



Resources Evaluating Sexuality Education Programs

This document outlines review articles and meta-analyses highlighting the effects of sexuality education programs. Each article considers multiple program evaluations, increasing the confidence with which conclusions can be made. Specifics about programs and curricula are detailed in each review. In the first section of this document we outline several points you might want to make about sexuality education, and then provide brief citations of the articles that support that point. The full citations are provided in the second section, where each review article or meta-analysis is summarized.

Points to Make

Sexuality education programs have proven ability to increase knowledge about reproduction, pregnancy, STIs, and prevention methods.

Card et al. (1998); Eisen et al. (1990); Kim et al. (1997); Kirby (1997)

Sexuality education programs DO NOT promote earlier or increased sexual activity in young people and can lead to increased safer sex practices, such as use of condoms and contraceptives.

Baldo et al (1993); Franklin et al (1997); Grunseit et al (1997); Kirby (1997)

Sexuality education programs that promote both postponement of sexual intercourse and use of protection when sexually active are more effective than those promoting abstinence alone.

Baldo et al (1993); Bartels et al (1994); Kirby (1997); Thomas (2000)

Many existing sexuality education programs show promise for influencing sexual attitudes, skills, and behaviors of young people and adults, and for reducing rates of unintended pregnancy.

Baldo et al. (1993); Bartles et al (1994); Card et al (1998); Franklin et al (1997); Grunseit et al. (1997);

Jacobs & Wolf (1995); Kim et al (1997); Kirby (1997); PPFA (1999); Thomas, 2000

Reviews and Meta-analyses

Thomas, M.H. (2000). Abstinence-based programs for prevention of adolescent pregnancy: A review. Journal of Adolescent Health, 26, 5-17.

Reviews studies evaluating eight abstinence-based pregnancy prevention programs (six abstinence-only programs and two programs stressing abstinence plus prevention methods). The two “abstinence plus” programs were among the three showing a measurable desired behavioral change. The one abstinence-only program showing a significant behavior change was tested with a very small sample (n = 91 including program and control groups) and results are not generalizable.

Planned Parenthood Federation of America (1999). Teaching About Responsible Choices for Sexual Health: What Has an Impact on Behavior? What is Consistent With Our Values? NY: New York.

Reviews 16 sexuality education curricula that have been evaluated in the professional literature. Fifteen of the curricula have demonstrated a desirable impact on sexual behavior; evaluation outcomes are summarized in the report. Curricula were rated by a task force of sexuality educators in terms of the extent to which they address 36 important topics and are consistent with Planned Parenthood stated values about sexuality, our policies, and our practice.

Kim, N., Stanton, B., Li, X., Dickersin, K., & Galbraith, J. (1997). Effectiveness of the 40 adolescent AIDS-risk reduction interventions: A quantitative review. Journal of Adolescent Health, 20, 204-215.

Reviews 40 studies that evaluated adolescent AIDS-risk reduction interventions conducted in the United States. Of the 34 studies assessing changes in knowledge, 30 reported a statistically significant improvement. Of the 12 studies





assessing changes in attitudes, seven found improvements. Six of the 10 studies assessing intentions to use condoms and two of the three studies assessing intentions to practice abstinence found positive changes. In terms of behavior: of the 15 studies assessing condom use, 11 reported an increase; of the six studies assessing abstinence, two showed an increase; and of the 11 studies assessing number of partners, seven showed a decrease. Theory-based and longer interventions were found to be most effective.

Card, J., Becker, S. & Hill, D. (1998). *The PASHA Program Sourcebook: Promising Teen Pregnancy and STD/HIV/AIDS Prevention Programs*. Los Altos, CA: The Program Archive on Sexuality, Health & Adolescence.

Reviews 23 pregnancy prevention, secondary pregnancy prevention, and STI/HIV/AIDS prevention programs. All programs were judged by a Scientist Advisory Panel to have been effective in changing sexual risk-taking behavior in youth in at least one site. For each program the following are listed: the program's target population, the schedule and nature of activities comprising the intervention, requirements for implementing the program, a description of the original program evaluation including the evaluation design and findings, and information about purchasing the curriculum. A shorter summary of the PASHA collection is also available: Card, J.J., Niego, S., Mallari, A. & Farrell, W.S. (1996). *The Program Archive on Sexuality, Health & Adolescence: Promising "Prevention Programs in a Box"*. *Family Planning Perspectives*, 28, 210-220.

Kirby, D. (1997). *No Easy Answers: Research Findings on Programs to Reduce Teen Pregnancy*. Washington, DC: The National Campaign to Prevent Teen Pregnancy.

Summarizes three bodies of research: 1) statistics on teenage sexual risk-taking behavior; 2) research-based theories of behavioral change and research on the antecedents of adolescent sexual risk-taking behavior; and 3) evaluations of numerous programs designed to reduce sexual risk-taking and teen pregnancy (summarized in tables). Outlines common characteristics of effective curricula and concludes that simple

approaches will not markedly reduce adolescent pregnancy, but there is evidence that many programs (particularly those that are more comprehensive) can have positive effects.

Franklin, C., Grant, D., Corcoran, J., Miller, P.O. & Bultman, L. (1997). *Effectiveness of prevention programs for adolescent pregnancy: A meta-analysis*. *Journal of Marriage and the Family*, 59, 551-567.

A meta-analysis analyzing 32 outcome studies on the primary prevention of adolescent pregnancy. The pregnancy prevention programs examined had no effect on sexual activity of adolescents, but there was evidence that programs increased use of contraceptives and reduced pregnancy rates.

Grunseit, A. Kippax, S., Aggleton, P., Baldo, M. & Slutkin, G. (1997). *Sexuality education and young people's sexual behavior: A review of studies*. *Journal of Adolescent Research*, 12, 421-453. (Review commissioned by the World Health Organization, Global Program on AIDS)

Reviews 47 studies (published between 1974 and 1995) that evaluate sexuality education interventions implemented in various countries. All studies addressed the behavioral impact of programs. Twenty-five reported that education neither increased nor decreased sexual activity and attendant rates of pregnancy and STIs; 17 reported that education delayed the onset of sexual activity, reduced the number of sexual partners, or reduced unplanned pregnancy and STI rates, and three found increases in sexual behavior associated with education (one of these was an abstinence-only program, one had potentially significant selection bias, and one reported correlational results, which do not imply causality).

Wingood, G.M. & DiClemente, R.J. (1996). *HIV sexual risk reduction interventions for women: A review*. *American Journal of Preventative Medicine*, 12, 209-217.

Reviews seven studies of HIV-prevention programs for women, which assess program influences on condom use and are published in peer-review journals. The most effective programs were theory-driven, used randomized controlled designs, used peers to implement the intervention,





addressed gender relations, and involved multiple sessions.

Jacobs, C.D. & Wolf, E.M. (1995). School sexuality education and adolescent risk-taking behavior. *Journal of School Health*, 65, 91-95.

Reviews six school-based sexuality education programs. Three studies found an increase in contraception or intent to use contraception among program participants. Three studies found that program participants had fewer adolescent pregnancies.

Wellings, K., Wadsworth, J., Johnson, A.M., Field, J., Whitaker, L. & Field, B. (1995). Provision of sex education and early sexual experience: the relation examined. *British Medical Journal*, 311, 417-420.

A national survey of 18,875 respondents, aged 16-59. Participants were asked to report (retrospectively) age at first intercourse, use of contraception at first intercourse, and actual and preferred source of sexuality education. School-based sexuality education was associated with delayed intercourse among men and with increased likelihood of contraception at first intercourse for both men and women.

Bartels, C., Limber, S, O'Beirne, H. & Wilcox, B. (1994). Federally Funded Abstinence-only Sex Education Programs: A Meta-evaluation. A review conducted by the American Psychological Association and presented at the Fifth Biennial Meetings of the Society for Research on Adolescence.

A review of the major evaluations and data used to defend abstinence-only programs. Discredits the methodology of these evaluations and states that many claims based on these evaluations were unsupported. "To date we are aware of no methodologically sound studies that demonstrate the effectiveness of curricula that teach abstinence as the only effective means of preventing teen pregnancy. Although credible evidence is lacking to show the effectiveness of abstinence-only sex education programs, methodologically sound studies have shown that more comprehensive sexual education approaches, which provide students with behavioral strategies for avoiding sexual intercourse, can be successful in delaying

the onset of sexual activity and in reducing rates of unprotected intercourse among teens."

Baldo, M. Aggleton, P. & Slutkin, G. (1993). Does Sex Education Lead To Earlier or Increased Sexual Activity in Youth? Report by World Health Organization, Global Programme on AIDS: presented at IXth International Conference of AIDS, Berlin.

Reviews 19 studies of sexuality and AIDS education programs delivered in various countries. Several studies found that sexuality education was associated with delayed onset of sexual activity, decrease in overall sexual activity, or adoption of safer-practices by sexually active youth. Furthermore, the authors conclude that: 1) in no study was there evidence of sexuality education leading to earlier or increased sexual activity; 2) programs promoting both postponement of intercourse and use of protection when sexually active are more effective than those promoting abstinence alone; and 3) programs are more effective when provided before young people are sexually active.

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