

Poster #13

Research Study

Title: “Public School Funding and Prevalence of Teenage Pregnancy in Florida”

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Category: Public Health

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Introduction and Objective. Females who experience teenage pregnancy often face many financial, social, and educational ramifications. Differences in school funding could impact sexual education programs, access to reproductive health resources, counseling which could ultimately impact teen birth rates. Objectives of this study are to assess whether the level of county public-school funding per-pupil is associated with increased the teen birthrates for those aged 15-19 years-old among Florida counties in 2018.

Methods. An ecological study was conducted. We defined the independent variable using data from the Florida-Department-of-Education (FDOE) on public-school funding per-pupil among Florida counties and categorized it as “below-median funding” and “above-median funding” based upon the average of public-school funding per-pupil for all Florida counties. The dependent-variable was teen birthrates among Florida’s counties using data from the Center for Disease Control and Prevention(CDC). Confounders assessed included percent Hispanic, non-Hispanic White, non-Hispanic Black, per-capita individual income by county, and percentage of high-school education attainment according to the most recent United States Census data. Analyses were performed using uni and multivariate linear regression models in STATA v 16.

Results. All 67 Florida counties were included. The median per-pupil funding at the county level was found to be \$8,477.50. The average teen birth rate across all counties was 24.29 births per 1000 female teens. Both crude and adjusted models resulted in no differences in teen birthrate in counties that received public school funding per pupil below and above the median (coefficient=2.68 births per 1000 female teens, 95% CI = -7.47, 2.11 and 2.69, 95% CI = -6.17, 0.79, respectively for crude and adjusted models) We found that after adjusting for confounding variables, counties with a per-capita income above the median have on average a lower teen birth rate than those with per-capita income below the median by 11.47 births per 1000 teens (95%CI:-15.50, -7.45, p < 0.001).

Conclusions-Implications. We found no evidence for an association between per-pupil funding and teen birthrate using county-level data in Florida. Given the limitations in this study, future studies should focus on data at the individual level and account for differences in sexual-education classes, free contraceptives, de-stigmatization of the topic, and access to specially trained counselors and health-professionals as to best assess the potential role of public-school funding in teen birth rate.