

# **Rights.**

# **Respect.**

# **Responsibility.**

## **Comprehensive Sex Education and Academic Success**

### *Effective Programs Foster Student Achievement*

Several recent studies have shown that healthy teens generally do better in school than their less healthy peers.<sup>1, 2, 3, 4</sup> Teens may have little control over some factors – such as chronic illness – that may contribute to their poor health and difficulties in school. However, when armed with accurate information and skills, teens can eliminate or minimize other factors that threaten their success in school. In particular, health education including comprehensive sex education provides adolescents with the information and skills they need to avoid many health risks, including unintended or unwanted pregnancy as well as most sexually transmitted infections (STIs), including HIV.

#### **HEALTH AND ACADEMIC ACHIEVEMENT ARE LINKED**

The Centers for Disease Control and Prevention (CDC) have repeatedly found that student health behaviors and good grades are linked. According to CDC, “students with higher grades are less likely to engage in health-risk behaviors than their classmates with lower grades, and students who do not engage in health-risk behaviors receive higher grades than their classmates who do engage in health-risk behaviors.”<sup>2</sup> Physical and mental health-related problems inhibit young people from learning by reducing their motivation to learn; reducing their feeling of connectedness to school (a key factor in academic achievement); and contributing to absenteeism and even temporary or permanent dropping out.<sup>3</sup>

- Students who get mostly A's and B's are far less likely to drink alcohol, use drugs, or smoke cigarettes than students who get D's and F's; and students who get A's and B's are more likely to exercise regularly and get a good night's sleep than students with lower grades.<sup>2</sup>
- Students who have asthma, or who do not eat breakfast, are almost twice as likely to be at academic risk as students who don't have these health risks.<sup>3</sup>
- Poor vision has been associated with lower scores on standardized literacy and basic skills tests.<sup>3</sup>
- In one study of 8th graders in Washington State, those students that suffered from depression were almost twice as likely to be at academic risk than were their peers who did not experience depression.<sup>5</sup>
- Each additional health risk a student experiences is associated with a significant academic risk— suggesting that removing health risks can also remove academic barriers.<sup>5</sup>

## SEXUAL RISK TAKING AND ITS CONSEQUENCES CAN AFFECT STUDENTS' PERFORMANCE AT SCHOOL

Forty-six percent of high school students report ever having had sex, and thirty-four percent report being currently sexually active. Sexual intimacy is a part of many students' lives. But students who do not use contraception consistently and correctly face serious health risks—and therefore, serious academic risks.

- Of students who reported being sexually active, 39 percent reported that they did not use a condom at last sexual intercourse, and 77 percent reported that they did not use birth control pills or depo-provera.<sup>6</sup> Among teen couples who do not use any method of contraception, 85-90% will experience a pregnancy within one year.<sup>7</sup>
- The birth rate in 2007 was 22 per 1,000 15- to 17-year-old women. This means that about 145,000 young women ages 15 through 17 gave birth.<sup>8</sup> Most of them had not yet completed high school. Giving birth during high school often has a negative impact on the ability of young women to complete high school and to pursue a college education and a rewarding career.<sup>9,10</sup>
- The birth rate in 2007 was 74 per 1,000 18- and 19-year-old women.<sup>8</sup> Although many of these 300,000 young women may have completed high school, the birth of an infant often negatively affects their opportunities to pursue a college education and a rewarding career.<sup>9,10</sup>
- Teen pregnancy takes a particular toll on school connectedness. It is a major disruption in a teen's life which makes it difficult to remain engaged in school and active in the school community—leading to lower grades and higher dropout rates.<sup>3</sup>
- Teens experience almost half of the 20 million STD cases in America each year—leading to worry and emotional distress, sometimes painful symptoms, and trips to a doctor or clinic for treatment—all of which could impact school attendance and performance negatively.<sup>11</sup>

**While health disparities are multi-faceted and embedded in our society, schools cannot improve academic achievement until they begin to address these disparities and help assist youth to succeed in school.**

## HEALTH DISPARITIES ARE INTERRELATED AND HAVE A DEVASTATING EFFECT ON ACADEMIC PERFORMANCE

It is well known that students with lower socio-economic status as a whole have lower academic performance. Research has found that poor health may be a major cause for this outcome.

- The United States' lowest performing schools are also the ones worst affected by all health disparities, including teen pregnancy.<sup>3</sup>
- African American and Latina teens are almost three times as likely to live in poverty as young white women and are also almost three times as likely to experience pregnancy as young white woman.<sup>12,13</sup> Teen pregnancy is part of the "cycle of poverty" in which very young mothers stay poor, and their children go on to experience teen pregnancy, poverty, and lower academic outcomes.<sup>3</sup>
- While health disparities are multi-faceted and embedded in our society, schools cannot improve academic achievement until they begin to address these disparities and help assist youth to succeed in school.<sup>3</sup>

## HEALTH PROGRAMS, INCLUDING HEALTH EDUCATION, CAN HELP REDUCE HEALTH DISPARITIES AND ASSIST YOUTH TO SUCCEED IN SCHOOL

Studies have repeatedly found that health programs in school help young people succeed. The most effective strategy is a strategic and coordinated approach to health that includes family and community involvement, school health services, a healthy school environment, and health education.<sup>3, 5, 14</sup>

- Health education helps reinforce positive behaviors and assists students to avoid negative ones. For instance, education programs have been proven to help young people increase their physical activity and reduce or eliminate tobacco use.<sup>5, 14</sup>
- Students who participate in health programs with proven-effective curricula increase their health knowledge and decrease risky behaviors related to the program.<sup>14</sup> For instance, programs for asthmatic children that included a health education component were linked with improved academic outcomes among these children. One program for youth at risk for drug use, aggressive behavior, and suicide helped these young people decrease drinking and drug use and improve their grades, reducing the disparity between these students and non-program students.
- An extensive review of school health initiatives found that programs that included health education had a positive effect on academic outcomes, including reading and math scores.<sup>5</sup>

## COMPREHENSIVE SEX EDUCATION PROTECTS STUDENT HEALTH

Evaluations of comprehensive sex education programs show that these programs can help youth delay onset of sexual activity, reduce the frequency of sexual activity, reduce the number of sexual partners, and increase condom and contraceptive use.<sup>17, 18, 19</sup>

The evidence shows youth who receive comprehensive sex education are NOT more likely to become sexually active, increase sexual activity, or experience negative sexual health outcomes. Effective programs exist for youth from a variety of racial, cultural, and socioeconomic backgrounds.<sup>17, 18, 19</sup>

Researchers studied the National Survey of Family Growth to determine the impact of sexuality education on youth sexual risk-taking for young people ages 15-19, and found that teens who received comprehensive sex education were 50 percent less likely to experience pregnancy than those who received abstinence-only education.<sup>20</sup>

Conversely, abstinence-only programs have not been proven effective at lowering teen pregnancy or STI rates, increasing young people's knowledge, or even helping them remain abstinent. A congressionally mandated study of four popular abstinence-only programs by the Mathematica found that they were entirely ineffective. Students who participated in the programs were no more likely to abstain from sex than other students and no better protected from teen pregnancy, STIs, and HIV.<sup>21</sup>

## PROVIDING COMPREHENSIVE SEX EDUCATION HELPS STUDENTS ACHIEVE ACADEMIC SUCCESS

Schools have a vested interest in keeping students healthy: by doing so, they help students get higher grades and attain their academic goals. Students who are involved in pregnancy or experience STIs or HIV face major obstacles to academic success, but schools have the opportunity to help students avoid these barriers to success. Comprehensive sex education helps students protect their sexual health and avoid these negative outcomes. By providing comprehensive sex education programs, schools support student health and foster their academic achievement.

Written by Emily Bridges, MLS, and Sue Alford, MLS  
Advocates for Youth © August 2010

## REFERENCES

1. CDC. Sexual Risk Behaviors and Academic Achievement. Atlanta, GA: CDC, (2010); [http://www.cdc.gov/HealthyYouth/health\\_and\\_academics/pdf/sexual\\_risk\\_behaviors.pdf](http://www.cdc.gov/HealthyYouth/health_and_academics/pdf/sexual_risk_behaviors.pdf); last accessed 5/23/2010.
2. CDC. Health-Risk Behaviors and Academic Achievement; Atlanta, GA: CDC, (2010); [http://www.cdc.gov/HealthyYouth/health\\_and\\_academics/pdf/health\\_risk\\_behaviors.pdf](http://www.cdc.gov/HealthyYouth/health_and_academics/pdf/health_risk_behaviors.pdf); last accessed 5/23/2010.
3. Basch CE. Healthier Students Are Better Learners: a Missing Link in School Reforms to Close the Achievement Gap. [Equity Matters; Research Review #6]. NY: Teachers College of Columbia University, 2010.
4. CDC. School Connectedness: Strategies for Increasing Protective Factors among Youth. Atlanta, GA: Author, 2009; <http://www.cdc.gov/HealthyYouth/AdolescentHealth/connectedness.htm>; last accessed 5/23/2010.
5. Dilley J. Research Review: School-Based Health Interventions and Academic Achievement. Washington State Board of Health, 2009. [http://here.doh.wa.gov/materials/research-review-school-based-health-interventions-and-academic-achievement/12\\_HealthAcademic\\_E09L.pdf](http://here.doh.wa.gov/materials/research-review-school-based-health-interventions-and-academic-achievement/12_HealthAcademic_E09L.pdf)
6. Eaton JK, Kann L, Kinchen S et al. Youth Risk Behavior Surveillance, United States, 2007. Morbidity & Mortality Weekly Report 2008; 57; SS-4: 1-150;
7. Hatcher RA et al. Contraceptive Technology. 19th rev. edition. New York, NY: Ardent Media, 2008.
8. Hamilton BE, Martin JA, Ventura SJ. Births: preliminary data for 2007. National Vital Statistics Reports 2009; 57 (12):1-22; [http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57\\_12.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_12.pdf); last accessed 5/23/2010.
9. CDC. Adolescent Reproductive Health: about Teen Pregnancy: Preventing Teen Pregnancy, an Update in 2009; <http://www.cdc.gov/reproductivehealth/AdolescentRepro-Health/AboutTP.htm>; last accessed 5/23/2010.
10. Hoffman SD. Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy. Washington, DC: Urban Institute Press, 2008.
11. CDC. STD Surveillance, 2008 Atlanta, GA: Author, 2009
12. Costello, Keeler, & Angold, 2001; National Center for Education Statistics, 2007
13. Kost, K., Henshaw, S., & Carlin, L. (2010). U.S. Teenage Pregnancies, Births and Abortions: National and State Trends and Trends by Race and Ethnicity. Retrieved January 2010, from <http://www.guttmacher.org/pubs/USTPtrends.pdf>
14. Society of State Directors of Health, Physical Education and Recreation. Making the connection: Health and student achievement.\* [ppt 5.2MB].
15. Murray NG, Low BJ, Hollis C, Cross AW, Davis SM. Coordinated school health programs and academic achievement: A systematic review of the literature. Journal of School Health 2007;77(9):589-600.
16. Dilley J. Research Review: School-Based Health Interventions and Academic Achievement. Washington State Board of Health, 2009. [http://here.doh.wa.gov/materials/research-review-school-based-health-interventions-and-academic-achievement/12\\_HealthAcademic\\_E09L.pdf](http://here.doh.wa.gov/materials/research-review-school-based-health-interventions-and-academic-achievement/12_HealthAcademic_E09L.pdf)
17. Alford S, Bridges E, Gonzalez T, et al. Science and Success: Sex Education and Other Programs that Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections. 2nd ed. Washington, DC: Advocates for Youth, 2008; <http://www.advocatesforyouth.org/storage/advfy/documents/science-success.pdf>; last accessed 5/23/2010.
18. Kirby D. Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases. Washington, DC: National Campaign to Prevent Teen & Unplanned Pregnancy, 2007; [http://www.thenationalcampaign.org/EA2007/EA2007\\_full.pdf](http://www.thenationalcampaign.org/EA2007/EA2007_full.pdf); last accessed 5/23/2007.
19. Advocates for Youth. Comprehensive Sex Education: Research and Results [The Facts] 2009; <http://www.advocatesforyouth.org/storage/advfy/documents/fscse.pdf>; last accessed 5/23/2010.
20. Kohler et al. "Abstinence-only and Comprehensive Sex Education and the Initiation of Sexual Activity and Teen Pregnancy." Journal of Adolescent Health, 42(4): 344-351.
21. Trenholm et al. Impacts of Four Title V, Section 510 Abstinence Education Programs. Princeton: Mathematica Policy Research, 2007. Accessed from <http://www.mathematica-mpr.com/publications/PDFs/impactabstinence.pdf> on July 15, 2009.