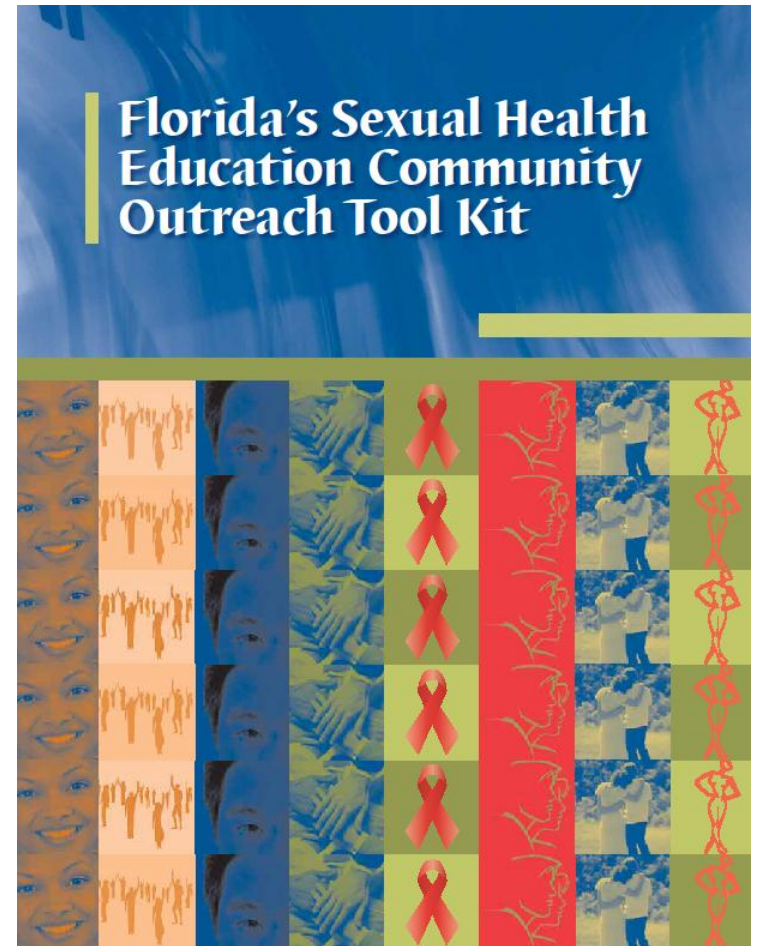


- The majority support teaching **both** abstinence & condoms,
- Teaching **both** is consistent with teen sexual behavior, AND
- The research consistently documents teaching **both** abstinence and condoms/contraception is effective in:
 - reducing risky sexual behaviors
 - reducing negative outcomes of such behaviors
- **YET – Sex ed programs in FL vary widely in content, are afforded little class time, & do not reach all students.**

Conclusions

A Step-by-Step Guide for
Community Members:

The ***Tool Kit*** provides
information, ideas, and
strategies for community
members to work
together to improve
sexual health outcomes
of youth.



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