



Re-Examining the Evidence for Comprehensive Sex Education in Schools

2019

ABSTRACT

Out of 60 school-based CSE studies, we found no evidence of effectiveness at producing sustained reductions in teen pregnancy (0 programs) or STDs (0 programs). One study showed evidence of effectiveness, as defined above, at delaying sexual initiation but evidence from multiple replication studies was not confirmatory. There was no evidence of effectiveness at increasing consistent condom use—the behavior required to provide meaningful protection from STDs—and only two studies (by the programs’ developers) reported effectiveness at increasing condom use frequency (a less-protective measure), findings that have not been replicated. We found no evidence of effectiveness for CSE’s purported dual benefit—there were no sustained increases in both teen abstinence and condom use (by sexually active teens) within the same target population.

CSE failure rates at producing sustained effects on targeted outcomes included 88% failure to delay teen sexual initiation and 94% failure to reduce unprotected sex. And seven out of 60 studies (or 12%) of school-based CSE programs found significant negative effects on adolescent sexual health and/ or risk behavior. Out of 17 studies of school-based abstinence education (AE)—which does not promote condom use—seven programs produced sustained delays in teen sexual initiation and only one found a negative effect. In addition, nine studies tested AE impact on condom use and none found a negative impact, providing strong evidence that AE does not reduce teen condom use.

CONCLUSIONS AND RECOMMENDATIONS

When considering programs in U.S. school settings, measured by credible standards of effectiveness, the claims that CSE has been proven effective and AE is ineffective were not supported by this combined database containing some of the strongest and most current outcome studies of U.S. sex education, as identified by three authoritative sources. The research evidence indicates that CSE has shown far more evidence of failure than success in U.S. school classrooms and has produced a concerning number of negative outcomes. The evidence for AE, though limited, looks more promising, enough to justify additional research. We recommend policymakers abandon plans for implementation of CSE in U.S. schools and pursue alternative strategies to reduce teen pregnancy and STDs.