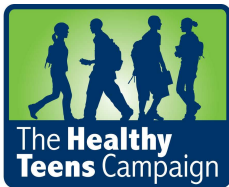


Sex Education in the Sunshine State

How Abstinence-Only-Until-Marriage Programs Are Keeping Florida's Youth in the Dark



For Informed and Safe Florida Teenagers



Sexuality Information and Education Council of the United States

INTRODUCTION

Beginning in 1981 under the Reagan administration, the federal government increasingly put its support and money behind abstinence-only-until-marriage programs. Today, there are three separate funding streams supporting these programs, including the Adolescent Family Life Act (AFLA), the Title V abstinence-only-until-marriage program, and Community-Based Abstinence Education (CBAE) funding. Between 1996 and federal Fiscal Year 2007, over \$1.5 billion dollars in both federal and state matching funds were funneled into abstinence-only-until-marriage programs. For Fiscal Year 2008, the federal government allocated \$176 million through these three funding streams.

Along with these funding streams, the federal government developed an eight-point definition of “abstinence education.” Among other things, this definition requires programs to teach that, “a mutually faithful monogamous relationship in the context of marriage is the expected standard of sexual activity,” and that “sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects.” Organizations using federal abstinence-only-until-marriage funds must comply with the following definition:

Section 510(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 motivational 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 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 increase vulnerability to sexual advances; and
H	teaches the importance of attaining self-sufficiency before engaging in sexual activity.

Several studies have evaluated the effectiveness of abstinence-only-until-marriage programs. In April 2007, a congressionally commissioned evaluation of Title V-funded abstinence-only-until-marriage programs showed that they were ineffective in changing the sexual behavior of teens. The report, conducted by Mathematica Policy Research Inc. on behalf of the U.S. Department of Health and Human Services, found no evidence that abstinence-only-until-marriage programs increased rates of sexual abstinence. Students in the abstinence-only programs had a similar number of sexual partners and a similar age of first sex as their peers not in the programs. Out of 700 programs, the four

programs studied weren't selected randomly—they were hand picked because they were thought to be the most promising and, yet, they still failed.¹ As prominent researcher Dr. Doug Kirby has said, “This was a very rigorous study with very clear results.”²

In part because of studies like this, a paradigm shift away from the decade-long expansion of abstinence-only-until-marriage programs is underway. Educators and policymakers are instead moving toward a more comprehensive and evidence-based approach to sex education. For example, in April 2008, Congress held the first-ever hearing on abstinence-only-until-marriage programs demonstrating much-needed oversight. Three panels of witnesses testified at the hearing including leading medical and sexual health experts from across the country who testified to the ineffectiveness of the programs, youth speakers who testified to the program's effects on their lives, and several government officials and Members of Congress. Witnesses at the hearing included Dr. Georges Benjamin, Executive Director of the American Public Health Association; Dr. Margaret Blythe, Chair of the Committee on Adolescence, American Academy of Pediatrics; Dr. Harvey Fineberg, President, Institute of Medicine; and Dr. John Santelli, Professor and Chair of the Heilbrunn Department of Population and Family Health at the School of Public Health at Columbia. All of these witnesses oppose abstinence-only-until-marriage programs due to their ineffectiveness and have ethical concerns with the programs. Based on the overwhelming evidence, these researchers explained that abstinence-only-until-marriage programs are ineffective at getting young people to delay sexual initiation and have not been effective at reducing teen pregnancies or sexually transmitted diseases (STDs), including HIV. The majority of the health professionals called for an end to federal funding for the programs and said that funds should instead be spent on comprehensive sexuality education that has been proven to be effective.

Perhaps the greatest evidence of this shift, however, is that nearly half of the states are no longer participating in the Title V abstinence-only-until-marriage program.³ Unlike the other funding streams for abstinence-only-until-marriage programs, under the Title V abstinence-only program, the federal government provides grants to states. States that accept the funding must provide three state-raised dollars or the equivalent in services for every four federal dollars received and are then responsible for disbursing the funds to community-based organizations, school districts, or other agencies. Of the states who have refused this money, 80 percent have done so based on strong research and evaluations showing that abstinence-only-until-marriage programs are incredibly ineffective. These principled rejections come from diverse parts of the country and are not unique to any one political party affiliation.

Despite this, the state of Florida continues to participate in the Title V abstinence-only-until-marriage program. Even more troubling is that the state's contribution to keeping these failed programs in operation has exceeded what the federal government itself requires as a condition for participating in the program. In fact, the state has squandered over \$15 million of taxpayer money since Fiscal Year 2003.

In an effort to inform all of Florida's citizens about the colossal failure of these programs and the ongoing waste of their money, the Healthy Teens Campaign and the Sexuality Information and Education Council of the United States (SIECUS) have joined together to take a closer look at Florida's abstinence-only-until-marriage industry.

LAW AND POLICY

Previous Florida law required students to complete one-half credit in “Life Management Skills” in order to graduate high school. These courses were required to include instruction in the prevention of HIV/AIDS and sexually transmitted diseases (STDs), family life, the benefits of sexual abstinence, and the consequences of teen pregnancy. Effective for the 2007-08 school year, students entering high school are no longer required to receive health education as a graduation requirement. School districts now have the option to require students to take one-half credit in Physical Education and one-half credit in Personal Fitness, or to complete a one credit course titled, “Health Opportunities through Physical Education” (HOPE), which integrates personal fitness and life management skills. The content of the course includes fitness and health concepts as well as instruction on disease prevention, including HIV/AIDS and other STDs. As with the previously required course, parents may submit a written request to the school principal to exempt their child from HIV/AIDS instruction within HOPE. In addition, state policy still reads that “course requirements for HIV/AIDS and human sexuality education shall not interfere with the local determination of appropriate curriculum which reflects local values and concerns.”⁴

Florida statute on health education requires any instruction on human sexuality to 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.”⁵ There are no further requirements for instruction, and individual school districts may develop district-wide policies on what information the course will include. The law also permits AIDS education to be provided in health education classes. Each district school board has the ability to determine whether or not the additional instruction will be provided. Such instruction on HIV and AIDS may include “known modes of transmission,” risk factors, and prevention methods for controlling the spread of the virus.

Health and sexuality education are influenced by the Florida Sunshine State Standards, which are determined by the State Board of Education and establish the instructional standards for public K-12 education in the state. Sunshine State Standards for Physical Education require that courses stress abstinence from sexual activity. For example, in grades 9–12 students must learn “techniques for communicating care, consideration, and respect of self and others (e.g. encouragement, trust, and sexual abstinence).”⁶ The standards, however, do not require that students receive any explicit information on prevention methods for HIV and AIDS.

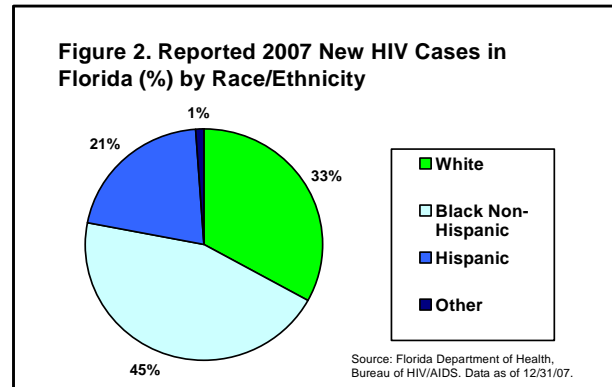
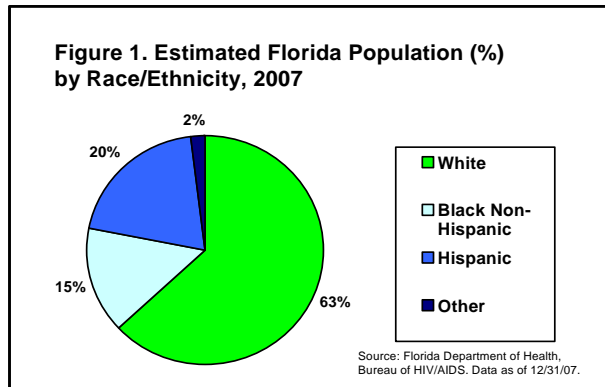
The depth and breadth of the education students receive on HIV/AIDS and other sexual health topics is left to the determination of each school district. Some Florida school districts have adopted more comprehensive sex education policies, including Brevard, St. Lucie, Palm Beach, and Volusia school districts. Others continue to take a highly restrictive abstinence-only approach. Neither the state’s education policy nor the Sunshine State Standards specifically ensures that the information provided is medically accurate or based on science. Thus, the education requirements for human sexuality and HIV/AIDS in Florida fail to ensure that students receive adequate information for protecting their sexual health.

Adolescent Health in Florida

The need for sexual health education in Florida could not be more clear. On all measures of health outcomes including STD and HIV rates and teen pregnancy, Florida lags behind other states. Florida has the dubious distinction of having the third highest AIDS rate in the United States. In 2007 there were 3,961 new AIDS cases reported in the state.⁷ Similarly, Florida has the fifth highest rate of HIV infection nationwide, with a total of 5,980 new cases of HIV infection reported in

2007.⁸ Florida's largest metropolitan areas, including Miami-Dade County and Hillsborough County are heavily impacted by the HIV epidemic; and the city of Miami ranks third among the cities in the United States with the highest number of AIDS cases.⁹

Moreover, Blacks in Florida are disproportionately affected by HIV/AIDS. In 2007, Blacks accounted for an estimated 15 percent of Florida's population, while whites accounted for an estimated 63 percent and Latinos an estimated 20 percent. Of the new HIV cases reported that same year, 45 percent were among Blacks compared to 33 percent among whites and 21 percent among Latinos.



Florida's young people are increasingly impacted by the high rate of HIV infection in the state. In 2007, persons under the age of 25 accounted for 15 percent of new HIV infections in the state. Young people living in South Florida, which consists of Palm Beach, Broward, and Miami-Dade counties, are especially hit hard by the HIV/AIDS epidemic. Of the 3,331 young people in Florida who are living with HIV or AIDS, almost half are from South Florida counties.¹⁰

Nationally, almost 19 million new STD infections occur each year, with nearly half among those ages 15–24, according to the CDC. Rates in Florida are no exception; and, in fact, in some areas of the state more than half occur among youth. In 2007, youth accounted for 65.5 percent of new STD infections in Florida.¹¹ Sexually transmitted disease rates are soaring in the Tampa Bay area, with more than 70 percent of the cases among young people ages 15–19. At least three percent of all teens 15 and older in Hillsborough and Pinellas counties had an STD in 2007, more than twice the historically low rates of the early 1990s, according to Florida Department of Health records.¹²

Florida teens have similar sexual behavior to that of their peers nationwide; however, their health outcomes are worse. In the 2007 Youth Risk Behavior Surveillance Survey, 34.5 percent of female high school students and 38.4 percent of male high school students reported that they were currently sexually active (defined as having had sex in the three months prior to the survey) compared to 35.6 of female high school students and 34.3 of male high school students nationwide.¹³

Despite this similar behavior, the state continues to have high rates of adolescent pregnancy and childbearing, reflecting inadequate efforts at teen pregnancy prevention. The state's teen pregnancy rate is the sixth highest in the nation. And, in 2006, Florida's teen birth rate increased for the first time in 15 years, from 42.4 births per 1,000 among young women ages 15–19 in 2005, to 45.2 births

per 1,000 young women in this age group.¹⁴ The state's teen birth rate is 3 percent higher than the national average of 42.4 per 1,000.¹⁵

Like with STD incidence, births to young women are concentrated in the metropolitan areas of the state. Miami-Dade County, where there were 3,059 births to women under 20 in 2004, boasts the highest teen birth rate in the state. In the same year, Hillsborough County, where the city of Tampa is located, reported 2,078 teen births and Orange County, in which Orlando is located, reported 1,771 teen births.

Florida exhibits some of the worst health outcomes for young people nationwide. They are disproportionately affected by STDs and HIV, as well as unintended pregnancy. This is a clear indication that there is a lack of necessary public health information and services for youth in Florida.

Following the Money

Since 2002, there has been a massive influx of federal abstinence-only-until-marriage funding into Florida totaling over \$64 million. In Fiscal Year 2008 alone, \$13,101,054 in federal abstinence-only-until-marriage funding came into the state (see Table 1). This is the second highest amount of federal abstinence-only-until-marriage funding for all states and territories, with only Texas exceeding the Sunshine State. These funds have fueled the growth of an industry in the state that provides schools and communities with curricula, books, videos, speakers, and even novelty items that give young people one message—sex outside of marriage is wrong. These materials not only fail to provide youth with the information they need in order to protect themselves from the negative health outcomes that are clearly a problem in Florida, they also rely on fear and shame and present stereotypes, biases, and blatantly inaccurate information as truth.

Type of Funding	Fiscal Year 2008 Total
Title V Section 510	\$2,521,581
CBAE	\$10,279,473
AFLA	\$300,000
Total	\$13,101,054

In order to track federal abstinence-only-until-marriage funding in the state, SIECUS filed *Freedom of Information Act (FOIA)* requests with the Florida Abstinence Education Program, which governs and oversees the Title V abstinence-only-until-marriage program in the state. Additionally, we sent Public Records Requests to every school district in the state, to identify the use of abstinence-only-until-marriage programs and to uncover any connections to entities receiving federal abstinence-only-until-marriage funding in the state.

This research presents a clear picture of the mechanisms in which abstinence-only-until-marriage funding enters Florida public schools and provides failed programming to our youth.

Title V Abstinence-Only-Until-Marriage Funding

In Fiscal Year 2007, Florida received \$12,949,133 in federal abstinence-only-until-marriage funding through all three federal funding streams.

As mentioned earlier, the Title V abstinence-only-until-marriage grant requires states to provide three state-raised dollars or the equivalent in services for every four federal dollars received. The state match may be provided in part or in full by local groups. Having received \$2,521,581 of Title V abstinence-only funding in Fiscal Year 2007, Florida was required to provide a match of \$1,891,186.

Instead, however, the state went above and beyond its required match and contributed a total of \$3,500,000 dollars to abstinence-only-until-marriage programs in its state. The state had provided the same amount of state funds in Fiscal Years 2005 and 2006 as well. In fact, Florida has supplied more direct state revenue to make the required federal match than any other state.

Perhaps even more disturbing than this outrageous investment in failed programs, is where the state chose to get this money. The additional monies were provided through two other federal grants that the state received, Temporary Assistance for Needy Families (TANF) and Maternal and Child Health Block Grant Trust Fund (MCHBG). For the 2007 fiscal year, Florida contributed \$2,000,000 from its TANF grant and \$1,500,000 of its MCHBG funding for abstinence-only-until-marriage programs (See Table 2).

Federal Title V Abstinence-Only	\$2,521,581
TANF (state match)	\$2,000,000
MCHBG (state match)	\$1,500,000
Total	\$6,021,581

Contributing these funds to abstinence-only-until-marriage programs is a misuse of federal money. TANF is specially designed to help families build “self-sufficiency” through job development programs and the prevention of out-of-wedlock pregnancies.¹⁶ MCHBG funds are given to states to improve the health of mothers, children, and their families.¹⁷ There is no evidence that abstinence-only-until-marriage programs achieve any of the purposes spelled out in TANF or MCHBG. In fact, research suggests they have failed on all of these accounts. No other state has used TANF or MCHBG in such a substantial way to fund its abstinence-only-until-marriage program.

Florida, however, has been doing this for years. Between Fiscal Year 2003 and Fiscal Year 2007, Florida redirected approximately \$17.5 million in TANF and MCHBG funds to supplement funding for abstinence-only-until-marriage programs.

And there is evidence to suggest that policymakers would have continued this misuse of federal funds in Fiscal Year 2008, had the state not faced such a pressing fiscal crisis. In his 2008-2009 state budget, Florida Governor Charlie Crist requested that \$1.5 million be appropriated from MCHBG toward the state’s “Restore Abstinence Education” initiative. The Florida state legislature, however, did not approve this request and the funding does not appear in the final Florida 2008 Appropriations Conference Report for Health and Human Services.

While it is clear that no TANF or MCHBG funds have been allocated for the state match in Fiscal Year 2008, it is not as clear whether other state funds were allocated toward the state’s abstinence-only-until-marriage initiative and state legislators have received conflicting information. For example, prior to the start of a Budget Committee hearing that occurred on Thursday, February 19, 2009, a state Representative asked a Budget Committee staffer to tell him how much money was itemized for abstinence-only

programming in the state budget. The Budget Committee staffer replied that the state provided \$1.8 million in matching funds—the required match amount for the federal Title V abstinence-only grant. This conflicted with information the Representative had been given by the Department of Health, which said that for Fiscal Year 2008, the required match was being contributed by sub-grantees through in-kind services.

Title V abstinence-only-until-marriage matching funds may be provided through contributions or services from sub-grantees, and many states do make their match this way. The Florida Department of Health's Application for Title V Mini-Grants, lists ways in which sub-grantees can make up their match. For example, grantees are able to list physical space as an in-kind donation: "1 classroom @ 150 sq. ft. x \$25.00 per sq. ft. = \$3,750.00."¹⁸ One sub-grantee, Steps for Teens, Inc., used this formula as part of its application for a grant of \$48,000. The Cash/In-Kind Match section of its application lists one portion of the match as coming from the First Pentecostal Church which "will provide a space of 100 sq. ft. at \$60/sq. foot \$6,000." Its other in-kind matches include staff member time: "Project Director will provide 357 hrs in-kind service, at a rate of 28.00/hr. Total \$10,000" and "2-Education Assistant Volunteers to provide 800 hrs of service x 4 months \$1250/hr. \$10,000 of in-kind services." Interestingly, Steps for Teens, Inc. notes that it does not receive any funding from any other source and that they would need an advance of funds to cover first month's rent and initial education materials.

It is unclear what oversight mechanisms the Department of Health has instituted to ensure that sub-grantees make their required match. Moreover, it is disturbing that state legislators have received at best conflicting information about what money is being used for these programs. As the stewards of taxpayer dollars, Florida State legislators should be aware of exactly how state dollars are appropriated, and apprised of how state matches are being met. Given the current fiscal crisis in Florida, it seems all the more pressing that there be adequate oversight of funding for abstinence-only-until-marriage programs.

CBAE and AFLA Funding

Unlike Title V abstinence-only-until-marriage funds, CBAE and AFLA grants are made directly from the federal government to community-based agencies. In fact, CBAE, which is the most restrictive of the federal abstinence-only-until-marriage funding streams, was created in 2001 by conservative lawmakers who felt that some states were diluting the intent of the Title V abstinence-only-until-marriage funding by supporting programs focused on other aspects of youth development. To ensure that this did not continue to happen, the lawmakers created a funding stream that bypassed the states. CBAE is currently the largest of the federal funding streams.

Fifteen organizations in Florida received Community-Based Abstinence Education (CBAE) grant funding in Fiscal Year 2008, totaling \$10,279,473 in federal funds, which represents an increase of more than \$900,000 from Fiscal Year 2007. Five organizations received new CBAE grants in Fiscal Year 2008, all of which were five-year grants. The smallest of these grants was nearly \$500,000 per year.

AFLA is the oldest federal funding stream for abstinence-only-until-marriage programs. It was created in 1981 to prevent teen pregnancy and support pregnant and parenting teens. Early AFLA funds went toward the development of "chastity" programs and materials, some of which are still used today. There is one AFLA grantee in Florida, The Switchboard of Miami, which was awarded an AFLA grant of \$300,000 per year between 2004 and 2009. The Switchboard of Miami also receives CBAE funding.

Organizations Receiving Funding

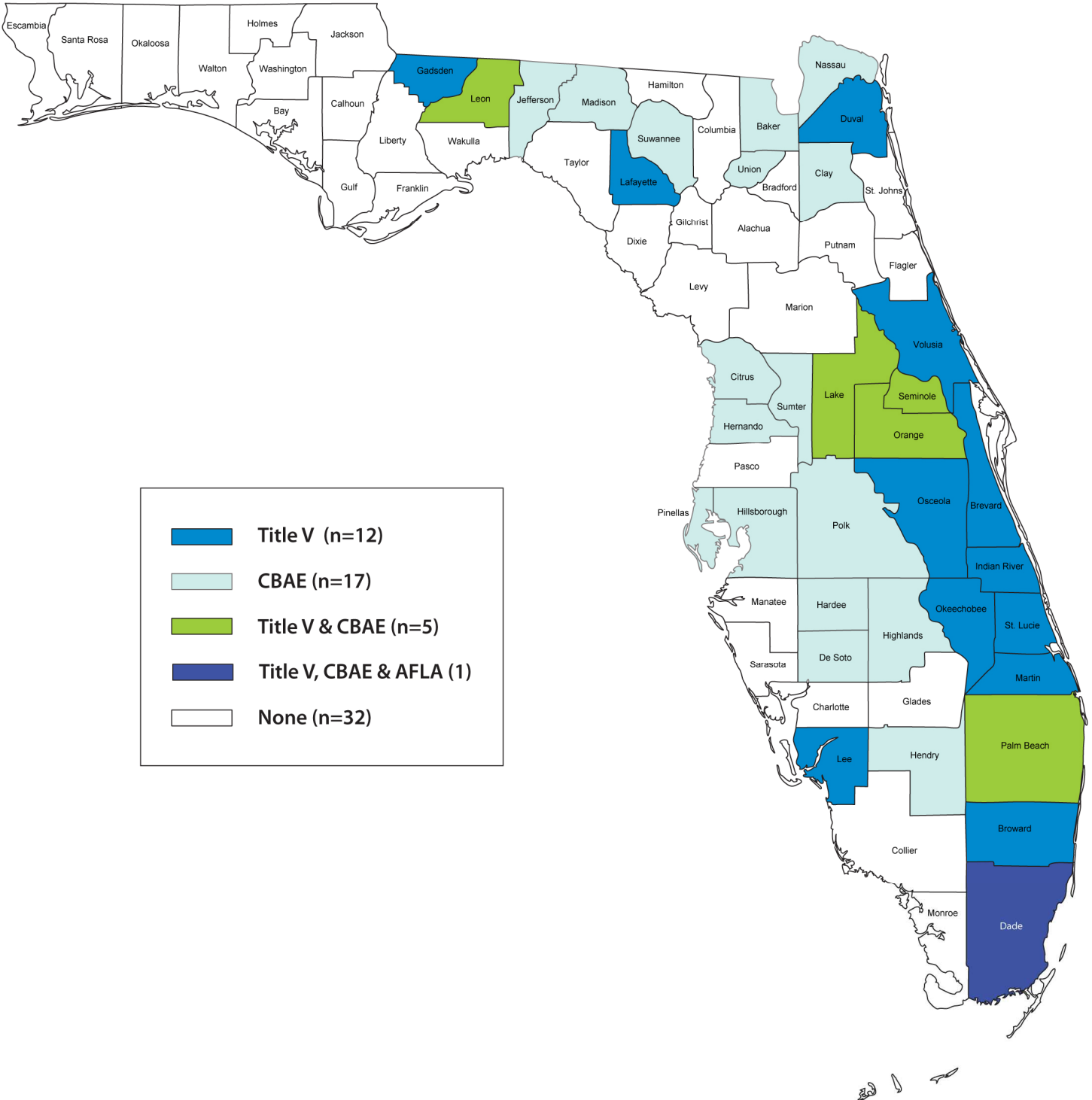
In total, there are 33 entities in Florida that receive federal funds to provide abstinence-only-until-marriage programs throughout the state: one private school, three crisis pregnancy centers, five community health clinics or departments, and 24 community-based organizations (including 16 faith-based groups). Many organizations work within multiple counties, offering abstinence programs, speakers, and curricula; operating health centers and social clubs; and hosting events in various communities across the state regardless of where the organizations themselves are physically located.

In fact, both the federal funding and the supplemental state funding have enabled linkages between right-wing and conservative organizations in the state, fostering an environment that negatively impacts adolescent health in Florida. Many of these abstinence-only-until-marriage organizations partner with faith-based groups and other community organizations receiving federal abstinence-only-until-marriage money, at times across county borders, to share funding, curricula resources, and to reach a greater number of youth. For example, The Ark/L'arche, Inc., a Title V abstinence-only-until-marriage sub-grantee, partners with the Family & Children Faith Coalition (FCFC), a CBAE grantee, which provides abstinence curriculum trainings to faith-based agencies. Through their partnership, the two organizations collectively sponsor abstinence youth rallies and cross-refer youth to each other's abstinence programs and services.¹⁹ Similarly, Alms of Bethel Community Development, Inc., which receives Title V abstinence-only-until-marriage funding, partners with the Lafayette County Health Department, which provides abstinence programs to seventh and eighth graders.²⁰ Finally, Title V sub-grantee, Catholic Charities, Diocese of Palm Beach, Inc., uses the Project S.O.S. curriculum for its abstinence program.²¹ Project S.O.S. is a CBAE grantee and former Title V sub-grantee that produces its own abstinence curriculum and operates abstinence programs in six Florida counties.²²

The state's 18 Title V abstinence-only sub-grantees work in a total of 18 counties, while three of these sub-grantees work in two or more counties. In addition, 15 CBAE grantees service 23 counties, with 11 grantees servicing two or more counties (see Figure 3). These organizations distribute their resources throughout three distinct regions in the state: South Florida, Central Florida, and North Florida. The high concentration of funding in these areas corresponds with the locations of the state's largest urban areas, including Miami-Fort Lauderdale-Pompano Beach in South Florida, Tampa-St. Petersburg-Clearwater, Orlando-Kissimmee, and Palm Bay-Melbourne-Titusville in Central Florida, and Jacksonville and Tallahassee in the northern region of the state. In contrast, the rural areas in the Florida Panhandle are untouched by these programs. Many abstinence organizations target minority communities, which are also largely located in the state's urban districts. Specifically, a number of Title V abstinence-only sub-grantees in South Florida counties target underserved communities with majority African-American, Hispanic, and/or Haitian populations.

The abstinence-only-until-marriage industry's focus on minority communities further inhibits young people in these areas from gaining adequate health education. These areas and communities are already disproportionately impacted by negative health outcomes such as high rates of STDs, HIV, and teen pregnancy; and it is clear that they are in need of a more comprehensive approach that can combat these health disparities more effectively than abstinence-only-until-marriage programs.

Figure 3. Disbursement of Federal Abstinence-Only-Until Marriage Funding in Florida Counties



THE INFLUENCE OF ABSTINENCE-ONLY-UNTIL-MARRIAGE FUNDS ON FLORIDA SCHOOLS

Though no school systems are direct recipients of federal funding for abstinence-only-until-marriage programs, it is not surprising that these programs have worked their ways into public schools in the form of speakers, courses, curricula, student clubs, and after-school programs. Such services are undoubtedly very appealing, as the federal money allows grantees to provide them free of charge.

Nearly half of the 18 Title V abstinence-only-until marriage sub-grantees in Florida, contract with public schools to provide abstinence-only-until-marriage programming. These eight sub-grantees provide direct services to at least 31 schools around the state in seven different counties, including Brevard, Broward, Duval, Gadsden, Miami-Dade, Orange, and Seminole.²³ Similarly, CBAE grantees, including the Baker County Health Department, Hendry County Health Department, Christian Care Center, Inc., and Project S.O.S. contract with school districts in 12 Florida counties.

The influence of the abstinence-only-until-marriage approach in Florida schools, however, goes far beyond these funded programs. Whether spurred by the availability of funds and “free” programs, the federal “stamp of approval” on this type of education, or the state law requiring that all curriculum and materials “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,” schools across the state have embraced this restrictive approach.

To gain a greater understanding of what students in Florida are actually learning, SIECUS not only tracked the abstinence-only-until-marriage money and determined what funded programs were teaching, we also requested curriculum guidelines and materials for human development and growth health education courses from all 67 school districts in the state of Florida. Fifty districts submitted information per our request.

Disingenuous Attempts at Comprehensive Sex Education

Each school district determines which type of curriculum to offer and what materials to use in these programs. Our research shows just how pervasive the abstinence-only-until-marriage message is. Even in those school districts that seem to be trying to incorporate components of a comprehensive sex education curriculum into their programs, abstinence messages predominate.

For example, the Miami-Dade County high school curriculum includes information about contraception; however, these lessons are presented in the context of family planning options that are only appropriate for married couples. Perhaps because of this framing, the program includes the rhythm method (also known as natural family planning). This technique can be a highly ineffective method of birth control, particularly in young women who often have unpredictable menstrual cycles. Moreover, by promoting the use of contraception only within the context of marriage, the curriculum seems to discourage unmarried sexually active young people from acting responsibly.

The health education guidelines in the Manatee County School District state that the program is designed to “promote comprehensive health education that addresses concepts of community health; consumer health; environmental health; family life, including an awareness of the benefits of sexual abstinence as the expected standard and the consequences of teenage pregnancy....” The curriculum, however, includes the 50-minute “Get Real” PowerPoint presentation delivered by Care Net, Manasota Pregnancy Center, a local crisis pregnancy center (CPC).²⁴ Crisis pregnancy centers typically advertise as providing medical services and then use anti-abortion propaganda,

misinformation, and fear and shame tactics to dissuade women facing unintended pregnancy from exercising their right to choose. The role of these extreme right wing organizations in providing abstinence-only-until-marriage programs has exploded over the past decade. In Fiscal Year 2007, 34 CPCs received Title V abstinence-only-until-marriage funding across 18 states, totaling nearly \$3 million. In addition, 22 CPCs received CBAE grants in 14 states totaling over \$11.2 million. In total, the Title V abstinence-only-until-marriage and CBAE programs supplied nearly \$14 million to CPCs in federal Fiscal Year 2007.²⁵ These organizations do not support the use of or provide access to condoms and contraception.

Inserting a lesson on the effectiveness of contraception methods into a fear-based, abstinence-only-until-marriage curriculum, or referring to a program as comprehensive despite the fact that it is provided by an extremist organization, does nothing to improve the education young people are receiving.

Nationally Produced Materials Make their Way into Florida Schools

The federal government's investment in abstinence-only-until-marriage has led to the creation and widespread availability of materials such as curricula, pamphlets, and videos. These materials are created by national organizations (that more often than not receive their own federal funds) and are then used locally by community-based recipients of federal and state funding.

In Florida, at least 13 grantee organizations use one or more curricula developed by national abstinence-only-until-marriage industry leaders. In addition, SIECUS' research found that at least 18 school districts in Florida use these national abstinence curricula in their own human sexuality education courses.

For example, The Ark/L'Arche Inc., a Title V abstinence-only grantee, provides the "Project P.H.A.T." abstinence-only-until-marriage program to at-risk middle school students in Broward County. Project P.H.A.T. uses *WAIT (Why Am I Tempted?) Training*, a popular abstinence-only-until-marriage program produced by a Colorado-based CBAE grantee. SIECUS reviewed *WAIT Training* and found that it contained little medical or biological information and almost no information about STDs, including HIV/AIDS. Instead, it contains information and statistics about marriage, many of which are outdated and not supported by scientific research. It also contains messages of fear and shame and biased views of gender, sexual orientation, and family type. For example, *WAIT Training* explains, "men sexually are like microwaves and women sexually are like crockpots....A woman is stimulated more by touch and romantic words. She is far more attracted by a man's personality while a man is stimulated by sight. A man is usually less discriminating about those to whom he is physically attracted."²⁶

Similarly, the Miami-Dade County Public Schools have a contract with Abstinence Between Strong Teens, which is both a Title V abstinence-only-until-marriage and a CBAE grantee. The organization uses the *Choosing the Best* curricula in the school district. The *Choosing the Best* series is one of the more popular abstinence-only-until-marriage programs in the country. The series is comprised of a number of curricula for students from sixth grade through high school: *Choosing the Best WAY*, *Choosing the Best PATH*, *Choosing the Best LIFE*, *Choosing the Best JOURNEY*, and *Choosing the Best SOULMATE*. The series has been recently revised and the information about STDs is now medically accurate. However, *Choosing the Best* curricula continue to promote heterosexual marriage, rely on messages of fear and shame, and include biases about gender, sexual orientation, and pregnancy options. For example, *Choosing the Best PATH* asks students to brainstorm the "emotional

consequences” of premarital sex. Suggested answers include “guilt, feeling scared, ruined relationships, broken emotional bonds.”²⁷

The CBAE-funded organization, Christian Care Center, uses three popular abstinence-only-until-marriage curricula in Sumter County Public Schools: *A.C. Green’s Game Plan*, *Choosing the Best*, and *Navigator*. SIECUS reviewed all three of these curricula. We found that in order to convince high school students to remain abstinent until marriage, *Game Plan* relies on messages of fear and shame, inaccurate and misleading information, and biased views of marriage, sexual orientation, and family structure. In addition, *Game Plan* fails to provide important information on sexual health including how students can seek testing and treatment if they suspect they may have an STD. Finally, the format and underlying biases of the curriculum do not allow for cultural, community, and individual values, and discourage critical thinking and discussions of alternate points of view in the classroom. For example, *Game Plan* compares sex to fire and says: “In a fireplace, fire is beautiful and gives warmth to a home. Outside of the fireplace, it can cause serious harm.” “What about sex? In a marriage relationship, sex can be beautiful. Outside of marriage, it can cause serious harm.”²⁸

Similarly, our review of *Navigator* found that it relies on messages of fear and shame, inaccurate and misleading information, and biased views of marriage, sexual orientation, and pregnancy options. *Navigator* fails to provide important information on sexual health and the format and underlying biases of the curriculum dictate specific values and discourage critical thinking. For example, the authors explain “*Navigator* does not promote the use of contraceptives for teens. No contraceptive device is guaranteed to prevent pregnancy. Besides, students who do not exercise self-control to remain abstinent are not likely to exercise self-control in the use of a contraceptive device.”²⁹

In addition to using these curricula, school districts across the state use materials from national opponents of comprehensive sexuality education such as Focus on the Family and the Medical Institute. For example, Walton County schools, distribute a pamphlet produced by Focus on the Family. The pamphlet, titled, “Sex and Singles: Reasons to Wait,” warns students that, “You can have sex for the first time only once. For those couples who wait to initiate their sexual experiences until marriage, the wedding night can be an ecstatic time of discovery and bonding...For those who have already sampled others or each other, the wedding night instead is more like finding the presents already opened on Christmas morning.”³⁰

Led by James Dobson, Focus on the Family promotes marriage and abstinence-only-until-marriage programs. Its mission reads, “To cooperate with the Holy Spirit in sharing the Gospel of Jesus Christ with as many people as possible by nurturing and defending the God-ordained institution of the family and promoting biblical truths worldwide.”³¹ Focus on the Family is a long-time opponent of comprehensive sexuality education.

Polk County School District includes two videos produced by The Medical Institute on its approved video list for health education. The two videos are “Thought You Ought to Know” and “Sex Is Not a Game.” The Medical Institute (formerly the Medical Institute for Sexual Health) describes itself as a “medical, educational, and research organization” founded “to confront the global epidemics of teen pregnancy and sexually transmitted infections (STIs).”³² It is a national organization that provides assistance to abstinence-only-until-marriage educators and providers. The Medical Institute was founded in 1992 by Joe McIlhaney, a Texas physician with close ties to the Bush administration. The organization receives federal grants from a number of different government agencies, and its staff and

board members have held seats on high-level advisory panels in the Centers for Disease Control and Prevention (CDC) and the President’s Advisory Council on HIV/AIDS (PACHA).

Schools Develop Curricula that Build on Abstinence-Only-Until-Marriage Themes

In addition to this influx of nationally produced materials, numerous Florida school districts have created their own curricula and materials to teach young people the importance of abstaining from sexual activity until marriage. These locally developed abstinence-only-until-marriage programs and materials in Florida are worthy of our attention because they often fly under the radar screen and are carried out without any systematic oversight. While national programs come to the attention of watchdog groups like SIECUS, locally produced program materials are often never reviewed for even basic accuracy let alone for the values and themes they contain.

The themes identified in locally-produced curricula are remarkably similar to those contained in the more popular, national abstinence-only-until-marriage curricula.

Abstinence-only-until-marriage materials and curricula utilized in many Florida’s school districts:

- Promote heterosexual marriage.
- Foster myths and stereotypes about gender.
- Rely on messages of fear and shame.
- Use outdated materials on HIV, AIDS, and sexually transmitted diseases.

Promote Marriage

Curriculum materials presented in Florida school districts promote heterosexual marriage as the only acceptable context for sexual behavior. For example, the DeSoto County School District’s Health Scope and Sequence curriculum guidelines for human sexuality education contain a “values and morals” section that explicitly emphasizes the importance of heterosexual marriage. The guidelines state, “By consciously choosing to engage in sex only with one partner and within the confines of love and marriage, teens will eliminate any of the physical and/or emotional harm caused by contracting a sexually transmitted disease (STD), and they will know that a child conceived within a marriage will be brought into a more secure and loving world.”³³ In other words, according to the school district, heterosexual marriage is the magical gateway to a lifetime of safety and happiness.

An emphasis on marriage is also consistent throughout the high school curriculum in Duval County Public Schools. A notification letter sent home to parents of ninth grade students states that the sex education course will teach “recognizing the benefits of a monogamous, heterosexual marriage.”³⁴ Similarly, the course overview for the 11th grade health education class includes “marriage, choosing marriage, mate selection, pre-marital counseling, and legal requirement [for marriage]” as topics of instruction.³⁵

The curriculum does not discuss any alternatives to heterosexual marriage and actually goes as far as to discourage any discussion of same sex relationships. In fact, specific guidelines included in the teacher’s sex education manual state:

Should a student ask a question about homosexuality...the following [definition has been] approved, if students should ask for additional information, they should be referred to their parent(s):

'Homosexuality is a tendency to direct sexual desire toward another person of the same sex, or to put it differently, it is a preference for sexual relationships with persons of the same sex. This preference is not just an occasional episode or act or thought but is considered to be a long-term permanent preference.'³⁶

Teachers are instructed not to provide information beyond this definition.

Although it is important to help young people explore their feelings on marriage and relationships, these curricula do so in the most limited and directive manner that presents marriage as the only appropriate way of life and suggests that individuals who choose otherwise are making the wrong decision for themselves and society. It is not the place of education programs to mandate choices for students. Further, such curricula ignore the needs of gay and lesbian students and fail to provide students adequate information for healthy and responsible decision-making.

Foster Myths and Stereotypes about Gender

Many of the abstinence-only-until-marriage programs used in Florida school districts are based on a number of underlying myths and stereotypes about gender. Rather than present these stereotypes as part of a discussion on gender roles and allow students to think critically about why these generalizations exist and how they impact relationships, these programs present them as universal truths.

A Highlands County Schools PowerPoint presentation for eighth grade students heavily fosters gender myths. The PowerPoint, titled, "Choices and Consequences," lists "Emotional Dangers" related to having premarital sex including "regret." The slide states, "Girls think of sex as a way to 'show you care.'" It goes on to tell the story of Sandy. "...A bright and pretty girl explained she had never had a boyfriend, so she was excited when a senior asked her out. After dating several weeks, the boy asked her to have sex. She was reluctant, he was persistent. She was afraid of appearing immature and losing him, so she consented. Did she keep him? 'I know now that he didn't really love me. I feel so stupid, so cheap.'" The presentation seems to suggest that the only motivation for a young woman like Sandy to become involved in pre-marital sex is low self-esteem: "There are girls with so little self-esteem, they will settle for any kind of attention from guys." It warns that young people who do have sex will face a loss of self-respect and self-esteem. It goes on to suggest that premarital sex will stunt personal development: "A girl who enters into a serious relationship early in life may find out later that her individuality was thwarted. She became a part of him and failed to develop her own interests."³⁷

It is worth noting that these explanations suggest that women will be emotionally scarred by premarital sexual activity without telling students how boys will be similarly impacted. Moreover, the explanations also seem to suggest that girls' suffering is their own fault, as in the case of Sandy, because they lack self-respect and give in to boys' advances to keep their attention. These messages reinforce a societal double standard that places all of the responsibility for refusing sexual activity on the shoulders of young women.

The Focus on the Family pamphlet distributed in Walton County schools, also relies on a societal double standard in which young women are criticized not just for their sexual behavior but for their sexual desire: "In the sexual revolution, women have been (and still are) the big losers...When women accept the Playboy philosophy of sex as recreation, they trade a number of sexual encounters for...nothing. No ongoing relationships, no commitment, no security, no family, and

possibly no children, if they acquire a pelvic infection from a partner.” The pamphlet goes on to explain that, “For some, sex is like a perpetual game show. Give the correct response and the bells go off. You win the round and get to play again. Say the wrong thing, miss the mark, and it’s the buzzer...Those women who are skilled at putting on a good show can become championship players—but they’re on stage for their act, not for themselves. Unfortunately, faking pleasure isn’t anything like actually having it.”³⁸ Not surprisingly, there are no messages directed to young men criticizing their sexuality.

Miami-Dade County school district’s seventh and eighth grade Human Growth and Development curriculum’s lesson on dating includes an information sheet that compares how women and men feel about love and sex. While the sheet recognizes the societal double standard that privileges male sexual activity and promiscuity while condemning the same behavior in women, the information nonetheless reinforces gender myths. Below are the comparisons the sheet offers:

Males	Females
Becoming [sic] involved with girls for sexual pleasure primarily.	Become involved with boys for pursuit of love.
Separate LOVE and SEX.	Combine LOVE and SEX; more self-control.
Use the girl’s hope for LOVE to get sex.	Use the boy’s sex desires to get commitment. (possible pregnancy)
Accuse girls of being frigid.	Seem unresponsive and frigid, disinterested.
Think girls are supposed to be as sexually active as they are.	Thinks [sic] closeness means: She is excited all over (not always sexually).
Little boys taught to: Pursue	Little girls taught to: Resist
DOUBLE STANDARD—Boys may sow their wild oats, boys often judge.	Girls must remain virgin [sic] for their husband.
After marriage: Still remember past experiences, girlfriends, etc.	After marriage: girls forget their former romances. Prepare psychologically for devotion.
She says, “I love you.” He thinks, “She’s ready for sex.”	He says, “I love you.” She thinks, “He wants to get married.”
Think, talk, daydream, and dream a lot more about sex.	Extremely responsive to romantic stories and movies. ³⁹

Likewise, Clay County school district distributes pamphlets published by the Journeyworks Company that provide tips on how to refuse pressure to have sex. There are different pamphlets for boys and girls. While the pamphlet for boys attempts to dispel the myth that being sexually active is indicative of masculinity, the pamphlet for girls reinforces the gender stereotypes that males are sexually aggressive and cannot control their sexual urges while females are passive and lack sexual desires.

More specifically, the pamphlet for boys, “Sexual Pressure: A Survival Guide for Guys,” tells readers that “guys get a lot of pressure to have sex—from friends, partners, TV and movies. But you can say no without losing your cool.” Boys are advised “not to confuse sexual activity with masculinity.” “You can be good looking, strong and popular without having sex,” the pamphlet states.⁴⁰ While that may be a fine message, in contrast, the girls’ pamphlet, “How to Say No And Keep Your Boyfriend,” puts the onus on young women, claiming that it is their responsibility to refuse their boyfriend’s sexual advances without ruining the relationship. “If you don’t want to lose him, but don’t want to go any further, try these tips. If he’s Mr. Right, he’ll stick around!” The pamphlet acknowledges for its readers that “saying no to sex is doubly hard if you really like him,” but warns that “fighting off roaming hands takes the fun out of everything else.” For example, girls are advised to “let him down easy.” “Your boyfriend may feel hurt at first. That’s normal!” “Remind him that if he respects you, he won’t pressure you.”⁴¹

Students in these programs are not challenged to question the nature, validity, or origin of these gender stereotypes, or to explore how stereotypes affect communication within friendships or sexual relationships. Such a presentation is detrimental to all young people by limiting their understanding, attempting to manipulate their behavior, and coloring their expectations for future relationships.

Rely on Messages of Fear and Shame

Abstinence-only-until-marriage programs and curricula frequently rely on messages of fear and shame in an effort to control young people’s sexual behavior. Specifically, the programs focus on the inevitable negative consequences of premarital sex and suggest that young people who are sexually active have low self-esteem, lack moral character, and will face unhappy futures. The themes are evident in the curricula and materials produced by Florida county school districts.

A PowerPoint presentation for high school students in Clay County, titled, “Healthy Choices: Abstinence and AIDS,” essentially criticizes sexually active teens. One slide in the presentation lists the following reasons why teens choose to become sexually active: “want to be popular or cool,” “have low self-esteem,” “family problems,” “alcohol and/or drugs,” and “effects of the media.” Reasons listed for why teens choose not to have sex include: “morals or religion,” “have goals for themselves,” “don’t want a bad reputation,” “know the consequences,” “don’t want [sexually transmitted infections],” and “choose abstinence.”⁴² Messages like these create a dichotomy between abstinence teens who are portrayed as having morals and goals and sexually active teens who are portrayed as being troubled and lacking self-esteem. By going on to suggest that sexual active teens can and should expect a “bad reputation,” the presentation implies that sexually active teens are less worth of trust and respect than their abstinence peers.

Curricula in Florida not only rely on such messages of shame, they attempt literally to scare young people out of engaging in sexual activity. Another Clay County PowerPoint presentation on sexually transmitted infections features numerous, graphic slides of advanced sexually transmitted infections, including photos of chancre sores, genital warts, penile secretion, and rashes. Such graphic images

are shown to underscore the inevitability of sexually transmitted diseases. Equally alarming to students are the clip art graphics of a skull and cross bones featured on slides that discuss HIV and AIDS. The final slide of the presentation tells students to “Stop! Think! Remember...The only 100% effective protection against STIs is by being abstinent!”⁴³ The PowerPoint offers no information on prevention methods other than abstinence. Instead, students are led to believe that any sexual activity outside of marriage will inevitably result in contracting a sexually transmitted disease and ultimately lead to death.

Instead of providing accurate information and an opportunity for young people to think critically about sexual decisions, these programs distort the truth in an effort to scare young people and make them feel bad about themselves. This approach can only serve to leave young people woefully unprepared for a lifetime of responsible decision-making.

Provide Misinformation about Condoms

Like most abstinence-only-until-marriage programs, the curricula produced in Florida schools tend to deliberately undermine young people’s faith in condoms. For example, the Walton County school district provides its students with a pamphlet on sexually transmitted diseases published by the organization, California Nurses for Ethical Standards. The pamphlet, titled “The Silent Epidemic,” while written by a registered nurse, is nonetheless irresponsible in its discussion on condoms. “Trust a condom? Are you kidding?” the pamphlet states. “Condoms fail so often in preventing pregnancy (10%-36%) that doctors call them ‘antiquated birth control.’ Condoms fail even more often in trying to prevent STDs.” To emphasize this point the pamphlet asks students rhetorically: “Would you buy a ticket to go bungee jumping from a company that admits their bungee cords will fail about 40% of the time?”

In truth, condoms are an excellent form of birth control. When used consistently and correctly condoms prevent pregnancy 98% of the time.⁴⁴ Moreover the CDC has stated that “Latex condoms, when used consistently and correctly, are highly effective in preventing the transmission of HIV, the virus that causes AIDS. In addition, correct and consistent use of latex condoms can reduce the risk of other STDs.”⁴⁵ An end note in the pamphlet seems to suggest scientific or at least practical explanations for why condoms fail so frequently; “Condoms break, crack, slip, leak, can be applied too late, removed too early, deteriorate with time and heat, and FDA recommendations allow up to 4 defects per 1,000. Defect holes can be at least 50 times larger than the HIV virus.”⁴⁶ This information is simply incorrect. For example, it is estimated that condoms break less than 2% of the time.⁴⁷

The rationale for presenting inaccurate information about condoms to young people seems to be an assertion that if young people believe condoms will not work, they will not have sex. There is no evidence to support this reasoning. What is far more likely is that young people will have sex but simply not use a condom thereby increasing their risk of sexually transmitted diseases and unintended pregnancy.

Use Outdated Materials

One of the most alarming aspects of the sex education curricula used in Florida public schools is the prevalence of outdated information about STDs, HIV/AIDS, and birth control. Many curricula and other materials used currently were first published or produced in the early to mid 1990s. Over the past 15 years, research and treatment of HIV/AIDS and other STDs has increasingly advanced. Moreover, the scope and nature of these public health issues have changed dynamically both globally and in the United States. In particular, we know we have a real and serious STD epidemic among

young people. For example, recent research from the Centers for Disease Control and Prevention (CDC) reported in 2008 that 1 in 4 teenage girls has an STD. In addition, in 2006, young people between the ages of 13 and 29 accounted for 34 percent of the total number of new HIV infections diagnosed.⁴⁸ The prevalence of STDs and HIV among young people demands that students receive both current and accurate sexual health information. Our research shows many Florida schools are failing to do both.

For example, the Leon County School District, lists a video titled, “Birth Control: Myths and Methods,” under its approved list of resources for high school Biology courses. The video was produced in 1988. A number of contraceptive methods used by today’s young people including Depo-Provera, the contraceptive patch, and emergency contraception were not on the market 20 years ago and the scientific information about other contraceptive methods has changed as well. Similarly, the list of materials on HIV/AIDS approved for the fifth grade health education course includes two videos: “A is for AIDS,” produced in 1988 and “AIDS: A Different Kind of Germ,” produced in 1990.⁴⁹ The approved list also includes “Health: AIDS” and “Teenage Sexuality.” These two recordings are part of the ABC News Interactive Videodisc series that was produced in the late 1980s. The format itself, “Videodisc,” commonly marketed as a “Laserdisc” is a media technology that is no longer available.

Osceola County schools use a number of videos for their human sexuality courses, which cover puberty, HIV/AIDS, and abstinence. The majority of the videos were produced between 1991 and 1996, including the video “Teen Sex—It Can Kill You,” produced in 1995 by American Portrait Films, which presents information on adolescent sexuality, STDs, and decision making.⁵⁰ The title of the video itself speaks to an era of the AIDS epidemic before effective antiretroviral drugs became available to treat HIV infection. Since the mid 90s, significant scientific advances in testing, early diagnosis, and treatment of HIV have reduced the perception of HIV as a death sentence.

Today’s fifth graders were born around 1997 but the last time that the fifth grade health education curriculum for Highlands County public schools was updated was 1991. As such, a worksheet for students features a bar graph showing the number of AIDS cases in the United States among different age groups. According to the worksheet, the statistics are from 1990. Students are instructed to use the graph to answer the questions on the worksheet. These questions include, “There are about 70,000 cases of AIDS in which age group?” and “How many people in your age group have AIDS?” The statistics displayed by the graph show that as of 1990 there had been a total of 151,525 AIDS cases reported in the United States, that adults between the ages of 30–39 had the highest number of reported AIDS cases with a total of 70,031, and that a total of 2,672 AIDS cases had been reported in young people under the age of 13.⁵¹ If this worksheet had been updated it would show a very different picture; that as of 2007 there have been 1,030,832 cumulative AIDS cases in the United States, that 421,507 AIDS cases among 30–39 year-olds have been reported, and that there are 9,209 young people under the age of 13 who have acquired AIDS.⁵²

Another fact sheet still used in the school district suggests that, “IV drug users are the fastest growing group of AIDS victims.” While this may have been true when the fact sheet was created, in 2007 intravenous drug users accounted for only 12 percent of new HIV infections while HIV/AIDS diagnoses increased most among persons exposed through high-risk heterosexual contact. By using such outdated statistics, the curriculum fails to provide young people with the information they need to accurately assess their own risk.

Scientific understanding and medical information change rapidly. School districts in Florida should be embarrassed that they continue to rely on materials produced before their students were even born. Such outdated materials do little to inform students about the prevalence of disease among their peers, in their own communities, and may give them a false perception of the risks they face. Providing students with current statistics along with the most recent research regarding prevention, testing, and treatment will allow them to make positive healthy choices.

At a very minimum, school-based education must provide young people with accurate information about their health and the opportunity to develop the skills necessary to make responsible decision today and in the future. Our extensive review of sexuality education in Florida makes it clear that these conditions are not being met. Instead, because of an influx of federal money, the proliferation of nationally produced materials, a state policy that encourages abstinence-only courses, and the perceived approval of the abstinence-only-until-marriage approach, school districts in Florida are routinely failing our young people.

CONCLUSIONS AND RECOMMENDATIONS

What becomes clear in this report is that too many of Florida's schools are failing to provide our young people with the information they need to behave responsibly and avoid unintended pregnancy and sexually transmitted diseases, including HIV/AIDS. Outdated and inaccurate materials speak to a profound lack of oversight and accountability that has been allowed to persist for much too long. Most disturbingly, the state of Florida itself continues to prop up the failed abstinence-only-until-marriage approach by taking federal money even after nearly half the other states have abandoned it. In keeping faith in these failed programs, the state perpetuates an enabling environment that leaves our young people in the dark and even provides them with blatantly false information.

There is unanimity among every major public health organization in this country and around the globe in rejecting abstinence-only-until-marriage programs. The conclusion of these organizations is based on what works, not the narrow ideology of a few extreme right wing voices who seek to perpetuate the destructive culture war and attack mainstream American values. If this is about the health and well-being of our young people, we know exactly the route to be pursued: ending abstinence-only-until-marriage programs and implementing comprehensive sexuality education programs.

A comprehensive approach to educating our young people about sex and relationships works. Studies indicate that providing comprehensive information about abstinence, contraception, and condoms will not increase young people's sexual activity or lead them to engage in sex at an earlier age as many adults have feared. In fact, a more comprehensive approach to sex education has been shown to delay sexual initiation while also providing young people with the information and skills they need to protect themselves. This bears repeating: a more comprehensive approach to sex education has been proven to do a better job of helping young people be abstinent and delay sex than do abstinence-only-until-marriage programs. Finally, a more comprehensive approach to sex education also increases the likelihood that young people will use condoms or contraception if they so choose to become sexually active.⁵³

The authors of this report therefore recommend the following policy actions for the state of Florida:

1. Enact the Healthy Teens Act,⁵⁴ a bill requiring Florida public schools that already teach information about sexually transmitted infections, family planning, and pregnancy to provide medically accurate and comprehensive sex education—including facts about abstinence and methods of preventing unintended pregnancy and the spread of diseases.
2. Join the company of nearly half of the other states across the country that are no longer participating in the Title V abstinence-only-until-marriage program and reject these harmful monies. In this, Florida will save state resources and can re-direct efforts toward a more comprehensive approach to sex education.
3. Adopt comprehensive sex education curricula in local school districts and provide adequate training for instructors who are teaching these materials.

Florida must act to turn the tide against ineffective and failed efforts in the state to address unintended and teen pregnancies, as well as the epidemics of STDs, including HIV/AIDS. Public policy in this area must be made to follow the evidence and commit to a bold new agenda to implement comprehensive sex education. Our moral sense demands this of us and our young people deserve nothing less.

Appendix 1. DISTRIBUTION OF FY08 FEDERAL ABSTINENCE-ONLY-UNTIL MARRIAGE FUNDING IN FLORIDA

Organization Funded	Counties Served	Title V	CBAE	AFLA	Total	Working in Public Schools
ABST (Abstinence Between Strong Teens)	Miami-Dade	\$60,000	\$642,250		\$702,250	X
The AFCAAM Catholic Center	Lee	\$60,000			\$60,000	X
The African Caribbean American Catholic Center	Orange	\$60,000			\$60,000	X
Alms of Bethel Community Development, Inc.	Lafayette	\$60,000			\$60,000	
Apostolic Ministries of America, Inc.	Brevard	\$48,000			\$48,000	
Apostolic Worship Center	Orange	\$60,000			\$60,000	
The Ark/L'arche, Inc.	Broward	\$48,000			\$48,000	X
Baker County Health Department	Baker, Nassau		\$460,755		\$460,755	X
Bridging the Gap Inc.	Gadsden	\$60,000			\$60,000	X

Appendix 1. DISTRIBUTION OF FY08 FEDERAL ABSTINENCE-ONLY-UNTIL MARRIAGE FUNDING IN FLORIDA

Organization Funded	Counties Served	Title V	CBAE	AFLA	Total	Working in Public Schools
BETA Center	Orange, Osceola, Seminole		\$430,938		\$430,938	
Catholic Charities of Central Florida, Inc.	Broward, Orange	\$60,000	\$600,000		\$660,000	X
Catholic Charities, Diocese of Palm Beach	Palm Beach	\$60,000			\$60,000	
Christian Care Centers	Citrus, Hernando, Lake, Sumter		\$423,166		\$423,166	X
Daytona Beach Community Development Corporation of Florida Inc	Volusia	\$60,000			\$60,000	
Family Christian Care Centers	Broward, Miami-Dade		\$586,307		\$586,307	X
First Care Family Resources Inc	Palm Beach		\$600,000		\$600,000	

Appendix 1. DISTRIBUTION OF FY08 FEDERAL ABSTINENCE-ONLY-UNTIL MARRIAGE FUNDING IN FLORIDA

Organization Funded	Counties Served	Title V	CBAE	AFLA	Total	Working in Public Schools
Heartland Rural Health Network Inc	Charlotte, Desoto, Hardee, Highlands, Polk		\$497,830		\$497,830	
Hendry County Health Department	Hendry		\$393,067		\$393,067	X
Live the Life Ministries	Gadsden, Leon, Madison, Taylor		\$599,870		\$599,870	X
Orlando Baptist Church	Brevard, Orange	\$48,000			\$48,000	
Pinellas Crisis Pregnancy Center	Pasco, Pinellas		\$600,000		\$600,000	X
Pregnancy Care Center of Plant City, Inc.	Hillsborough, Pasco, Polk		\$599,879		\$599,879	
Project SOS	Clay, Duval, Jefferson, Madison, Nassau, Suwanee, Union		\$599,619		\$599,619	X
Reform Ministries	Lake	\$48,000			\$48,000	

Appendix 1. DISTRIBUTION OF FY08 FEDERAL ABSTINENCE-ONLY-UNTIL MARRIAGE FUNDING IN FLORIDA

Organization Funded	Counties Served	Title V	CBAE	AFLA	Total	Working in Public Schools
River Region Human Services	Baker, Clay, Duval, Nassau, St. John's	\$91,700			\$91,700	X
Seminole County Healthy Start Coalition	Seminole	\$48,000			\$48,000	X
Seminole County Health Department	Seminole	\$48,000			\$48,000	
St. Peter's Academy	Indian River	\$48,000			\$48,000	
Steps for Teens Inc	Brevard	\$48,000			\$48,000	X
Switchboard of Miami	Miami-Dade		\$463,000	\$300,000	\$763,000	
TLC Clinic	Palm Beach, Pinellas		\$800,000		\$800,000	
Trinity Church	Broward, Miami-Dade		\$599,800		\$599,800	
The W.A.Y. Ministries, Inc.	Leon	\$48,000			\$48,000	
A Woman's Place, Inc.	Hillsborough		\$1,382,992		\$1,382,992	X

Appendix 2. ABSTINENCE-ONLY CURRICULA AND PROGRAMS IN FLORIDA SCHOOL DISTRICTS

School District	Curricula	Promote Heterosexual Marriage	Foster Gender Stereotypes	Employ Fear- and Shame-Based Tactics	Use Outdated Materials	Teach Misinformation on HIV/AIDS	Utilize National Abstinence-Only Supplementary Materials
Alachua	Locally produced	X					
Baker	<i>Choosing the Best Way; Choosing Best Path; WAIT Training</i>	X	X	X		X	X
Bay							
Bradford	Locally produced; <i>Choosing the Best</i>	X	X	X			X
Brevard							X
Broward	<i>WAIT Training</i>	X	X	X		X	X
Calhoun	<i>Game Plan; Go A.P.E.; Managing Pressures before Marriage</i>	X	X	X		X	X
Charlotte	Locally produced	X					

Appendix 2. ABSTINENCE-ONLY CURRICULA AND PROGRAMS IN FLORIDA SCHOOL DISTRICTS

School District	Curricula	Promote Heterosexual Marriage	Foster Gender Stereotypes	Employ Fear- and Shame-Based Tactics	Use Outdated Materials	Teach Misinformation on HIV/AIDS	Utilize National Abstinence-Only Supplementary Materials
Citrus	<i>Abstinence Educator Guidebook; Aspire; Choosing the Best; Game Plan; Navigator</i>	X	X	X		X	X
Clay	Locally produced	X		X			
Collier	Locally produced	X					
Columbia	Locally produced	X					
DeSoto	Locally produced	X		X	X		
Dixie							
Duval	Locally produced	X		X			X
Escambia	Locally produced	X					
Flagler	Locally produced	X					
Franklin	Locally produced	X					
Gadsden	Locally produced	X					X

Appendix 2. ABSTINENCE-ONLY CURRICULA AND PROGRAMS IN FLORIDA SCHOOL DISTRICTS

School District	Curricula	Promote Heterosexual Marriage	Foster Gender Stereotypes	Employ Fear- and Shame-Based Tactics	Use Outdated Materials	Teach Misinformation on HIV/AIDS	Utilize National Abstinence-Only Supplementary Materials
Gilchrist	Locally produced	X					
Glades	Locally produced	X					
Gulf	Locally produced	X					
Hamilton	Locally produced	X					
Hendry	Locally produced	X					
Hernando	Locally produced	X					
Highlands	Locally produced	X		X	X	X	
Hillsborough	Locally produced	X		X		X	
Holmes							
Indian River	Locally produced	X					

Appendix 2. ABSTINENCE-ONLY CURRICULA AND PROGRAMS IN FLORIDA SCHOOL DISTRICTS

School District	Curricula	Promote Heterosexual Marriage	Foster Gender Stereotypes	Employ Fear- and Shame-Based Tactics	Use Outdated Materials	Teach Misinformation on HIV/AIDS	Utilize National Abstinence-Only Supplementary Materials
Jackson	<i>Game Plan, Go APE, Managing Pressures before Marriage, Tri County Abstinence Program</i>	X		X		X	X
Jefferson							
Lafayette							
Lake	Locally produced	X		X		X	X
Lee							X
Leon	<i>Always Changing, Always Growing; Choosing the Best Way</i>	X		X	X	X	
Levy	Locally produced	X					
Liberty	<i>Game Plan; Managing Pressures before Marriage; Go APE; Teen Outreach</i>	X		X		X	

Appendix 2. ABSTINENCE-ONLY CURRICULA AND PROGRAMS IN FLORIDA SCHOOL DISTRICTS

School District	Curricula	Promote Heterosexual Marriage	Foster Gender Stereotypes	Employ Fear- and Shame-Based Tactics	Use Outdated Materials	Teach Misinformation on HIV/AIDS	Utilize National Abstinence-Only Supplementary Materials
Madison							
Manatee	Locally produced	X		X		X	
Marion	<i>Go APE, Choosing the Best Way, WAIT Training, MARS</i>	X		X		X	
Martin	Locally produced	X		X	X		
Miami-Dade	Locally produced	X		X	X		
Monroe							
Nassau	<i>Choosing the Best Way; WAIT Training</i>	X		X		X	
Okaloosa	Locally produced	X					
Okeechobee	Locally produced	X		X		X	
Orange	Locally produced	X					X
Osceola	Locally produced	X		X			

Appendix 2. ABSTINENCE-ONLY CURRICULA AND PROGRAMS IN FLORIDA SCHOOL DISTRICTS

School District	Curricula	Promote Heterosexual Marriage	Foster Gender Stereotypes	Employ Fear- and Shame-Based Tactics	Use Outdated Materials	Teach Misinformation on HIV/AIDS	Utilize National Abstinence-Only Supplementary Materials
Palm Beach	Locally produced; <i>Choosing the Best</i>	X	X	X		X	X
Pasco							
Pinellas	Locally produced; <i>You Can Marry for Keeps, Connections: Relations and Marriage</i>	X		X			
Polk	Locally produced	X		X	X	X	
Putnam							
St. Johns	Locally produced, <i>Go APE, Project SOS</i>	X		X		X	
St. Lucie							
Santa Rose							
Sarasota							
Seminole	Locally produced						X

Appendix 2. ABSTINENCE-ONLY CURRICULA AND PROGRAMS IN FLORIDA SCHOOL DISTRICTS

School District	Curricula	Promote Heterosexual Marriage	Foster Gender Stereotypes	Employ Fear- and Shame-Based Tactics	Use Outdated Materials	Teach Misinformation on HIV/AIDS	Utilize National Abstinence-Only Supplementary Materials
Sumter	<i>Always Changing; Game Plan; Navigator</i>	X	X	X		X	
Suwannee	<i>The Art of Loving Well; Choosing the Best Life; Learn How to Have the Best Sex by Waiting until Marriage</i>	X		X	X	X	
Taylor	Locally produced; <i>WAIT Training</i>	X	X	X		X	X
Union	<i>Always Changing, Choosing the Best Life</i>	X	X	X		X	X
Volusia	<i>Game Plan; Project SOS</i>	X		X			
Wakulla	Locally produced	X					
Walton	<i>Sex Education Activities Just for the Health of It; Baby Think it Over</i>	X		X	X	X	

Appendix 2. ABSTINENCE-ONLY CURRICULA AND PROGRAMS IN FLORIDA SCHOOL DISTRICTS

School District	Curricula	Promote Heterosexual Marriage	Foster Gender Stereotypes	Employ Fear- and Shame-Based Tactics	Use Outdated Materials	Teach Misinformation on HIV/AIDS	Utilize National Abstinence-Only Supplementary Materials
Washington	<i>Game Plan; Managing Pressures before Marriage; Go APE; Tri County Abstinence Program</i>	X		X	X	X	
School for the Deaf/Blind							

-
- ¹ Christopher Trenholm, et. al., “Impacts of Four Title V, Section 510 Abstinence Education Programs: Final Report,” (Trenton, NJ: Mathematica Policy Research, Inc., April 2007), accessed 20 June 2008, <www.mathematica-mpr.com/>.
- ² Personal conversation between Douglas Kirby and William Smith, 13 April 2007.
- ³ Kevin Freaking, “States turn down US Abstinence grants,” Associated Press, 24 June 2008, accessed 3 August 2008, <<http://www.newsvine.com/news/2008/06/24/1606495-states-turn-down-us-abstinence-education-grants>>.
- ⁴ See Florida Statute, Title XLVIII, Chapter 1003, Section 42 and 43.
- ⁵ See Florida Statute, Title XLVIII, Chapter 1003, Section 46.
- ⁶ See Florida Statute, Title XLVIII, Chapter 1003, Section 42, 43, and 46.
- ⁷ *Cases of HIV Infection and AIDS in the United States and Dependent Areas, 2007* vol. 19, (Atlanta, GA: Centers for Disease Control and Prevention, February 2009), accessed 23 February 2009, <<http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2007report/pdf/2007SurveillanceReport.pdf>>
- ⁸ *Cases of HIV Infection and AIDS in the United States and Dependent Areas, 2006*, (Atlanta, GA: Centers for Disease Control and Prevention, 1 April 2008), accessed 21 January 2009, <<http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2006report/table16.htm>>; “HIV/AIDS: United States vs. Florida,” Florida Department of Health, Bureau of HIV/AIDS, data as of 31 December 2007 (2007), accessed 8 December 2008, <http://www.doh.state.fl.us/disease_ctrl/aids/updates/facts/07Facts/2007_US_VS_FL_Fact_Sheet.pdf>.
- ⁹ “HIV/AIDS: United States vs. Florida,” <http://www.doh.state.fl.us/disease_ctrl/aids/updates/facts/07Facts/2007_US_VS_FL_Fact_Sheet.pdf>.
- ¹⁰ “HIV/AIDS in Young People, Florida, 2007,” Florida Department of Health, Bureau of HIV/AIDS (2007), accessed 8 December 2008, <http://www.doh.state.fl.us/Disease_ctrl/aids/updates/facts/07Facts/2007_Young_People.pdf>.
- ¹¹ Sheresse J. Bleechington, MPH, CHES, “Sexually Transmitted Diseases: Assessing and Understanding Florida’s Youth,” PowerPoint Presentation, Florida Department of Health, Bureau of Sexually Transmitted Disease Prevention and Control, <<http://www.wemakethechange.com/english/sos/presentations/The%20State%20of%20Black%20Youth%20-%20Sherese%20Bleechington.pdf>>.
- ¹² Lindsay Peterson, “Teens Have 70% Of STDs Locally, Statistics Show,” *Tampa Tribune*, 16 February 2009, accessed 25 February 2009, <<http://healthyteensflorida.org/node/398>>.
- ¹³ “Youth Risk Behavior Surveillance—United States, 2007,” Surveillance Summaries, Morbidity and Mortality Weekly Report 57.SS-4 (6 June 2008), accessed 8 December 2008, <<http://www.cdc.gov/HealthyYouth/yrbs/index.htm>>.
- ¹⁴ “Births: Final Data for 2006,” *National Vital Statistics Reports*, vol. 56, number 7, (Atlanta, GA: Centers for Disease Control and Prevention, 5 December 2007), accessed 8 December 2008, <http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_07.pdf>.
- ¹⁵ *U.S. Teenage Pregnancy Statistics: National and State Trends and Trends by Race and Ethnicity* (New York; Guttmacher Institute, updated September 2006), accessed 8 December 2009, <<http://www.guttmacher.org/pubs/2006/09/12/USTPstats.pdf>>.
- ¹⁶ “Office of Family Assistance (OFA),” Administration for Children and Families, accessed 1 February 2009, <http://www.acf.hhs.gov/opa/fact_sheets/tanf_factsheet.html>.
- ¹⁷ Maternal and Child Health Bureau, “Maternal and Child Health Services Title V Block Grant,” accessed on 1 February 2009, <<http://mchb.hrsa.gov/programs/blockgrant/overview.htm>>.
- ¹⁸ “Attachment III: Local Match Documentation,” Title V Mini-Grant FY07-08.
- ¹⁹ The Ark/L’arche, Inc., Application to the Florida Department of Health, 2007, p. 7.
- ²⁰ Alms of Bethel Community Development, Inc., Application to the Florida Department of Health, 2007, p. 5.
- ²¹ Catholic Charities, Diocese of Palm Beach, Inc., Application to the Florida Department of Health, 2007, p. 3.
- ²² “Welcome,” Project S.O.S., accessed 24 February 2009, <<http://www.projectsos.com/>>.
- ²³ Information provided through the Freedom of Information Act requests made to the Florida Abstinence Education Program.
- ²⁴ “Programs Approved for the 2008-2009 School Year,” Health Education Advisory Committee, School District of Manatee County, 26 August 2008.
- ²⁵ *A Portrait of Sexuality Education and Abstinence-Only-Until-Marriage Programs in the States (Fiscal Year 2007 Edition): An Overview State Profiles* (Washington, DC: SIECUS, October 2008), accessed <<http://www.siecus.org/index.cfm?fuseaction=Page.viewPage&pageId=668&grandparentID=478&parentID=487>>.

-
- ²⁶ Joneen Krauth-Mackenzie, *WAIT (Why Am I Tempted) Training, Second Edition* (Greenwood Village, CO: WAIT Training, undated). For more information, see SIECUS' review of *WAIT Training* at <http://www.communityactionkit.org/curricula_reviews.html>.
- ²⁷ Bruce Cook, *Choosing the Best* (Marietta, GA: Choosing the Best, Inc., 2001-2007).
- ²⁸ *A.C. Green's Game Plan* (Golf, IL: Project Reality, 2007). For more information, see SIECUS' review of *A.C. Green's Game Plan* at <http://www.communityactionkit.org/curricula_reviews.html>.
- ²⁹ Scott Phelps and Libby Gray, *Navigator: Finding Your Way to A Healthy and Successful Future* (Golf, IL: Project Reality, 2003). For more information, see SIECUS' review of *Navigator* at <http://www.communityactionkit.org/curricula_reviews.html>.
- ³⁰ Paul C. Reisser, M.D., "Sex and Singles: Reasons to Wait," (Colorado Springs: Focus on the Family, 1993).
- ³¹ "About Focus on the Family," Focus on the Family, accessed 1 October 2008, <http://www.focusonthefamily.com/about_us.aspx>.
- ³² "About Us: What is the Medical Institute?" Medical Institute for Sexual Health, (2007), accessed 4 April 2008, <<http://www.medinstitute.org/content.php?name=aboutmi>>.
- ³³ "DeSoto County Schools' HSE (Human Sexuality Education) Curriculum 'Values and Morals,'" Health Scope and Sequence Pre-K—Grade 12, School District of DeSoto County, developed July 1998, p. 2.
- ³⁴ Life Management Skills, Sample Notification Letter, Grade 9, Duval County Public Schools.
- ³⁵ Personal, Social and Family Relationships, Course Overview, Grade 11, Duval County Public Schools.
- ³⁶ "Ground Rules for Teaching Puberty, Reproductive System, and HIV/AIDS," Teacher Information, Duval County Public Schools.
- ³⁷ "Choices and Consequences," PowerPoint presentation, Human Growth and Development, Grade 8, Highlands County School District, slides 45-47 and 53.
- ³⁸ "Sex and Singles: Reasons to Wait."
- ³⁹ "Males vs. Females on Love and Sex," suggested student handout, Human Growth and Development, Grades 7 and 8, Unit VI, Lesson I, Miami-Dade County Public Schools, p. 148.
- ⁴⁰ George and Tara Leonard, "Sexual Pressure: A Survival Guide for Guys," (Santa Cruz: Journeyworks Publishing, 1995, revised 2005).
- ⁴¹ Tara Leonard, "How to Say No and Keep Your Boyfriend," (Santa Cruz: Journeyworks Publishing, 1995, revised 2008.)
- ⁴² "Healthy Choices: Abstinence and AIDS Awareness," Lesson 2, PowerPoint presentation, School District of Clay County, 19 September 2008, slides 30-31.
- ⁴³ "Healthy Choices: Abstinence and AIDS Awareness," slide 61.
- ⁴⁴ Robert Hatcher, et al, *Contraceptive Technology*, 17th revised edition (New York: Irvington Publishers, Inc., 1998), 328-329; "Condoms Get Better," *Consumer Reports*, June 1999, 46.
- ⁴⁵ U.S. Centers for Disease Control and Prevention (CDC), *Latex Condoms and Sexually Transmitted Diseases-Prevention Messages* (Atlanta, GA: CDC, 2001), p. 2.
- ⁴⁶ Germaine Wensley, "The Silent Epidemic," (Rosemead: California Nurses for Ethical Standards, 1994, revised 2002).
- ⁴⁷ Robert Hatcher, et al, *Contraceptive Technology*.
- ⁴⁸ "Table 3. Estimated numbers and rates (per 100,000 population) of new HIV infections in adults and adolescents, 2006—50 states and the District of Columbia," *Cases of HIV Infection and AIDS in the United States and Dependent Areas, 2007, Vol. 19*, Centers for Disease Control and Prevention (18 February 2009) accessed 25 February 2009 <<http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2007report/table3.htm>>.
- ⁴⁹ "Supplemental Approved Materials List," Human Growth and Development Sex Education, Curriculum Guidelines for Biology Classes, Leon County District Schools, revised summer 1997, p. 103.
- ⁵⁰ "Videos used in schools in Osceola County Schools for the Puberty/HIV/AIDS/abstinence program," Osceola School District.
- ⁵¹ "Infectious Disease," graph activity, Highlands County 5th Grade Curriculum for Health Education, Lesson 4, Highlands County Schools.
- ⁵² *Cases of HIV Infection and AIDS in the United States and Dependent Areas, 2007, Vol. 19*, Centers for Disease Control and Prevention (18 February 2009), accessed 25 February 2009.
- ⁵³ John Santelli, "Medical Accuracy in Sexuality Education: Ideology and the Scientific Process," *Sexuality Research and Social Policy: Journal of the National Sexuality Resource Center (NSRC)*, September 2008 (vol. 5, issue 3).
- ⁵⁴ 2009 Legislative Session: SB 220 by Senator Ted Deutch (D-30) and HB 265 by Rep. Keith Fitzgerald (D-69).