SCHOOL LEADERS AND SEX EDUCATION IN CONSERVATIVE COMMUNITIES

by

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SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF ARTS IN EDUCATION AT NORTHERN MICHIGAN UNIVERSITY

August 3, 2009

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DATE: August 4, 2009
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Abstract

Abstinence-only sex education has been supported by schools and by the federal government for many years. School leaders struggle to convince conservative communities to switch from abstinence-only sex education instruction to comprehensive programs that include information on contraceptive use. The literature reviewed supports comprehensive education as the best way to lower the rates of sexually transmitted infections and the rates of pregnancy among teens, while very little quality research supports abstinence-only education. School leaders should use local data, as well as the peer-reviewed research findings that support comprehensive programs to convince school communities to adapt comprehensive sex education programs. More research needs to be conducted to find programs that actually decreases the rates of teen sexual activity be changing teen behavior.
Chapter I: Introduction

The debate over which form of sex education is most effective has been going on for many years. Despite the amount of federal funding for abstinence-only programs, teen pregnancy rates are alarmingly high. The United States has the second highest teen pregnancy rate of 46 developed countries (Bennett & Assefi, 2005). Pregnancy rates are not the only rates that are high for teens. The rates of sexually transmitted infections (STI’s) among teens in the United States are among the highest of developing countries with teens accounting for nearly one-half of all new sexually transmitted infections. The high STI rates are occurring despite the fact that teens make up only a quarter of the sexually active population (Kohler, Manhart, & Lafferty, 2008).

Positive and negative aspects of each type of program are under debate. Proponents of abstinence-only programs believe in holding teenagers to high expectations. People who support abstinence-only programs consider abstinence until marriage the only true way for teens to be 100% safe against sexually transmitted infections as well as the prevention of teen pregnancy. The concern with comprehensive programs is the belief that by teaching teens about contraceptives schools and teachers are promoting early sexual activity.

Proponents of teaching comprehensive sex education programs believe in promoting abstinence, but understand the reality that 6 in 10 teenage women and more than 5 in 10 teenage men have had sexual intercourse by the age of 18 (Guttmacher Institute, 2009). Proponents of comprehensive programs also consider the fact that the steady decline in teen pregnancy rates – from 117 pregnancies per 1,000 women in 1990 to 75 per 1,000 women in 2002 – is due to an
increase in contraceptive use, but not due to a decrease in teen sexual activity (Guttmacher Institute, 2009).

Economic factors must also be considered, because many schools are in a state of economic crisis across the nation. Many schools are trying to find ways to save money by cutting programs that cost too much money and by cutting programs that the community does not support. Before implementing any type of program, schools should first determine which type of program is most cost effective. Schools must also take into consideration the federal funding allocated for the program.

Statement of Problem

The aim of this literature review is to determine how school leaders can help convince conservative communities to use sex education programs that move beyond abstinence-only programs. The increase in federal funding for abstinence-only sex education in the United States is one reason research needs to be reviewed in this area. If large amounts of funding have been given to schools to teach abstinence-only programs, empirical research should show evidence the funding is being spent on programs that work.

Research Question(s)

Abstinence-only and comprehensive sex education curriculums will be reviewed, as well as the literature related to the positive and negative impacts of both types of curriculums. The review of this material will be used to answer the following question: How can school leaders move more conservative communities into implementing sex education programs beyond abstinence-only programs?
I will examine the following questions throughout this paper: What are the advantages and disadvantages of abstinence-only and comprehensive sex-education programs? Do abstinence-only or comprehensive programs reduce the rate of sexually transmitted infections or pregnancy rates? What types of programs have been effective in the past? What are teen preferences for sex education information? What type of program is most cost effective? Using the answers from the questions listed above, I will try to answer the question: How can school leaders move more conservative communities into implementing sex education programs beyond abstinence-only programs?

Definition of Terms

Identifying which program is most effective in changing teenage sexual behavior can only be done if each type of program is understood and defined. A broad range of programs exist which include a variety of different components, but several factors need to be considered to define a sex education program as either comprehensive or abstinence-only.

In an abstinence-only sex education program the focus is entirely on abstinence as the only way to prevent pregnancy and sexually transmitted infections. Abstinence-only programs do not include information on contraceptives. If contraceptives are discussed the information is limited to the contraceptive’s ineffectiveness (Trenholm et. al, 2008). Proponents of abstinence-only programs believe abstinence is the best message because abstinence-only programs have a clear message with high expectations that set boundaries for adolescents (Trenholm et. al, 2008).

To receive federal funding, an eight-point (A-H) definition of abstinence-only education is used. The A-H definition of abstinence education is a program that includes all eight points:
A) the exclusive purpose is teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;

B) teaches abstinence from sexual activity outside marriage as the expected standard for all school-age children;

C) teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;

D) teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity;

E) teaches that sexual activity outside the context of marriage is likely to have harmful psychological and physical effects;

F) teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child’s parents, and society;

G) teaches young people how to reject sexual advances and how alcohol and drug use increase vulnerability to sexual advances; and

H) teaches the importance of attaining self-sufficiency before engaging in sexual activity.

(U.S. Social Security Act, §510(b)(2))

A comprehensive sex education program includes an abstinence message, but also incorporates information on contraceptives and the prevention of sexually transmitted infections by using contraceptives (Bennett & Assefi, 2005). Comprehensive programs include information on promoting “safer sex” by using condoms and birth control to prevent pregnancy and sexually transmitted infections (Kohler et al., 2008, p. 345).
Chapter II: Review of Literature

*Sex Education History and Funding*

Over the past few decades, the percentage of teens exposed to sex education courses has dramatically increased. In 1979, roughly half of 17 year olds had taken a sex education course, compared to 90% of 17 year olds in 1994 (Sabia, 2006). The number of teens receiving information about contraceptives is slowly on the decline. In 1995, 8-9% of teenagers received instruction on abstinence without the inclusion of contraceptive information and in 2002 around 23% of teens received abstinence-only instruction. Likewise, in 2002, only one-third of teenagers had any formal instruction about contraceptive use (Guttmacher Institute, 2009). Figure 1 shows the shifts in formal sex education. An increase in abstinence-only education for both boys and girls and a decrease in instruction on contraceptives is demonstrated in the figure. Abstinence-only education is increasing throughout the United States.

Figure 1: Shifts in Formal Sex Education
The reason for the shift in instruction from comprehensive sex education to abstinence-only education is that the laws have changed causing state funding to increase dramatically for abstinence-only sex education in public schools and the community. Under the Bush administration, federal support for abstinence-only programs increased dramatically. Three primary federal programs are designed specifically for abstinence-only sex education programs. These three programs include: Title V, Section (§) 510 of the Social Security Act (welfare reform), Community-Based Abstinence Education (CBAE), under Title XI, §1110 of the Social Security Act, formerly known as Special Projects of Regional and National Significance (SPRANS), and Adolescent Family Life Act, under Title XX of the Public Health Service Act.

Under Title V, Section 510 of the Abstinence Education Program federal funding allocated $50 million annually for states (Turnbull, van Wersch, & van Schaik, 2008). Using block grants, states match the funding making the funding total $87.5 million per year. To receive federal funding schools must teach that abstinence is the only 100% effective way to protect against STI’s and unplanned pregnancy by using the 8-point A-H definition of abstinence-only education (Howell, 2007).

Funding through CBAE grants began in 2000 and focused on using the A-H definition of abstinence-only education. The grant specifies no positive information can be taught regarding contraceptive use or safer-sex practices using condoms. The CBAE grant started out at $20 million for fiscal year 2001 and increased to $113 million for fiscal year 2007 (Howell, 2007). Grants went out to community-based organizations, but are still important because the grants demonstrate the major federal support for abstinence-only programs.
The final funding is through the Adolescent Family Life Act (AFLA). AFLA grants comply with the A-H definition of abstinence-only sex education. AFLA funds are $31 million annually and currently support 57 abstinence education programs using $13 million of the $31 million allotted on abstinence-only programs (Howell, 2007).

The review of federal funding for sex education programs demonstrates strong support for abstinence-only programs. The funding not only gives support for abstinence-based programs, but most grants prohibit the inclusion of any form of instruction that promotes the use of contraceptives. The obvious reason for the continual decrease in comprehensive instruction is because federal funding is only supporting programs that take an abstinence-only approach.

*Teen Attitudes and Preferences for Sex Education*

According to the Guttmacher Institute (2009), twenty-five percent of sexually experienced teens did not receive instruction before the teen’s first sexual experience. Teens should be exposed to sex education before the first sexual experience. Determining teen preferences is also a very important way to learn what the best approach to sex education should be.

In a survey of 672 teenage Americans the source of sex education most preferred by teens was determined (Somers & Surman, 2004). Teenagers where asked to identify “from whom they (the teens) would prefer to receive sex education (Somers & Surman, 2004, p. 50). As many sources as the teens wanted could be listed. The researchers concluded that parents were the number one preferred source of sex education across all races and both genders. The second preferred sources of sex education were the schools and peers. The open-ended responses
expected of the teenagers are definite limitations of the study. Teenagers had to come up with the answers rather than being given a list to choose from. A list would have given the teenagers some direction. Despite the limitations, the study results hold important implications.

Reeves et al. (2006) conducted a survey of 360 eleventh grade students in three different high schools. The researchers found half of the teenagers believed that sex education should be taught at a younger age than programs are typically initiated. For all teenagers included in the study, both boys and girls felt that contraception and how to say ‘no’ to sex should be taught at a lower age. The mean age was 12.1 (11.9-12.3) that students felt it was important to be taught how to say “no” to sex. The mean age teenagers felt that teens should be taught about contraceptives and about HIV/AIDS and other STI’s was between 12.5-12.9. Teens reported feeling that teachers did not provide enough information. One teen wrote, “I feel as if I didn’t receive very good information from primary or secondary school… I now take contraception more seriously after finding out I was pregnant and having an abortion” (Reeves et al., 2006, p. 376). The age at which teenagers feel sex education should be taught, should be taken into account when determining the best approach to teaching a sex education program.

Both studies mentioned above hold important implications when determining the type of sex education program that should be taught. Teenagers obviously would like to learn some of the information about sex from parents. Whether using an abstinence-only or comprehensive approach, the parents should be involved in the educational process.
Characteristics of Programs That Work

Several studies have been conducted to determine what types of programs work best in different situations. Evidence appears to exist in support of both abstinence-only and comprehensive sex education; however, not all of the findings are accurate or conclusive.

One clear approach to teaching sex education may not be the answer. Perhaps the most effective programs are not typical which was found when Sabia (2006) examined the effects of sex education on teenager sexual behaviors. Atypical programs are long-term, repeated, and more intensive, which are characteristics of very few sex education programs. Sabia also concluded that a single effective approach to sex-education is not the answer. Different programs should be mandated at a local level so educators can consider the population of the teenagers who are learning. The demographics of the teenagers will affect the type of program necessary to change teen sexual behavior.

Most sex education programs appear to be based on the assumption that all personality types of individuals respond to the same type of teaching. Teens who engage in early sexual activity are often high sensation seekers and impulsive decision makers (Zimmerman et al., 2008). Few programs address impulsive personality types, because most programs are based on a rationale decision-making model. In the study conducted by Zimmerman et al., a comprehensive sex education approach was modified to reach high sensation, risk-taking teens to determine whether the instruction would positively change the risky sexual behaviors of teens.

The three-year longitudinal study consisted of 1,944 participants (in the final sample) from 17 schools from Cleveland, Ohio, and Louisville, Kentucky. Data were collected using a self-administered questionnaire to determine the effectiveness of three types of curricula on
teenage sexual activity. The three types of curriculum were Reducing the Risk, modified Reducing the Risk to focus on impulsive students, and the standard prevention originally taught in schools used as the comparison group.

The researchers did not find statistically significant results that changed sexual behavior with the modified version of the curriculum aimed to reach high-risk and impulsive personality types. Even though the researchers were not able to change sexual behavior the study was important because researchers demonstrated how to reach a specific demographic of teens. Changing a curriculum to reach different types of teens was not found in any other research studies. Teaching to a specific demographic of teens is an area of sex education curriculums needing further research.

Even if the Zimmerman et al. (2008) did not prove the original goal the study did have positive implications for the comprehensive approach to sex education. The Reducing the Risk curriculum focuses on teaching teens to abstain from sex, but also teaches teens who do not abstain, to use contraceptives with an emphasis on condoms. In the study, the Reducing the Risk curriculum did have statistically significant results in the initiation of sexual activity over the comparison group. The weakness of the study was that the comparison curriculum was not defined. The study also lacked consistency in teaching all curricula in the same way due to variations made by teachers and students beyond the researcher’s control. Regardless of the limitations, the study demonstrated positive aspects and statistically significant results in regards to using a comprehensive approach to sex education.
In a review of successful HIV/STI prevention programs, Walcott, Meyers, and Landau (2007) found several characteristics that make effective sex education programs. Some of the characteristics include the following:

- adequate training for adult and peer facilitators;
- emphasize that abstinence is the safest method for preventing STI/HIV and pregnancy, and that condoms are safer than unprotected sex because they provide protection against STI/HIV and pregnancy;
- address social pressures and are designed around a peer group;
- include a variety of teaching methods;
- are theory driven (p. 44).

The key feature in the list above is the inclusion of the information on contraceptives. Effective sex education programs must include a variety of different components, but a key feature is the inclusion of information regarding contraceptives. Contraceptive information is not taught in abstinence-only programs and absolutely cannot be taught in abstinence-only programs that are given federal funding.

Cost Effectiveness and Training for Sex Education

Most sex education programs are inexpensive, because most curriculums do not involve a great deal of training for teachers who have a major in health education. The training involved is typically minimal with most involving a 1-3 day training course costing a school district a minimal amount. Estimated training costs for a teacher highly qualified to teach health education ranges from $50 to $250. Curriculum costs for abstinence versus comprehensive programs can
vary, but for most programs, the cost is minimal. The Michigan Model for Comprehensive Health includes both an abstinence-only and a comprehensive approach that schools can use. The cost of the Michigan Model averages around $450, which is a one-time fee. In the comprehensive program, Reducing the Risk, curriculum material cost was roughly $425, which included training and materials. The cost was reasonable for training and curriculum materials in other curriculums that were reviewed. Little variation was found to exist between abstinence and comprehensive training and curriculum costs.

Most curriculum costs have little variance, but funding is a huge concern for schools implementing sex education programs. All of the federal funding is going towards abstinence-only programs. Schools not in support of abstinence-only programs do not receive funding for teaching sex education. Figure 2 shows the overview of federal funding in millions of dollars for abstinence-based programs from 1986-2007. The figure below shows an increase from $4 million in 1986 to $176 million in 2007.
Figure 2

Federal Funding for Abstinence Programs
($ in millions)

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* Average annual funding
** State funding under Section 510 shows federal contribution only. States are required to provide $3 for every $4 federal dollars they receive.
*** In addition to the three traditional funding streams, at least $3.75 million was earmarked in both 2004 and 2005 in other funding bills for abstinence-only-until-marriage programs, including $3.15 million for 30 programs in Pennsylvania. Additional earmarks in 2004 included: $100,000 for Project Reality, $250,000 for Best Friends in Washington, DC, and $250,000 for the Medical Institute for Sexual Health (MISH) in Austin, TX.
**** Portion of program devoted to abstinence-only programs (Howell, 2007)

Teen Pregnancy – Even Greater Costs

A great deal of money has been spent on abstinence-based sex education programs. Despite the funding for abstinence-only programs teenage pregnancy rates are alarmingly high. A logical conclusion is that federal funding is being spent on programs that are not working to change behavior.

Costs of teenage pregnancy are two-fold. First, the cost of teenage pregnancy and childbearing for the United States were estimated at $9.1 billion dollars. These costs include healthcare, child welfare, and other assistance programs (Ventura, Abma, Mosher, & Henshaw,
Teenage pregnancy not only costs the nation a great deal of money, but also causes health concerns for the teen and the infant. The rates of preterm birth, low birth weight and asphyxia are higher among infants born to teens, which increase the chance of future health problems for the infant. Teen girls who become pregnant are also less likely to finish school, which would contribute to a group of uneducated woman with trouble finding work (World Health Organization, 2009). The cost of teen pregnancy is far greater than anyone realizes.

**Comprehensive Programs**

The costs of teenage sexual activity for teens, for the federal government, and for the public are high. Teens need help to decrease teen pregnancy rates and decrease the rate of sexually transmitted infections. To decrease pregnancy and STI rates, programs need to be implemented in schools that either change teenage behavior to decrease the number of teens that have sex or give teens knowledge of contraceptives, so that sexually active teens are able to prevent pregnancy and STI’s. Comprehensive programs try to both decrease sexual activity and teach knowledge of contraceptives.

Comprehensive programs have been shown to decrease pregnancy rates and the rates of STI’s among teens. The National Center for Health Statistics survey was used by Kohler, Manhart, and Lafferty (2008), to collect information from 15-19 year olds using questions related to sex education, sexual behaviors, pregnancy, and sexually transmitted infections. A total 1719 participants were used, 47.4% were adolescent girls and the rest were adolescent boys who were selected randomly to respond to the survey. The sample was restricted to adolescents aged 15-19 who were all heterosexual and had never been married. The adolescents had to report having been exposed to some form of sex education. The teens reported on the type of sex
education received as “no formal sex education, abstinence-only sex education, or comprehensive sex education” (p.344).

The researchers examined adolescent sexual risk by looking at the following things: “ever having engaged in vaginal intercourse; pregnancy, and sexually transmitted diseases” (p. 346). The results were analyzed by using a design based Pearson’s x² test to compare proportions. The researchers found that almost half (roughly 45% of both males and females) reported engaging in vaginal intercourse at the time of the survey. The researchers found that abstinence-only education was “not significantly associated with the adolescents ever engaging in vaginal intercourse, whereas comprehensive sex education was marginally associated with reduced reports of engaging in vaginal intercourse” (p.347).

The researchers found that teens who received comprehensive sex education did have lower risks of pregnancy than teens who received abstinence-only education; however, the researchers found no difference in the rates of STI’s. The absence of a difference in the rates of STI’s could be due to limitations of the study including the fact that teens may have been less likely to report having an STI and also due to the fact that many STI’s are asymptomatic and many teens could have had STI’s without knowing.

Kohler, Manhart, and Lafferty (2008) concluded that abstinence-only programs had no significant results in delaying adolescent sexual intercourse, pregnancy, or the risks of sexually transmitted infections compared to adolescents who received no formal sex education. The researchers did find that the comprehensive program had marginally significant results in delaying the onset of sexual activity and the program had significant results in reducing the risk of teen pregnancy. The researchers concluded that the decrease in teen pregnancies with
comprehensive programs was due to increase in the use of birth control by adolescents receiving contraceptive instruction.

In a review of the research on abstinence-only versus comprehensive sex education Bennett and Assefi (2005) found very few studies with statistically significant results for a decrease in teen sexual activity. Bennett and Assefi reviewed 19 randomized controlled trials of school-based teen pregnancy prevention programs used from 1980 to 2002. Studies were identified as secondary-school-based pregnancy prevention programs in the United States and were found by searching PubMed, Cochrane Registry, CINAHL, Biosis, and Embase. The programs that were reviewed were programs that focused on information on human immunodeficiency virus prevention. The researchers defined programs that did not mention contraceptives as abstinence-only and programs that did mention contraceptives as comprehensive. Of the 19 studies, three were eliminated because the studies did not “assess a relevant outcome variable” (p.73).

Of the 16 studies evaluated, three were abstinence-only programs, 12 were abstinence-plus (comprehensive programs), and the final study compared three groups: “an unrelated health class control group, an abstinence-only intervention, and an abstinence-plus intervention emphasizing the importance of condom use for sexually active teens” (p.73). The studies were compared using information on teen sexual behavior, contraceptive knowledge and use, and pregnancy rates.

Sexual behavior was measured by using self-reported questions on sexual initiation, frequency of sexual activity, and number of sexual partners. Contraceptive knowledge and use were also measured by self-reported outcomes. Of the 16 programs evaluated, only two asked
questions directly about pregnancy and due to the short follow-up times on all evaluated studies it is assumed that most would show no significant difference.

After reviewing the 19 studies, the researchers found that most programs did not show a significant difference in regards to delaying teen sexual activity. One significant finding in the study was that 7 in 10 programs incorporating contraceptive information increased contraceptive use (Bennett & Assefi, 2005). The researchers found that teens exposed to comprehensive programs were more likely to use condoms. The teens also had more correct knowledge of contraceptives than teens exposed to abstinence-only programs.

With the findings the researchers concluded several things. First, promoters of abstinence-only programs assume that teaching about contraceptives will increase sexual activity among teens. All except one of the 11 abstinence-plus (comprehensive) programs failed to show an increase in sexual activity. Programs that included contraceptive information also showed an 80% increase in knowledge of contraceptives at follow-up. Bennett and Assefi concluded that teaching teens about contraceptives increases knowledge without increasing the onset of sexual activity. The researchers also concluded that neither program decreased sexual activity, so the programs that will work the best are programs that include contraceptive information to help fight the climbing pregnancy and sexually transmitted infection rates among teens.

*Abstinence-Only Programs*

Very few abstinence-only programs have been evaluated in a consistent way. Solid evidence for determining whether abstinence-only programs work to prevent teens from participating in early sexual activity is difficult to find. Denny and Young (2005) conducted a study using 15 school districts to determine the effectiveness of the Sex Can Wait curriculum.
The study compared the Sex Can Wait curriculum to the curriculum the school had in place. Included in the study were 1,421 students who took a pre-test, post-test, and follow-up test. The test included information on knowledge, attitude, self-efficacy, and decision-making. The test further assessed student’s behaviors asking the following questions: “intent to remain abstinent, ever had sexual intercourse, and had sex within the past 30 days” (Denny & Young, 2005, p.421-422). At the high school level the abstinence-only program showed short-term behavioral benefits to delay sex, but the long-term benefits showed no differences (Denny & Young, 2005).

The Denny and Young study is another example of a study that does not have an actual control. Most studies use existing sex education programs. Comparing two groups when researchers have no control over what is being taught to the comparison group is not very effective. The study’s benefit was the 18-month follow-up. Few studies have a long-term follow-up. Most studies used a pre- and post-test, but do not follow-up students long-term. The long-term goals of any sex education program are most important. The Sex Can Wait abstinence-only curriculum did not show any long-term effects.
Chapter III: Results and Analysis Relative to the Problem

The United States has spent a great deal of money on a very serious health problem: teen pregnancy and the rates of sexually transmitted infection among teens. After reviewing the research it is clear that the money is being spent on abstinence-only programs that have been proven not to work to help decrease either the rate of pregnancy or sexually transmitted infections in teens. There are several things that need to be taken into consideration when looking to change how schools convince conservative communities to change the way sex education is taught to help combat this problem.

First, research demonstrates that teens need to learn about sex at younger ages, so the teens can be ready before they consider having sex. Schools need to communicate with parents and educate parents, so the parents can be a part of the education process. Research shows that parent involvement is important and teens prefer to learn about sex from parents rather than from other people, so educating parents is crucial in the process.

Teens also need to learn information about contraceptives. The abstinence-only programs that have been evaluated show very little effect on teen rates of sexual activity. Furthermore, most programs do not help change the rates of sexually transmitted infections or teen pregnancy. The programs that do work are the comprehensive programs that include knowledge of contraceptives. Teaching parents, the community, and the school board about current research that demonstrates that comprehensive programs do not increase sexual activity is very important in convincing the school to change the approach.

Another area of concern for school boards and communities is the cost. While national funding has been highly supporting the abstinence-only curriculum, President Obama plans to
cut funding for abstinence-only programs. The cut in abstinence-only funding combined with the small variation in cost between abstinence-only and comprehensive funding should demonstrate to communities and school boards that fiscal amounts will not change if the program is changed from abstinence-only to comprehensive.
Chapter IV: Recommendations and Conclusion

Recommendation

Research findings show that comprehensive programs including contraceptive information are the best approach to help decrease the rates of teen pregnancies and sexually transmitted infections. In order for schools in conservative communities to convince the parents, community members, and local school boards that comprehensive programs are in the best interest of the students the school leaders must do several things.

First, schools must show parents a review of the research findings. Parents must be given factual information regarding current research on comprehensive and abstinence-based programs in simple and clear statements so that parents can see exactly what types of programs have been proven to work and not work. The information could be presented in a short pamphlet showing parents a review of the facts from research based programs that have been tested and that work.

National data as well as local data should be used to show parents the actual number of teens that are sexually active, the rates of teens using contraceptives who are sexually active, and the national pregnancy and sexually transmitted disease rates among teens. The data can be obtained through the Search Institute Report: Developmental Assets: A Profile of Your Youth, conducted by the school every two years.

Another recommendation is that the students at the school be a part of the process of implementing the new program. Students should be asked to share their knowledge and opinions on what works and what does not work in teaching teens about sex. Students can share this knowledge with parents and community members who are a part of the committee making decisions about the reproductive health program at the school. The student information will help
parents learn what the students think they need, rather than focusing on what the parents think the students’ needs are.

The research suggests that students want to learn information about sex from parents. Parent involvement is a key to the success of implementing a comprehensive sex education program. A meeting should take place with parents allowing them to review all of the material and ask questions regarding a comprehensive program. In the meeting parents should be given pointers and tips for talking to their teens about sex as well as a list of questions and conversation starters. It is important to help parents become more at ease talking to their teen about sex.

Areas for Further Research

Sex education has been a topic of debate for years and will continue to be a topic of debate for many more years to come. There is a continual need for quality research based on empirical data that represents the comprehensive approach to teaching sex education. Studies need to be conducted over longer periods of time. Most studies had only short follow-up periods with 6 months to 18 months being the longest follow-ups. Studies need to be conducted that follow students through middle school and high school years to demonstrate the programs long-term effects.

In addition to longer follow-up periods, it is recommended that actual controls be used. It is difficult to determine whether a program is effective compared to other programs if actual controls are not used. Many of the studies that were reviewed used current health curriculums as comparison groups. Without having control of what is being taught in the comparison group it is impossible to determine the effectiveness of the program that is being tested.
While comprehensive programs demonstrated an increase in the use and knowledge of contraceptives, and many programs showed a decrease in the rates of sexually transmitted infections and pregnancy rates among teens, none of the programs showed a decrease in sexual activity. Neither abstinence-based nor comprehensive programs showed a decrease in the rates of sexual activity among teens. Innovative, new programs need to formed, researched, and tested to determine what schools can do to try to actually change teenage sexual behavior in order to try to decrease the number of sexually active teens. Until a program is found that actually reduces the rates of sexually active teens, comprehensive programs including contraceptive information must be used in the schools to help combat the problems associated with teen pregnancy and sexually transmitted infections.

Summary and Conclusion

The basis for this literature review was to examine the research based on abstinence-only and comprehensive programs to determine how school leaders in conservative communities can promote sex education programs that work. A review of the funding and trends in sex education curricula shows that abstinence-only education has been the trend throughout the Untied States. However, most strict abstinence-only programs have very little benefit in changing teenage sexual behaviors or decreasing the rates of sexually transmitted infections and pregnancy among teens.

One curriculum can and should not be used in every single school across the nation. Schools must assess the demographics of the teenagers to determine what curriculum the teens need. Decisions should be made at the local level to determine what type of program is best for
the teenagers that will be taught. Research and data at the local level must be conducted to
determine the problems within the school. The data can be used to help community members,
parents, and the school board see problems within the school related to sexual activity. The data
can be used to help school leaders convince the community to change the approach from
abstinence-only to comprehensive education.

After reviewing the literature more quality research needs to be conducted to help
determine types of programs that not only decrease pregnancy and sexually transmitted infection
rates, but decrease the rates of sexual activity among teens. The research conducted should be
peer reviewed and reviewed at a federal level to determine where money should be spent in the
best way. Federal funding has been spent on abstinence-only programs, but the research does not
support abstinence-only programs as the best use of federal funding. The goal of any type of sex
education program is to changing teenage risky sexual activity to help lower pregnancy rates and
the rates of sexually transmitted infections. Comprehensive programs appear to have greater
research support to accomplish the goal. Schools need to share the research findings and local
data with the community, parents, and school board to help change the conservative views on sex
education.
References


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