



**A Response to the
Call for Input to a Thematic Report: Gender, Sexual Orientation and Gender Identity**

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Key Questions and Types of Input Sought:

Question 4. Is comprehensive sexuality education taught in schools?

Recommendations by *The Institute for Research & Evaluation*

We do not recommend the implementation of Comprehensive Sexuality Education (CSE) programs in school classrooms, based on the lack of evidence of CSE effectiveness and the number of negative CSE effects. Programs that teach abstinence should be studied in the search for effective solutions to help teens avoid sexual activity.

Research Summary

Using scientifically derived criteria to define effectiveness, a recently published global research review of some of the best and most current studies of school-based sex education found very little evidence of effectiveness for Comprehensive Sexuality Education programs in school classrooms (only 6 out of 103 studies).¹ The same review found a concerning amount of negative or harmful CSE impact (1 in 6 studies showed an increase in teen sexual risk behavior, STDs or pregnancy). The evidence for Abstinence Education in U.S. schools appeared somewhat better than for CSE.¹

Research Methods

The review examined the results of 103 outcome studies of school-based comprehensive sexuality education, studies that had been vetted for adequate scientific rigor by at least one of three authoritative agencies: the United Nations Educational, Scientific and Cultural Organization,² the U.S. federal Teen Pregnancy Prevention Program,³ or the U.S. Centers for Disease Control and Prevention.⁴ This database included 60 U.S. studies and 43 non-U.S. studies of school-based CSE, spanning 1990 to 2018. Also included were 17 studies of Abstinence Education (programs that do not teach or promote condom/contraceptive use) in U.S. schools (the non-U.S. data did not contain enough studies of true abstinence programs for analysis). The researchers evaluated these studies using criteria for effectiveness grounded in the science of prevention research:⁵ sustained improvement (at least 12 months post-program), on a key protective indicator (abstinence, condom use—especially consistent use, pregnancy, or STDs), for the main (targeted) teenage population, and without negative/harmful program effects also occurring.

Research Findings

1. Comprehensive Sex Education showed little evidence of effectiveness in schools worldwide: only 6 out of 103 CSE studies met the above, scientifically derived criteria for effectiveness.¹ And this included two studies where a less rigorous condom use

outcome was employed (frequent or recent use). Out of 103 studies, none of the CSE programs demonstrated effectiveness at increasing consistent condom use.

2. There appeared to be more evidence of *harmful* impact (17 studies) than *effectiveness* (6 studies) for CSE programs in schools ($p < .02$). Approximately 17% or 1 in 6 studies found harmful CSE impact (an increase in sexual risk behavior, STDs, or pregnancy for CSE program participants).¹
3. The evidence for Abstinence Education (AE) appeared better than for CSE in U.S. schools: 7 out of 17 AE studies showed effectiveness compared to 3 out of 60 CSE studies, 1 out of 17 AE studies found harmful impact versus 8 out of 60 CSE studies.¹

Table 1. Impact of Sexuality Education in Schools: Effectiveness versus Harm¹

	CSE U.S & Non-U.S. (103 studies)	CSE Non-U.S. (43 studies)	CSE in U.S. (60 studies)	Abstinence Education in U.S. (17 studies)
EVIDENCE of EFFECTIVENESS^a A protective effect either on teen abstinence, condom use, pregnancy, or STDs: <ul style="list-style-type: none"> • for the target population (not just a subgroup), • lasting at least 12 months after the program, • without negative program effects also occurring 	6 out of 103 studies	3 out of 43 studies	3 out of 60 studies	7 out of 17 studies
EVIDENCE of HARMFUL IMPACT Increased sexual risk behavior, pregnancy, or STDs: <ul style="list-style-type: none"> • short- or long-term, • for the full target population or a major subgroup. 	17 out of 103 studies ^b	9 out of 43 studies	8 out of 60 studies ^b	1 out of 17 studies

^a Credible criteria for effectiveness derived from the science of program effectiveness and prevention research.⁵

^b A negative program impact found in one of the U.S. studies was added to Tables 1 & 2 after the review was published.

Table 2. Rate of Harmful Impact by Comprehensive Sexuality Education in Schools¹

	Studies of School-Based Sexuality Education				
	School-Based Comprehensive Sexuality Education (103 studies)				Abstinence Education (17 Studies)
Negative/Harmful Effects (includes short-term and/or subgroup effects)	<u>U.S. & Non-U.S.</u> 103 studies	<u>Non-U.S.</u> 43 studies	<u>Africa</u> 29 studies (Subset of non-U.S.)	<u>U.S.</u> 60 studies	<u>U.S.</u> 17 studies
Increased Pregnancy	1	0	0	1	0
Increased STDs	1	1	1	0	0
Increased Sexual Activity	10	5	3	5	0
Decreased Condom Use	4	1	1	3	0
Increased Oral Sex	2	0	0	2	0
Increased #Sex Partners	3	2	2	1	1
Increased Coerced Sex	2	2	2	0	0
Increased Paid Sex	2	2	2	0	0
Total #Negative Effects	25	13	11	12	1
Net #Studies finding Negative Effects (Some programs had more than one harmful impact)	17 studies ^a 17%	9 studies 21%	7 studies 24%	8 studies ^a 13%	1 study 6%

^aA negative program impact found in one of the U.S. studies in the review was added to Tables 1 & 2 after the review was published.

Notes & References

1. Ericksen IH and Weed SE. (2019). Re-Examining the Evidence for School-based Comprehensive Sex Education: A Global Research Review. *Issues in Law and Medicine*, 34(2):161-182. See: <https://www.institute-research.com/published-cse.php>
2. United Nations Educational, Scientific and Cultural Organization. (2009). International Technical Guidance on Sexuality Education, Volume 1. Available at: <https://unesdoc.unesco.org/ark:/48223/pf0000183281>;
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3. Teen Pregnancy Prevention Evidence Review. Available at: <https://tppevidencereview.youth.gov/EvidencePrograms.aspx>
4. Chin HB, Sipe TA, Elder R, Mercer SL, Chattopadhyay S, Jacob V, Wethington HR, Kirby D, Elliston DB, Griffith M, Chuke SO, Briss SC, Ericksen I, et al. (2012). The Effectiveness of Group-Based Comprehensive Risk Reduction and Abstinence Education Interventions to Prevent or Reduce the Risk of Adolescent Pregnancy, HIV, and STIs: Two Systematic Reviews for the Guide to Community Preventive Services. *Am J Prev Med*, 42(3):272-294, doi:10.1016/j.amepre.2011.11.006; Weed SE. (2012). Sex Education Programs for Schools Still in Question: A Commentary on Meta-Analysis, *Am J Prev Med*, 42(3):313-315, doi: 10.1016/j.amepre.2011.11.004.

5. These standards or criteria for effectiveness are grounded in the work of the scientific field of prevention research. The criteria are: long-term protective effects (lasting at least 12 months post-program), for the intended or target population of program recipients (not just a subgroup or subsample), on a key protective outcome (abstinence, condom use—especially consistent condom use, pregnancy, or STDs/STIs), without negative program effects also occurring on important outcomes, and taking into account the preponderance of evidence (especially studies by independent evaluators, i.e., not the program authors). See the work of: Flay BR, Biglan A, Boruch RF, Castro FG, Gottfredson D. (2005). Standards of Evidence: Criteria for Efficacy, Effectiveness and Dissemination. *Prev Sci*, 6(3):151–175; Gottfredson DC, Cook TD, Gardner FEM, Gorman-Smith D, Howe GW, Sandler IN, Zafft KM. (2015). Standards of Evidence for Efficacy, Effectiveness, and Scale-up Research in Prevention Science: Next Generation. *Prev Sci*, 16(7):893-926. doi: 10.1007/s11121-015-0555-x; Blueprints for Healthy Youth Development: Blueprints Standards. Available at: <https://www.blueprintsprograms.org/blueprints-standards/>

The Institute for Research and Evaluation (IRE) is a nonprofit research organization noted for its work evaluating sex education programs over the past 25 years. *IRE* has conducted program evaluations for federal Title V, CBAE, and Title XX projects in 30 states, and has evaluated sex education in three foreign countries, in total collecting data from more than 900,000 teens, and conducting over 100 evaluation studies. *IRE* staff members have published articles in professional journals and presented at professional conferences and workshops. Irene H. Ericksen, Senior Research Associate, was invited to serve as one of 6 national consultants to the CDC-supported *Community Preventive Services Task Force* meta-analysis on sex education effectiveness and as a secondary author for the published study (2012), has been an invited presenter at the *National Academies of Sciences* (2019) and *U.S. Department of Health & Human Services* (2020), and is an Honorary Fellow of the *American College of Pediatricians* (2020). Dr. Stan E. Weed, Founder and Director of *IRE*, has served as a national consultant for federal Title XX and CBAE projects, and was a charter member of the *National Campaign to Prevent Teen and Unplanned Pregnancy* (now, *Power to Decide*). He has been invited to provide expert testimony about sex education to state legislative bodies, the U.S. Senate, the U.S. House of Representatives, and the White House.