Sexual Health Education: Research and Results

Young people have the right to lead healthy lives. Providing youth with honest, age appropriate sexual health education is a key part in helping them take personal responsibility for their health and well-being.

Thirty years of public health science clearly demonstrates that providing young people with information about the health benefits of both abstinence and contraception, including condoms, helps them make choices to protect their sexual health, including delaying sex, and using protection against unintended pregnancy, HIV, and sexually transmitted diseases (STDs) when they do become sexually active.

Exemplary sexual health education (ESHE) is a systematic approach to sexual health education that is informed by scientific research and effective practice. There are three main components of ESHE: policy and support, curriculum, and instructional delivery. When planning for effective implementation of sexual health education all three components should be considered. ESHE may include evidence-based interventions, but should emphasize planned, sequential learning throughout a student's school years – in elementary, middle, and high school, with a progression from basic concepts to more complex ones. ESHE provides adolescents the essential knowledge and critical skills needed to avoid HIV, other STDs, and unintended pregnancy. Education is taught by trained teachers who use strategies that are relevant and engaging, and consists of elements that are medically accurate, and developmentally and culturally appropriate.[1] This document explores the research on sexual health education and provides some resources for educators, advocates, and youth-serving professionals seeking to introduce sexual health education in their school districts and/or schools.

YOUNG PEOPLE FACE CHALLENGES TO REPRODUCTIVE AND SEXUAL HEALTH

Over 47 percent of high school age students have already had sex, while 34 percent are currently sexually active.[2] By age 19, 70 percent of teens have had sexual intercourse.[3] Young people face decisions about sex and relationships that can affect the rest of their lives.

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- Among high school students who are currently sexually active, not all are using protection. Nearly half did not use a condom at last intercourse, while 77 percent did not use a hormonal birth control method or an IUD.[4]

- Each year in the United States, about 750,000 teens become pregnant, and up to 82 percent of those pregnancies are unintended.[5,6] While United States teen birth and pregnancy rates have dropped significantly over the past 20 years, they remain among the highest in the industrialized world.[7]

- Young people ages 13-24 account for 25 percent of all new HIV infections in the United States.[8]

- Young people ages 15-24 make up almost one-half of the over 19 million new sexually transmitted diseases (STDs) in the United States.[9]

- Lesbian, gay, bisexual, and transgender (LGBT) youth face discrimination and harassment. Among LGBT students, 82 percent have experienced harassment due to their sexual orientation, and 38 percent have experienced physical harassment.[10] Furthermore, young men who have sex with men account for the vast majority (87 percent) of HIV infections among young men.[11]

- Young people of color are disproportionately at risk for negative sexual health outcomes. For instance, the chlamydia rate among Black women ages 15 to 19 was nearly six times higher than among young white women. Among Black males ages 15 to 19, the gonorrhea rate was nearly 30 times higher than among white males. Young Blacks ages 13-24 account for 60 percent of new HIV infections even though they make up only 16 percent of the youth population.[12] *

- Violence, including sexual violence, in teen relationships is common. About one in three adolescent girls in the United States is a victim of physical, emotional, or verbal abuse from a dating partner. Eight percent of high school students have been forced to have intercourse,[13] while one in ten students say they have committed sexual violence.[14]

- Student sexual health can affect academic success. The Centers for Disease Control and Prevention (CDC) has found that students who do not engage in health risk behaviors receive higher grades than students who do engage in health risk behaviors. Health-related problems and unintended pregnancy can both contribute to absenteeism and dropout.[15]

SEXUAL HEALTH EDUCATION THAT INCLUDES INFORMATION ABOUT ABSTINENCE AND CONTRACEPTION HAS BEEN PROVEN EFFECTIVE IN HELPING YOUNG PEOPLE PREVENT UNINTENDED PREGNANCY, HIV, AND STDS

Exemplary sexual health education (ESHE) provides accurate, complete, and developmentally appropriate information on human sexuality. Research has repeatedly found that sexual health education helps young people take steps to protect their health, including delaying sex, using condoms or contraception, and being monogamous.

- A 2012 study that examined 66 sexual risk reduction programs found them to be an effective public health strategy to reduce adolescent pregnancy, HIV, and STDs.[16]

- An analysis of nationally representative data from the National Survey of Family Growth assessed the impact of sexuality education on youth sexual risk-taking for young people ages 15-19 and found that teens who received sex education were significantly associated with reduced risk of teen pregnancy, while abstinence-only programs had no significant effect in reducing teen pregnancy or STDs.[17]

- Even accounting for differences in household income and education, states that teach sexual health education and/or HIV education that covers abstinence as well as contraception tend to have the lowest pregnancy rates.[18]

THE NATIONAL SEXUALITY EDUCATION STANDARDS: ESSENTIAL MINIMUM CORE CONTENT FOR SEXUALITY EDUCATION

The National Sexuality Education Standards, developed by experts in the public health and sexuality education fields, were heavily influenced by and aligned to the National Health Education Standards (NHES). The NHES were developed to establish, promote and support health-enhancing behaviors for students in all grade levels—from pre-kindergarten through grade 12. They provide a framework for teachers, administrators, and policy makers in designing or selecting curricula, allocating instructional resources, and assessing student achievement and progress. Most of all they provide concrete expectations for health education. While the NHES lay the foundation for health education, the National Sexuality Education Standards (NSES) provide the minimum guidance about essential content and skills to help students make informed decisions about sexual health.[19]

The NSES focus on seven topics as the minimum, essential content and skills for K–12 education: Anatomy and Physiology, Puberty and Adolescent Development, Identity, Pregnancy and Reproduction, Sexually Transmitted Diseases and HIV, Healthy Relationships, and Personal Safety. Topics are presented using performance indicators—what students should learn by the end of grades 2, 5, 8, and 12.[20]

Schools that are developing exemplary sexual health education programs can consult the National Sexuality Education Standards, http://www.futureofsexed.org/ to ensure that students will receive the information and skills they need to develop into healthy adults.

EVIDENCE-BASED INTERVENTIONS FOR SCHOOLS SERVING COMMUNITIES AT RISK

Schools may wish to embed evidence-based interventions (EBIs) in their sexual health education programs. Researchers have identified dozens of EBIs where participants showed statistically significant declines in sexual risk behavior and in teen pregnancy, HIV, or other STDs. The following resources can assist schools and communities in identifying potentially appropriate EBIs for their youth populations.

- Science and Success: Programs that Work to Prevent Teen Pregnancy, HIV, and Sexually Transmitted Diseases (Advocates for Youth, 2012). Advocates for Youth undertook exhaustive reviews of existing programs that work to prevent teen pregnancy, HIV, and STDs and compiled a list of programs that have been proven effective by rigorous evaluation. Thirty-six effective programs were identified.[21]
    - 16 programs demonstrated a statistically significant delay in the timing of first sex.
    - 21 programs showed statistically significant declines in teen pregnancy, HIV or other STDs.
    - 16 programs helped sexually active youth to increase their use of condoms.
    - 9 programs demonstrated success at increasing use of contraception other than condoms.
- Emerging Answers (The National Campaign to End Teen and Unplanned Pregnancy, 2007). Researcher Douglas Kirby examined studies of prevention programs that had a strong experimental design and used other appropriate analysis criteria. Two-thirds of the 48 sexual health education programs studied had positive effects:
    - 40 percent delayed sexual initiation, reduced number of sexual partners, or increased condom or contraceptive use;
    - 30 percent reduced the frequency of sex, including return to abstinence; and
    - 60 percent reduced unprotected sex.[10]
- The Office of Adolescent Health (OAH), a division of the U.S. Department of Health and Human Services, maintains a list of evidence-based interventions, with ratings based on the rigor of program impact studies and strength of the evidence supporting the program model. As of 2015, 37 programs met the OAH's effectiveness criteria and were found to be effective at preventing teen pregnancies or births, reducing sexually transmitted diseases, or reducing rates of associated sexual risk behaviors (defined by sexual activity, contraceptive use, or number of partners).[23]

CONCLUSION

In order for young people to behave responsibly when it comes to decisions about their sexual health, society has the responsibility to provide youth with accurate, age-appropriate sexual health education; access to services to prevent pregnancy and sexually transmitted diseases; and the resources to help them lead healthy lives. Teaching sexual health education in schools is crucial to preparing young people to safeguard their sexual health throughout their lives.

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This document uses racial and ethnic designators used in the original research.

OUR MISSION AND VISION

Advocates for Youth envisions a society in which all young people are valued, respected, and treated with dignity; sexuality is accepted as a healthy part of being human; and youth sexual development is recognized as normal. In such a world, all youth and young adults would be celebrated for who they are and provided with the economic, educational, and social opportunities to reach their full potential. Society would recognize young people's rights to honest sexual health education and provide confidential and affordable access to culturally appropriate, youth-friendly sexual health education and services, so that all young people would have the opportunity to lead sexually healthy lives and to become sexually healthy adults.

Advocates' vision is informed by its core values of *Rights.Respect. Responsibility.* (the 3Rs). Advocates believes that:

- Youth have the inalienable **right** to honest sexual health information; confidential, consensual sexual health services; and equitable opportunities to reach their full potential.
- Youth deserve **respect.** Valuing young people means authentically involving them in the design, implementation, and evaluation of programs and policies that affect their health and well-being.
- Society has the **responsibility** to provide young people with all of the tools they need to safeguard their sexual health, and young people have the responsibility to protect themselves.

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