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Does "Comprehensive" Sex Education Work?

Sexual Risk Reduction (SRR) "Comprehensive" sex education has been federally funded since the 1970's, so one would expect a plethora of rigorous research of its effectiveness. While there are numerous studies, the results are not as compelling as they first appear. There are, in fact, weaknesses in the SRR research that seriously call into question the assertions of "effectiveness." The U.S. Department of Health and Human Services created a list of programs that they cite as evidence-based models for national replication and almost all of the programs on the list are SRR curricula. Unfortunately, some of the metrics used to assemble this list were seriously flawed, ignoring common research protocols and potentially putting youth at risk as a result.

This document summarizes weaknesses in the SRR research included on the HHS list of "most effective" sex education programs.

Research Protocol Concerns	
Inaccurately Generalized Results	A primary flaw involves the fact that although sex education is most commonly implemented in a school-based setting, most SRR research takes place outside of the classroom, and often in a clinical-type setting. Research practice cautions against generalizing results captured in one venue (for example, a clinic setting) to a much different venue (for example, a school setting), yet SRR research has been used repeatedly in this manner. Research findings have also been used to generalize success found in narrow populations to the student population at large, another misuse of research.
Fails Replication Requirement for "Model" Programs	Since the programs on the HHS list are regarded as national models, the standard applied to the programs is inadequate for such a designation. Most research protocols require at least two replicated studies showing the same results, however most SRR sex education programs only have a single positive published study, with some showing "no effect" or even "negative" results.
Conflict of Interest	Conflict of interest does not imply a moral condemnation per se, but sometimes secondary interests (such as financial or professional gain) are so significant that it is only reasonable to predict that researchers will be unduly influenced by them. Most of the research was led and published by researchers who were either employed by the curriculum publishing company and/or personally wrote the curriculum being studied, a clear conflict of interest that calls into question the validity and objectivity of the reported positive findings.
Measures for "Success" Offer Little Protection	Measures for success often do not gauge risk reduction, calling protective effect into question. For example, those that measured condom use did not measure consistent, correct use, but merely "condom use at first intercourse" or "condom use at last intercourse." The CDC and USAID research suggests that incorrect and/or inconsistent condom use may actually increase risk to the individual. Therefore, such findings should not earn a program a place on the list.

Summary: Anyone who seeks optimal sexual health of America's youth should want to know how to implement the best messages that empower young people to retain or regain best health outcomes. Ideology should not cloud objectivity. Unfortunately, the campaign against Sexual Risk Avoidance (SRA) education has taken the form of ideology rather than objectivity. Regrettably, the HHS list of "proven effective" programs has been used to deny access to SRA programs in communities throughout the nation. However, sexual health proponents can confidently unveil the inherent weaknesses of the so-called "evidence" for SRR education.

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