

Comprehensive Sex Education: Research and Results

THE FACTS

Since 1997 the federal government has invested more than \$1.5 billion dollars in abstinence-only programs – proven ineffective programs which censor or exclude important information that could help young people protect their health. In fact, until recently, programs which met a strict abstinence-only definition were the only type of sex education eligible for federal funding; no funding existed for comprehensive sex education, which stresses abstinence but also provides information about contraception and condoms.

But the Obama administration's proposed budget for FY10 removed the streams of funding for abstinence-only programs, and created funding for programs which have been *proven effective* at reducing teen pregnancy, delaying sexual activity, or increasing contraceptive use. **Not surprisingly, it is comprehensive sex education programs which help youth remain healthy and avoid negative sexual health outcomes.** This document explores the research around comprehensive sex education and abstinence-only programs.

Comprehensive Sex Education Has Been Proven Effective

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 number of sexual partners, and increase condom and contraceptive use. Importantly, 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.^{1,2,3,4,5}

- 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.⁶
- Researcher Douglas Kirby for the National Campaign to End Teen and Unplanned Pregnancy examined studies of prevention programs which had a strong experimental design and used appropriate analysis. Two-thirds of the 48 comprehensive sex ed programs studied had positive effects.
 - ◆ 40 percent delayed sexual initiation, reduced the number of sexual partners, or increased condom or contraceptive use.
 - ◆ 30 percent reduced the frequency of sex, including a return to abstinence.
 - ◆ 60 percent reduced unprotected sex.⁷
- Advocates for Youth undertook exhaustive reviews of existing programs to compile a list of programs that have been proven effective by rigorous evaluation. Twenty-six effective programs were identified, 23 of which included comprehensive sex education as at least one component of the program. The other programs were early childhood interventions. Of the 23 effective, comprehensive sex education programs:
 - ◆ 14 programs demonstrated a statistically significant delay in the timing of first sex.
 - ◆ 13 programs showed statistically significant declines in teen pregnancy, HIV, or other STIs.
 - ◆ 14 programs helped sexually active youth to increase their use of condoms.

- ◆ 9 programs demonstrated success at increasing use of contraception other than condoms.
- ◆ 13 programs showed reductions in the number of sex partners and/or increased monogamy among program participants.
- ◆ 10 programs helped sexually active youth to reduce the incidence of unprotected sex.⁵

Abstinence-Only Programs Are Inaccurate, Ineffective and May Even Cause Harm

While there is ample research to prove that comprehensive sex education programs give young people the tools they need to protect themselves from negative sexual health outcomes, there is **little if any** evidence to show that flawed abstinence-only programs are effective – even at achieving abstinence among teens.

- 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.⁸
- Evaluations of publicly funded abstinence-only programs in at least 13 states have shown no positive changes in sexual behaviors over time.^{9,10}
- In December 2004, the U.S. House of Representative’s Committee on Government Reform led by Rep. Henry A. Waxman released a report showing that 80 percent of the most popular federally funded abstinence-only education programs use curricula that distort information about the effectiveness of contraceptives, misrepresent the risks of abortion, blur religion and science, treat stereotypes about girls and boys as scientific fact, and contain basic scientific errors.¹¹
- Among youth participating in “virginity pledge” programs, researchers found among sexually experienced youth who were re-pledging abstinence, 88 percent broke the pledge and had sex before marriage. Further, among all participants, once pledgers began to have sex, they had more partners in a shorter period of time and were less likely to use contraception or condoms than were their non-pledging peers.^{12,13}
- **No abstinence-only program has yet been proven through rigorous evaluation to help youth delay sex for a significant period of time, help youth decrease their number of sex partners, or reduce STI or pregnancy rates among teens.**

Public Opinion on Comprehensive Sex Education versus Abstinence-Only

Public opinion polls consistently show that more than 80 percent of Americans support teaching comprehensive sex education in high schools and in middle or junior high schools.^{14,15} In one poll, 85 percent believed that teens should be taught about birth control and preventing pregnancy; in another, seven in 10 opposed government funding for abstinence-only programs.¹⁵ Support for comprehensive sex education also cuts across party lines.¹⁴ In a poll of 1,000 self-identified Republicans and Independents, 60 percent of Republicans and 81 percent of Independents think that public schools should teach comprehensive sex education.¹⁶

Young People Need Comprehensive Sex Education

The health and future of every adolescent is shadowed by risk of sexually transmitted infections (STIs), including HIV, as well as by risk of involvement in unintended pregnancy.

- The rate of STIs is high among young people in the United States. Young people ages 15-24 contract almost half the nation’s 19 million new STIs every year; and the CDC estimates that one in four young women ages 15-19 has an STI.¹⁷
- Experts estimate that about one young person in the United States is infected with HIV *every hour of every day*.¹⁸
- Nearly 15 percent of the 56,000 annual new cases of HIV infections in the United States occurred in youth ages 13 through 24 in 2006.¹⁸
- African American and Hispanic youth are disproportionately affected by the HIV and AIDS pandemic. Although only

17 percent of the adolescent population in the United States is African American, these teens experienced 69 percent of new AIDS cases among teens in 2006. Latinos ages 20 – 24 experienced 23 percent of new AIDS cases in 2006 but represented only 18 percent of U.S. young adults.¹⁸

- A November 2006 study of declining pregnancy rates among teens concluded that the reduction in teen pregnancy between 1995 and 2002 was primarily the result of increased use of contraceptives.¹⁹ However, new data from the Centers for Disease Control and Prevention's National Center for Health Statistics (NCHS) show that teen birth rates are again on the rise.²⁰
- The NCHS reports a five percent national increase between 2005 and 2007 in teenage birth rates in the U.S; from 40.5 to 42.5 births per 1,000 young women aged 15-19.²⁰
- Approximately one in five teens reports some kind of abuse in a romantic relationship, with girls who experience dating violence having sex earlier than their peers and being less likely to use birth control and more likely to engage in a wide variety of high-risk behaviors.^{21,22,23,24}

Research clearly shows that comprehensive sex education programs do not encourage teens to start having sexual intercourse; do not increase the frequency with which teens have intercourse; and do not increase the number of a teen's sexual partners. At the same time, evaluations of publicly funded abstinence-only programs have repeatedly shown no positive changes in sexual behaviors over time. Young people need honest, effective sex education – not ineffective, shame-based abstinence-only programs.

References

1. Baldo M et al. Does Sex Education Lead to Earlier or Increased Sexual Activity in Youth? Presented at the Ninth International Conference on AIDS, Berlin, 6-10 June 1993. Geneva: World Health Organization, 1993.
2. United Nations Joint Programme on HIV and AIDS. *Impact of HIV and Sexual Health Education on the Sexual Behaviour of Young People: a Review Update. [UNAIDS Best Practice Collection]* Geneva: UNAIDS, 1997.
3. Institute of Medicine, Committee on HIV Prevention Strategies in the United States. *No Time to Lose: Getting More from HIV Prevention.* Washington, DC: National Academy Press, 2001.
4. Kirby D. *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy.* Washington, DC: National Campaign to Prevent Teen Pregnancy, 2001.
5. Alford S et al. *Science and Success: Sex Education and Other Programs that Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections.* Washington, DC: Advocates for Youth, 2003, 2008.
6. 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.
7. Kirby D. "Sex and HIV Programs: Their Impact on Sexual Behaviors of Young People Throughout the World." *Journal of Adolescent Health* 40 (2007) : 206-217.
8. 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.
9. Hauser D. Five Years of Abstinence-Only-Until-Marriage Education: Assessing the Impact. [Title V State Evaluations] Washington, DC: Advocates for Youth, 2004.
10. Hauser D. Illinois Abstinence-Only Programs: Disseminating Inaccurate and Biased Information. Washington, DC: Advocates for Youth, 2008.
11. U.S. House of Representatives, Committee on Government Reform. *The Content of Federally Funded Abstinence-Only Education Programs, prepared for Rep. Henry A. Waxman.* Washington, DC: The House, 2004.
12. Bearman PS, Brückner H. Promising the future: virginity pledges and the transition to first intercourse. *American Journal of Sociology*; 2001; 106: 859-912.
13. Bruckner H, Bearman, PS. After the promise: the STD consequences of adolescent virginity pledges. *Journal of Adolescent Health* 36 (2005) 271-278.
14. Hickman-Brown Public Opinion Research. Public Support for Sexuality Education Reaches Highest Levels. Washington, DC: Advocates for Youth, 1999.
15. Kaiser Family Foundation, National Public Radio, and Harvard University. Sex Education in America: General Public/ Parents Survey. Menlo Park, CA: The Foundation, 2004.
16. Ianelli D. "Reproductive Health Care Poll of Republicans and Independents." Public Strategies, Inc., 2009.
17. CDC. STD Surveillance Report, 2006. Atlanta: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2008.
18. CDC. Slide set: HIV/AIDS surveillance in adolescents and young adults (through 2006). Available at: www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm.
19. Santelli, JS et al. Explaining recent declines in adolescent pregnancy in the United States: the contribution of abstinence and improved contraceptive use. *American Journal of Public Health* 2007; 97(1).
20. Hamilton B et al. "Births: Preliminary Data for 2007." *National Vital Statistics Reports* 2009; 57(12): 1-23
21. Halpern CT, Oslak SG, Young ML et al. Partner Violence Among Adolescents in Opposite-Sex Romantic Relationships: Findings From the National Longitudinal Study of Adolescent Health. *American Journal of Public Health* 2001; 91(10): 1679-1685.
22. Silverman JG, Raj A, Clements K. Dating Violence and Associated Sexual Risk and Pregnancy Among Adolescent Girls in the United States. *Pediatrics* 2004;114(2):e220-e225.
23. Silverman JG, Raj A, Mucci LA et al. Dating Violence Against Adolescent Girls and Associated Substance Use, Unhealthy Weight Control, Sexual Risk Behavior, Pregnancy, and Suicidality. *Journal of the American Medical Association* 2001;286(5):572-579.
24. Decker MR, Silverman JG, Raj A. Dating Violence and Sexually Transmitted Disease/HIV Testing and Diagnosis Among Adolescent Females. *Pediatrics* 2005; 116(2):e272-e276.