

What is the primary finding from *Emerging Answers 2007*?

There are now a growing number of sex education programs that support both abstinence and the use of contraception for sexually active teens that have been shown through careful evaluation to delay sex, improve contraceptive use, and/or prevent pregnancy or STDs among teens.

In other words, communities concerned about teen pregnancy and looking for programmatic solutions to early pregnancy and parenthood now have a growing number of carefully evaluated interventions from which to choose.

On what are the report's findings based?

Author Doug Kirby, Ph.D. reviewed 115 program evaluations overall. The majority of studies (56) were of curriculum-based programs—eight of them (14 percent) focused on reducing teen pregnancy, 25 (45 percent) focused on preventing STD/HIV, and 23 (41 percent) focused on both.

Each study had to meet the following criteria:

- It had to evaluate a program that focuses on adolescent of middle and high-school age, does not focus on pregnant or parenting teens, and been implemented in the United States.
- Its research methods had to include a reasonably strong experimental or quasi-experimental design, have reasonably well matched intervention and comparison groups, collect data before and after implementation of the program, have a sample size of at least 100 persons, measured program impact on teen sexual behavior, and employ appropriate statistical analyses.
- The study must have been completed or published in 1990 or after.

What does the report say about sex education programs that support both abstinence and the use of contraception for sexually active teens?

Emerging Answers 2007 reviewed 48 programs that support both abstinence and the use of contraception for sexually active teens. Of those, 15 of 32 (47 percent) delayed the initiation of sex and *none* hastened it, six of 21 (29 percent) reduced the frequency of sex or increased the return to abstinence, and none increased the frequency of sex. Eleven of 24 (46 percent) reduced the number of sexual partners, one increased the number.

Fifteen of 31 studies (47 percent) reported increased use of condoms, four of nine (44 percent) found increased contraceptive use, and one found decreased use. Finally, 15 of 24 studies (63 percent) showed a reduction in the frequency of sex without condoms. Thirty-three of 48 studies (69 percent) found that programs reduced risky sexual behavior by improving one or more types of behavior, and 18 of 48 (38 percent) improved two or more types of behavior.

What does the report say about abstinence programs?

At present, there is no strong evidence that programs that stress abstinence as the only acceptable behavior for unmarried teens delay the initiation of sex, hasten the return to abstinence, or reduce the number of sexual partners. Several abstinence programs have now been rigorously evaluated and found to have no overall impact on delay of the initiation of sex, age of initiation of sex, return to abstinence, number of sexual partners, or use of contraception. A few other abstinence programs have been evaluated less rigorously—one has modest evidence in delaying the initiation of sex among middle school students. The report also notes that it is impossible to generalize about the effectiveness of abstinence programs as an intervention strategy because only a small number of abstinence programs have been evaluated to date.

Do sex education programs inadvertently encourage sex?

Emerging Answers 2007 is emphatic on this point—*none* of the programs that discussed abstinence and contraception hastened the initiation of sex or increased the frequency of sex among teens.

What does the report say about emergency contraception?

Teen girls and young women who receive emergency contraception from clinics *in advance* of having sex are not more likely to have sex and are more likely to use emergency contraception if they do have sex than those who do not receive emergency contraception in advance.

What are there common characteristics of effective programs?

Research has made more clear what characteristics of effective sex education programs are important in their ability to change teen sexual behavior. The study identifies seventeen such characteristics in three categories; the process of developing the curriculum, the contents of the curriculum itself, and the process of implementing the curriculum.

Emerging Answers 2007 suggests that the *single most important* characteristic, however, is that effective curricula repeated clear and consistent messages about sex and contraceptive use. These successful programs tended to talk explicitly about sex and contraceptive use, identified specific situations that might lead to unwanted sex or sex without contraception, discussed how to avoid or get out of such situations, and practiced saying no to sex or insisting on contraceptive use.

What does the report say about multiple sexual partners?

Having fewer sexual partners can substantially reduce the risk of contracting an STD. At the population level, small increases in the number of sexual partners can greatly increase

the risk of STD. In order to substantially reduce the spread of sexually transmitted disease, programs may need to focus more on reducing the number of sexual partners, because reductions in the number of sexual partners can reduce the size of sexual networks and the spread of sexually transmitted disease.

What does the report say about replication?

There are now several sex education programs that have been evaluated multiple times and with multiple evaluators. Evaluation results suggest that when the original programs are carefully replicated in similar settings with similar populations of young people, the program's positive effects on teen sexual behavior are also replicated. Four programs in *Emerging Answers* were replicated and evaluated in more than one site. Three of the programs showed the same results in one or more subsequent studies. The fourth program—which had weaker results to begin with—did not.

What does the report say about community service learning programs?

There is evidence that some community service learning programs actually reduce teen pregnancy rates. Some of these programs have been evaluated multiple times, in many communities, by different investigators and have been found to reduce risky sexual behavior or pregnancy in the academic year in which the students participate in them. Sex is *not* the focus of these programs and, not surprisingly, these programs also had other positive results, such as reducing school failure.

What does the report say about clinic protocols?

Several studies have consistently shown that when clinics provide quality educational materials, discuss the patient's sexual and contraceptive behavior one-on-one, send a clear message about that behavior, and incorporate other components into the clinic visit, they can increase contraceptive use by teens although not necessarily for a prolonged period of time.

What does the report say about school-based and school-linked health clinics and school condom-availability programs?

School-based clinics are located on school grounds and offer services to students. School-linked clinics are located near schools and offer services to all students. *Emerging Answers 2007* suggests that school-based and school-linked clinics and school condom-availability programs do *not* increase sexual activity. On the other hand, it is not clear whether they increase the use of contraception.

What does the report say about videos and online interventions?

Although short, non-interactive, stand-alone videos have no significant impact on behavior; videos that are longer, interactive, and viewed many times can affect some behavior.

So, are putting effective programs in place the answer to preventing teen pregnancy?

Not completely. Even though a program may have been shown to be effective in changing behavior, it is important to recognize what an effective program can actually accomplish. For example, is a program effective if its good results last only a relatively brief amount of time or only among boys? Also, it is important to consider the magnitude of success. For example, if a program is successful at delaying first sex among participants, how *long* was the average delay? An effective program may only change things a bit. *Emerging Answers 2007* notes that the more effective programs may reduce one or more types of risky behavior by roughly one-third. It is also true that there may very well be any number of creative programs that are effective in helping young people avoid risky sexual behavior that simply have not yet been evaluated.