Ascend

Youth. Sex. Relationships. Leading the National Conversation

Sexual Risk Avoidance Works

Sexual Risk Avoidance (SRA) Education Demonstrates Improved Outcomes for Youth

A Publication by Ascend

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Introduction

We are pleased to offer the current edition of **Sexual Risk Avoidance (SRA)** Works (formerly called Abstinence Works), a compendium of research demonstrating that SRA education works. This new edition contains social science and independent research that confirms the effectiveness of the SRA approach and its importance in helping youth achieve optimal health and life success. It discusses the overriding public health concerns that must be addressed when considering sex education policy. Beyond that, however, the social science research expands the value of sexual restraint beyond sex education. As it turns out, waiting for sex can impact more than teen pregnancy and sexually transmitted infections. It can be predictive, in fact, of quality of life issues including escaping poverty, forming healthy families and improving an individual's ability to thrive.

SRA Works also brings an objective voice to the "evidence-based" debate for sex education curricula and programs and looks at the research currently touted to support certain programs as national curricular models.

This edition is divided into three types of research:

1. **Social Science Research.** A broad body of research links sexual restraint to improved opportunity for life success. This objective research challenges the assertion by "pro-teen-sex" advocates that teen sexual experimentation is normal, healthy, and to be applauded, so long as sex is consensual, and contraception is used. The weaknesses of these claims are exposed when confronted with research that builds a strong argument for the benefits of teen sexual delay (preferably until marriage) - benefits that contraception can never duplicate.

2. **Behavioral Research.** 25 SRA education programs display statistically significant results in reducing teen sex or affecting other important behavioral health indicators in teen sexual decision-making.

3. **Promising Practices and Programs.** This report also outlines recent promising results for SRA programs including a summary of findings from SRA programs that were cited for promising practices at three US Department of Health and Human Services (HHS) Conferences. The programs were highlighted by HHS because they demonstrated early stage positive impacts that tend to predict decreased sexual initiation rates. Teen sexual activity has decreased significantly since the advent of federal funding for SRA education, even as teens are confronted with an increasingly sexualized culture.

When evaluating SRA programs, the principled student of social science research must acknowledge that delaying sex, hopefully until marriage, is the only behavior that completely protects youth from the possible consequences of sexual experimentation and is completely compatible with a strong risk avoidance public health model. Therefore, future research should focus on enhancing the SRA approach to make it increasingly more effective, rather than questioning the validity of the SRA approach. This nuanced focus is critical for those who seek optimal health and successful futures for America's youth. Ascend, together with others who want to give youth every opportunity to thrive, seek to facilitate the continuous improvement of SRA education in order to more significantly impact the lives of youth.

But there could be so much more...

Regrettably, on September 30, 2010, more than one hundred and sixty-nine research studies were abruptly stopped. These studies were measuring the effectiveness of SRA education. The studies were in various stages of completion along a longitudinal research continuum. Many were showing very promising signs for success, but when Congress ended funding for all community- based SRA education programs, they also ended all related research - important research that could have greatly informed the public health field. But the effectiveness of SRA programs continues to be the topic of many spirited debates in the public square - and on Capitol Hill. This debate may have ended had these many research studies not prematurely been terminated, an action that not only wasted taxpayer dollars, but also greatly curtailed important information on what works to protect the sexual health of youth. It is ironic that those who demand "evidence" stopped the attempt to gather that evidence midstream in the research process!

Most would agree that SRA is the only real solution to the problem of STDs, teen pregnancy, and emotional harm often caused by teen sexual activity. In fact, a recent survey of parents of teens demonstrates broad support for the major themes of SRA programs. And the Centers for Disease Control (CDC) recently updated their prescription for the prevention of STDs by stating: "The most reliable way to avoid transmission of STDs is to abstain from oral, vaginal, and anal sex or to be in a long-term, mutually monogamous relationship with a partner known to be uninfected."

Intuitively, we know that "abstinence works every time" but we want to identify the best ways to empower students in the provision of SRA information and skills. We will never know the research results of the one-hundred sixty-nine (169) SRA programs that lost all federal funding. We will never know the impact such programs had on the one million students whom they served. But despite this unfortunate reality, studies continue to point to the success of SRA education.

So while more research and development is needed, the research cited in this report demonstrates that SRA education **IS** working and that a continued investment in this approach is essential. At the core, the questions educators and policy-makers should ask are these:

Q: What sex education approach is most consistent with the public health emphasis on optimal health promotion and the avoidance of negative risk?
A: SRA education is the only approach that empowers youth to make the healthiest choices regarding teen sex, precisely the model used to help youth avoid other negative risks, like smoking or violence.

Q: If there needs to be more effectiveness evidence for the approach, should the approach be discarded, or should efforts be redoubled to learn how to best implement it in a way that is most effective with students?
A: Efforts should certainly be redoubled. The question should not be IF SRA education should be taught, but HOW to best teach the concepts of SRA education so that they are more and more effective at helping youth avoid sexual risk.

The many states and communities that wish to implement SRA programs must continue to be given that option. Recent debate over the content and funding for sex education has created a renewed interest in evidence surrounding the various approaches.

Ascend (formally known as NAEF & NAEA) first conducted and distributed the research for SRA Works in 2009 in order to inform the policy debate on sex education. We believe that this most recent edition will be an equally important addition.

Valerie Huber
President & CEO

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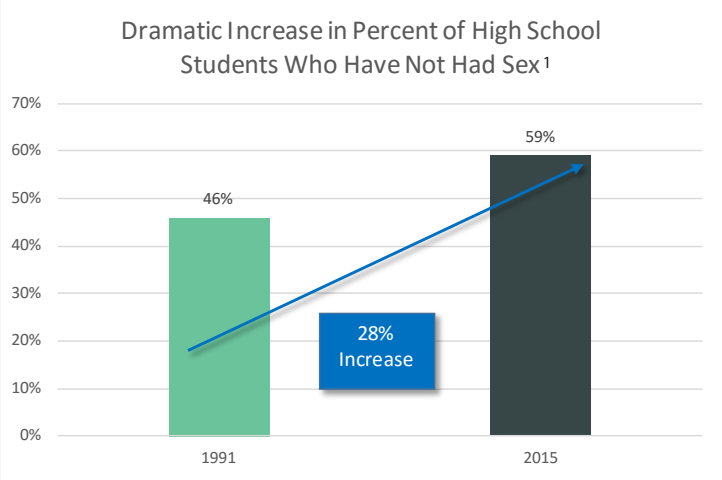
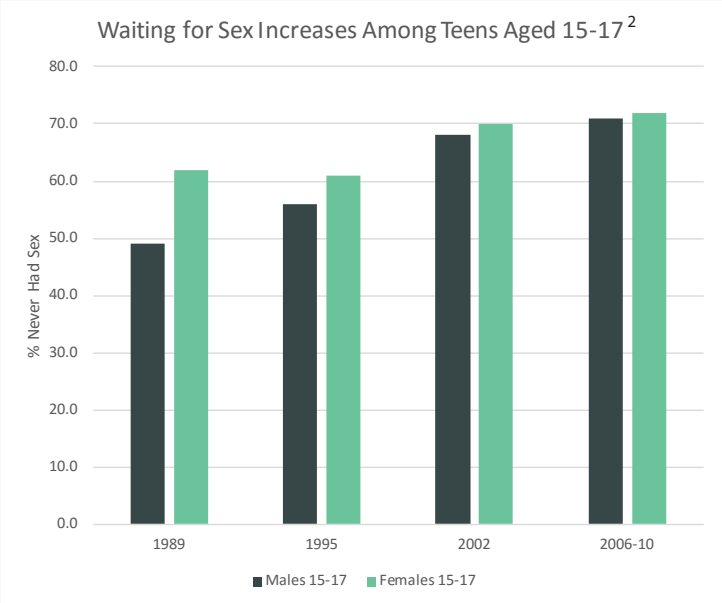
Sexual Risk Avoidance Trends





Notable Quotes

Douglas Kirby, the former leading Sexual Risk Reduction (SRR) "comprehensive" sex education researcher stated in his published research of Reducing the Risk, a comprehensive sex education program:

"…it may actually be easier to delay the onset of intercourse than to increase contraceptive practice." [3]

House Energy and Commerce Committee, the committee of jurisdiction for sex education: [4]

"When it comes to preventing high-risk behavior among teens, the evidence is clear: risk avoidance is the most effective strategy. This is true of successful public health campaigns to reduce teenage smoking, drinking, and reckless driving, and it is also true of sex education curricula."

Study Finds States that Teach SRA Education Have Lower Teen Birth Rates. [5]

"For an average state, increasing spending by $50,000/year on [SRA education} can help avoid approximately four births to teenagers, resulting in net savings of $15,652 to the public for each birth avoided."

Section A

Understanding Public Health Models That Address Sexual Risk

Understanding Public Health Models That Address Sexual Risk

SRA Works explores the basic differences between the two sex education approaches by comparing them to a public health paradigm. In this way, policy-makers can more accurately understand the two approaches, rather than relying on caustic and often inaccurate sound-bites that reveal little about the true nature of the approaches.

The Typical Public Health Model for Addressing Youth Risk

Public health models that respond to health risk typically emphasize optimal health promotion and disease prevention. The goal is to guide the target audience toward the optimal health outcomes through a risk avoidance approach. The risk avoidance strategy is a population-wide approach, communicating the best health messages broadly and in a manner that resonates with a variety of sub-groups of the general population. They seek to encourage positive decision-making, as well as to inform the conversation surrounding the specific health or safety concerns. Common examples of the risk avoidance approach include campaigns to prevent underage drinking, illicit drug use, smoking, and violence. It is also illustrated in the 2015 CDC Sexually Transmitted Diseases Treatment Guidelines:

> *"The most reliable way to avoid transmission of STDs is to abstain from oral, vaginal, and anal sex or to be in a long-term, mutually monogamous relationship with a partner known to be uninfected."* [6]

A risk reduction approach typically targets individuals currently engaged in risk behaviors. However, the risk reduction campaign, while separate from the risk avoidance campaign, still communicates a clear message regarding the health risks of engaging in a given behavior and the overwhelming benefits of discontinuing that behavior. The ultimate goal is to help the individual transition back to a risk-free lifestyle.

An example of this messaging is the culture-wide anti-smoking health campaigns which encourage non-smokers not to begin smoking and which urge smokers to return to a smoke-free lifestyle. Of course, sexual risk to teens is of no less significance than other risk behaviors, yet current public policy gives little emphasis to sexual risk avoidance. The CDC identifies teen sex as a risk behavior and for good reason. For the benefit of forming a better understanding of the two approaches, a short description of each follows.

The Sexual Risk Avoidance (SRA) Approach

SRA education is an approach that gives teens information and skills that are intended to help them avoid all the possible negative consequences of teen sex, including but not limited to, the physical consequences of STDs and pregnancy. Therefore, it is accurately known as a Sexual Risk Avoidance (SRA) education approach. Consistent with a risk avoidance public health model, the SRA approach includes a cessation intervention approach for school-aged youth who are sexually active, offering the hope, encouragement and skills to return to an optimally healthy lifestyle free from all sexual risk.

SRA education classes go beyond discussions surrounding only the physical consequences of teen sex, however. The approach is holistic, linking and contextualizing the value of avoiding sex to the essential components that help youth thrive and achieve success in their present and future lives. One example included in the new federal Sexual Risk Avoidance Program is the well documented advantages of youth incorporating the success sequence to avoid poverty and increase their ability to build healthy, committed marriages and families in the future. SRA also provides information on the non-physical consequences that can accompany teen sex, the practical skills associated with healthy decision-making, and requisite skills to develop healthy relationships. These classes discuss medically accurate information about condoms, as well as the causes, symptoms, and the best way to avoid the transmission of STDs, which of course, is by not having sex.

The Sexual Risk Reduction (SRR) Approach

"Comprehensive" Sex Education is almost entirely focused on skills to help teens ***reduce*** the physical consequences of sex through the use of contraception. Therefore, it is more accurately known as a Sexual Risk Reduction (SRR) approach, designed to reduce the risk of teen sexual behavior, rather than eliminating the risk altogether.

The sexual risk reduction model, however, is considerably different from other risk reduction approaches in important ways:

1. The SRR model targets the general teen population, rather than focusing on an individual intervention for those who are actually engaged in the risk behavior. This sends the false impression that "everyone is doing it" which has the negative effect of normalizing teen sex as an expected behavior. The explicit demonstrations and themes then set behavioral standards that can easily provoke sexually inexperienced teens to transition to sexual activity.

2. The SRR model does not seek to move youth who are engaged in sexual activity back to a sexual risk free status, a significant departure from the typical public health risk reduction model. The implicit message of the SRR approach is that once teens become sexually active, it is not possible for them to discontinue sexual activity and eliminate all sexual risk. In fact, the SRR model claims "success" even when teens are still participating in behaviors that place them at significant risk.

Current federal sex education policy is almost entirely focused on this Sexual Risk Reduction Model, rather than giving preferred emphasis to the primary prevention approach found in Sexual Risk Avoidance education. It is urgent that national sex education policy change to reflect a clear and unambiguous priority on SRA education. This policy change will, for the first time, bring consistency to the way in which federal policy treats all negative youth risk behaviors - one that values optimal health outcomes first and foremost. America's youth deserve no less.

Why Support Sexual Risk Avoidance (SRA) Education?

1. There is Compelling Evidence That SRA Education Works.

Twenty-five research studies of SRA programs show significant behavioral changes in improving teen outcomes. Many other studies demonstrate early stage positive attitudinal impacts that tend to predict decreased sexual initiation rates.

2. Parents Support SRA Education.

Three significant studies found overwhelming support for the SRA approach to sex education.

·Barna Group (2015). Americans Speak Out Survey [7]

A few primary findings from this study include the following:

- About 7 out of 10 Americans want students to learn to avoid all the consequences of teen sex, not merely pregnancy.
- Most Americans deemed the topics covered in SRA program as essential for sex education class.
- Nearly 3 in 4 Americans believe that it is vital that high school students understand that teen sex can impact their futures.
- Most Americans believe that it is essential that high school students receive information on contraception (75%), but the support plummets for demonstration (38%) and distribution (27%). Most SRA programs share information, but neither demonstrate nor distribute.

·Pulse Opinion Research (2012). Parents Speak Out Survey [8]

A few primary findings from this study include the following:

- Nearly 9 out of 10 Republican parents and almost 8 out of 10 Democratic parents support SRA education.

- Democrats and Republicans alike support more equality in funding between SRA education and SRR "Comprehensive" sex education, with Democrats most supportive.
- More than 8 of 10 parents, but especially women and African Americans, support the dominant themes of SRA education.
- Eighty five percent of parents believe that all youth, including homosexual youth, benefit from skills that help them choose to wait for sex.
- Nearly 9 in 10 parents strongly support the way SRA programs share the medically accurate limitations of condoms for preventing pregnancy and disease.

We have long held that support for SRA programs crosses party lines - and that anti-SRA policies are out of step, not only with the best health outcomes for America's youth, but also with what citizens of both political stripes want for their own children.

5. U.S. Department of Health and Human Services. (2010). "National Survey of Adolescents and Their Parents: Attitudes and Opinion About Sex and Abstinence." [9]

This federally funded study sought the views of parents and adolescents regarding sex and SRA. The report detailed the following survey findings:

- Most parents favor premarital SRA for their teens: "Approximately 70 percent of parents surveyed are opposed to premarital sex both in general and for their own adolescents."
- Most parents favor SRA education in various community settings: "The majority of parents surveyed favor their adolescents receiving SRA messages from multiple sources. Ordered from most preferred to least preferred, parents favored SRA messages delivered at a place of worship (85 percent), a doctor's office or health center (85 percent), school (83 percent), a community organization (71 percent), and the internet (55 percent)."
- The survey findings were intended to inform public policy priorities and sex education implementation strategies. Based on the findings of this survey, a strong risk-avoidance SRA message should be the federal priority for sex education.

3. Most Teens Support SRA

By both their voices and their actions, teens are supportive of SRA as a sexual behavioral choice for themselves.

- **Most teens choose to wait for sex.** Recent data, released by the National Center for Health Statistics, reveals that 66% of boys and 70% of girls between the ages of 15 and 17 have never had sexual intercourse.[10] Teens between the ages of 15 and 17 are the most frequently targeted age group to receive sex education, so the data punctuates the fact that SRA resonates with teens and that it is indeed a realistic approach. The data also begs the questions: "Why doesn't federal sex education policy prioritize messages that encourage these numbers upwards? Shouldn't teens receive reinforcement for the healthy decision they are making?"
- **The percentage of teens who have not had sex** has increased more than 28% in the past two decades, an encouraging sign that the "wait for sex" message is relevant and continues to resonate with youth, despite the fact that too many messages they receive only encourage them to have sex. [11]
- **Most teens support waiting for sex until marriage.** The U.S. Department of Health and Human Services report, "National Survey of Adolescents and Their Parents: Attitudes and Opinions About Sex and Abstinence indicated overwhelming support by teens. The report found that most adolescents support waiting for sex until marriage in general and for themselves: 62% say that it is against their values to have sex before marriage; 75% believe that having sex would make life difficult; 84% oppose sex at their age; 69% oppose sex while in high school. (p. 61) [12]
- **Many sexually experienced teens wish they had waited.** About half (48%) of sexually experienced teens express regrets about having sex so soon. [13] These statistics indicate that sexually experienced teens are open to a different choice in the future. Changing direction by building relationships without sex can resonate with sexually experienced teens and research validates this to be the case for many.

7. Avoiding sex is the healthiest choice for adolescents and as such should be the central focus of any responsible sex education program.

Teens have the right to know the truth that only waiting for sex – hopefully until marriage - completely eliminates the risks of teen sex. No matter what precautions are taken, teens can still get pregnant, contract an STD, or experience negative emotional consequences, even with the use of contraception.[14] Any of these results can jeopardize a teen's health and future. SRA programs provide valuable life and decision-making skills that lay the foundation for personal responsibility and a successful future.

Alarmingly, teens say that SRR education makes them feel more pressured to have sex than the pressure they feel from their romantic partners. Nearly 1 in 4 teens say these sex education classes make them feel that teen sex is an expectation. [15]

How Effective Are Sexual Risk Reduction (SRR) "Comprehensive" Sex Education Programs?

The average citizen and policymaker believe that SRR "Comprehensive" sex education programs have an impressive bench of research showing their effectiveness. Based on recent statements from some of the highest levels of state and federal government, many also believe that SRR programs meet the benchmark for national model status. A national model represents the pinnacle of research status and implies that if the program is implemented anywhere in the nation, similar positive results can be expected. However, a careful look at objective, general research protocols shows that SRR programs lack the status they are frequently afforded. SRR sex education programs have been federally funded since the 1970s - much longer than sexual risk avoidance programs and at a much higher funding level - so one would expect many rigorous and replicated studies of individual curricular programs.

In addition, if SRR programs were singularly effective, one could also expect to see changes at the cultural level related to typical risk reduction indicators.

Indeed, teen condom use has risen significantly since the CDC began tracking it in 1991. [16] However, condom usage has fallen among teens, even in the midst of an almost exclusive focus on contraceptive usage in federal sex education policy. [17] Since 2010, nearly all federal sex education funding and emphasis has been devoted to SRR education, yet young people currently have 2/3 of all chlamydia infections, the greatest proportion of gonorrhea infections, [18] and increasing numbers of sexual partners among sexually active high schoolers, [19] suggesting that the SRR approach increases, rather than decreases risk.

Although the claim and resulting perception is that SRR "Comprehensive" Sex programs are effective in the classroom, the evidence does not support this assertion. Rigorous research must follow generally accepted protocols and avoid serious pitfalls that can compromise the results. [20] Unfortunately, the popular, nationally distributed "evidence-based lists" of SRR programs regularly display glaring research pitfalls. One such list is distributed by the Office of Adolescence Health (OAH) at the U.S. Department of Health and Human Services. [21] It is touted as a guide to successful programs worthy of national model status but contains these 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 OAH 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 in subsequent replications.

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 employed by the curriculum publishing company and/or personally wrote the curriculum being studied, a clear conflict of interest that requires a higher level of accountability to ensure 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 their protective effect into question. For example, those studies that measured condom use did not measure consistent, correct use, but merely "condom use at first intercourse" or "condom use at last intercourse." CDC and USAID research suggests that inconsistent condom use may actually increase risk to the individual.[22]

Section B

Policy Priorities: Why Sexual Delay Should be the Goal in Sex Education

…And Why Teen Pregnancy Prevention Isn't Enough

Policy Priorities: Why Sexual Delay Should be the Goal in Sex Education …And Why Teen Pregnancy Prevention Isn't Enough

There are significant benefits to the individual who delays sexual debut. These same benefits are usually not realized by the individual who continues to be sexually active but uses contraception as a risk reduction method. The research is compelling – and continues to grow – that delaying the age of sexual debut is associated with a variety of protective benefits. While in many cases, the research does not necessarily imply causation, there is an increasingly strong and positive association between sexual initiation and other health and relational risk behaviors that often persist beyond adolescence and far into adulthood – if not for the entire span of one's life. Public health efforts must vigorously support and prioritize the delay of sexual initiation among youth because teen sex may open the door to other problem behaviors; and because, as noted by Magnusson, "age of sexual debut is an important distal factor which sets a trajectory of risky sexual behavior." [23] Simply put, the age of sexual initiation matters and merely prescribing Long-acting Reversible Contraception (or LARC) cannot eliminate the inherent risks of teen sex. Frankly, those who claim that teen sexual activity is healthy – so long as each partner consents and no pregnancy ensues – are on the wrong side of science and are promoting a strategy that could compromise the future health and success of youth. Sex education policy that normalizes teen sex, so long as the teen uses contraception is simplistic, naive, and uninformed at best, but harmful at its root.

This section is not exhaustive in its analysis of the large body of research documenting the perils of teen sex, but it does contain a summary of the research. In many of the studies, teen sex is often described as "early" sex, which is usually defined as sexual debut before 15 -18 years of age. However, often there are increasing advantages to the individual the longer a person waits to begin having sex, with most optimal outcomes realized for those who wait until after marriage, and who remain faithful to that marriage partner.

Most research on this topic does not address "why" teen sex is associated with so many negative consequences, why teen sexual activity is generally not an isolated risk behavior, nor why this behavior appears to set a troubling pattern for subsequent behaviors. Perhaps teens who become sexually active reject the normal mentoring or "oversight" roles of parents and other adult in their lives, thus increasing additional opportunities for other harmful behaviors. Perhaps the attention of sexually active teens is diverted away from those behaviors that require self-discipline and a long-term focus. The research is not adequately clear on causal factors. It is clear, however, that teens choosing to delay sexual initiation also add additional protective benefits to their lives and futures because they are able to invest more of their time and energy into activities that can put them on a path for future success. These activities include putting an emphasis on their education, volunteering for community service, nurturing healthy relationships, learning from mentors and plotting a course for their futures. On average, the decisions to engage in teen sex – or to delay sex - are not decisions made in isolation. They have an impact that extends far beyond the risks of pregnancy or infection.

The research is compelling and cannot be easily dismissed. Teen sex is risky behavior. And waiting for sex, preferably until marriage, improves the prospect for positive future outcomes. Specifically, the research reveals that when teens have sex, the following negative life outcomes are more likely to occur, often persisting into adulthood:

- Less likely to use contraception. [24]
- More likely to experience STI. [25]
- More concurrent or lifetime partners. [26]
- More likely to experience pregnancy. [27]
- Lower educational attainment (and not necessarily linked to pregnancy.) [28]
- Increased sexual abuse and victimization. [29]
- Decreased general physical and psychological health, including depression. [30]
- Decreased relationship quality, stability and more likely to divorce. [31]
- More frequent engagement in other risk behaviors, such as smoking, drinking, and drugs. [32]
- More likely to participate in anti-social or delinquent behavior. [33]
- Less likely to exercise self efficacy and self regulation. [34]
- Less attachment to parents, school and faith. [35]
- Less financial net worth and more likely to live in poverty. [36]
- Early sexual behaviors set a pattern for later ones. [37]

And waiting for sex, preferably until marriage, appears to have the opposite result. Youth who are not sexually active are more likely to enjoy more positive outcomes than their sexually active counterparts. The research is abundantly clear that optimal health expectations move individuals closer to that goal than they would be without the information, skills and encouragement they receive to wait for sex. A cultural shift in expectations regarding sexual health necessitates a uniform message that is consistent with public health protocols for health, bolstered by the compelling research in favor of sexual delay.

Educators must intentionally work to build the internal and external assets of the students they serve so they are increasingly able and confident to make healthy decisions that avoid the risks associated with teen sex. Sexual risk avoidance education gives research and theory the legs of practicality. This same research proves the transferability of skills important to not only avoid teen sex, but also to improve the likelihood that youth will enjoy life success. Therefore, sex education policy should focus on sexual delay, preferably until marriage. Why? Because the health of youth translates into the health of adults – and families – and our nation. Policy must place optimal health as the desired outcome, with the understanding that every incremental step toward that goal is success.

Section C

Program Success: Sexual Risk Avoidance Education Programs Demonstrating Improved Teen Outcomes

Program Success: Sexual Risk Avoidance Education Programs Demonstrating Improved Teen Outcomes

SRA education has an impressive and growing body of research pointing to its effectiveness. To date, 25 peer-reviewed studies show statistically significant evidence of positive behavioral impact for students with all levels of sexual experience. Six studies demonstrate significant delay in sexual initiation for one to two years after the program ended. Most research was obtained within the school setting. The results are remarkable and consistently reveal three noteworthy findings.

Compared to their peers, students in SRA programs are:

1. Much more likely to delay sexual initiation.
2. If sexually active, much more likely to discontinue or decrease their sexual activity.
3. No less likely to use a condom if they initiate sex.
4. More likely to excel academically
5. Less likely to engage in other risk behaviors

Programs are included in this section because they met the following criteria in terms of research rigor:

1. Peer Reviewed Study
2. Comparison/Control Group Included in Design
3. Statistically Significant Positive Behavioral Impact on Teens

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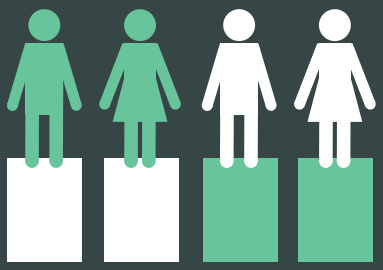

Less likely to engage in other risk behaviors

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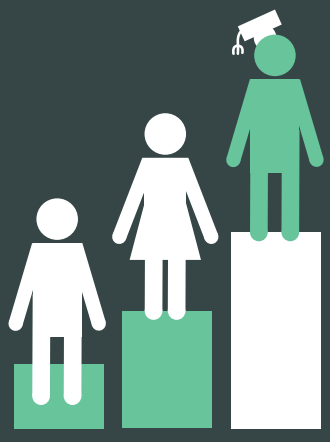


Source: Ascend (2016) Sexual Risk Avoidance Works: Sexual Risk Avoidance (SRA) Education Demonstrates Improved Outcomes for Youth. Washington , DC: Author.

1. Healthy Futures

State: Massachusetts

Study: Calise T.V., Chow, W, Doré, K. F. (2015). Evaluation of Healthy Futures in Three Northeastern Massachusetts Cities: Findings from an Innovative Teen Pregnancy Prevention Program. Final Impact Report for The Black Ministerial Alliance of Greater Boston, Inc. Prepared for the Office of Adolescent Health, U.S. Department of Health and Human Services, 2015.

Program Description: Healthy Futures is a school-based, comprehensive sex education program for middle school students. The three-year program uses a relationship education curriculum, Nu-CULTURE, that includes 24 lessons (8 per year in 6th, 7th, and 8th grade). Each grade level of the program also provides students with access to virtual classrooms, after-school and summer programs, and a website and workshops designed for parents.

Research Design: A cluster randomized controlled trial was implemented involving 2,346 students from 15 middle schools in three cities in northeastern Massachusetts.

Statistically Significant Results: Researchers found that at the end of 8th grade, female adolescents in the schools that delivered the intervention were significantly less likely to report ever having vaginal sex.

2. Path, Inc

State: Indiana

Study: Piotrowski, Z.H.; Hedeker, D. (2015). Evaluation of the Positive Potential Be The Exception Grade 6 Program in Predominantly Rural Communities: Findings from an Innovative Teen Pregnancy Prevention Program. Report to the Office of Adolescent Health, U.S. Department of Health & Human Services, August 2015.

Program Description: Grade 6 curriculum, entitled Positive Potential Be The Exception (Positive Potential), is a school-based, youth development program developed primarily for adolescents attending middle school in rural communities. The Positive Potential program is offered as a supplemental program to the health and physical education curricula adolescents receive as part of their middle school education. The program offers five 45- to 50-minute classroom sessions on consecutive days during the 6th grade and includes one class assembly at the end of 6th grade.

Research Design: The program was evaluated in a randomized controlled trial involving 1,438 6th grade students in 14 public middle and elementary schools in northwestern Indiana.

Statistically Significant Results: The study found that in schools that delivered the program both the full sample of students and the subgroup of males were significantly less likely to have had sexual intercourse (ever and in the last three months) at the beginning of the 7th grade.

3. Heritage Keepers: A Replication

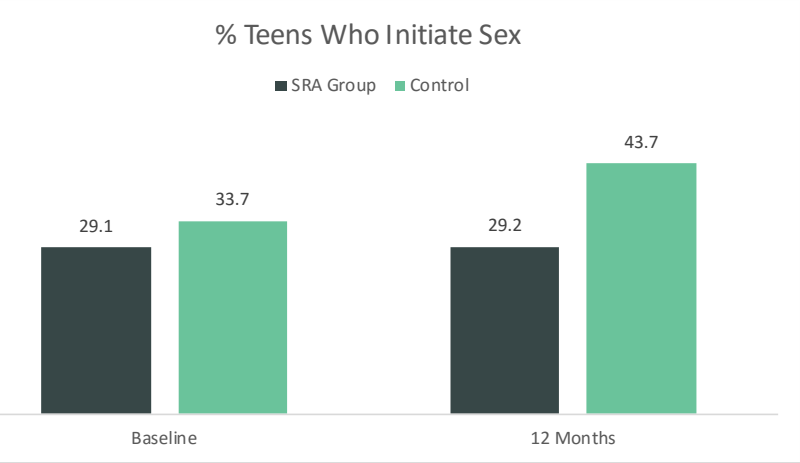
State: South Carolina

Study: Weed, S. E., Birch, P. J., Ericksen, I. H., & Olsen, J.A. (2011). Testing a predictive model of youth sexual intercourse initiation. Submitted for publication.

Program Description: Heritage Keepers Education is a 450-minute interactive curriculum that is designed for middle and/or high schools. It is presented in 45-minute class periods over 10 sequential school days or in 90-minute sessions for five consecutive days. It is delivered to youth in required health classes, usually over 8 to 10 consecutive school days. The curriculum articulates benefits of sexual delay in terms of immediate risks, such as unwanted pregnancy and STDs, and in terms of helping youth prepare for family formation in the future.

Research Design: Twenty-five hundred and forty 7th to 9th grade students were given pre, post, and 12-month follow-up surveys. Propensity score matching procedures established baseline equivalence between program and comparison students on all key measures of behavior, cognitive constructs, and demographic measures. This resulted in a study sample of 2215 students that had baseline equivalence. The analysis tested the program's impact on sexual initiation 12 months following the program, and also tested those constructs as mediators using structural equation models for mediation analysis.

Statistically Significant Results: Significant differences were observed between program and comparison groups in levels of sexual behavior one year after the program, and also in the amount of change in sexual activity over that time period. Sexual experience increased from 29.1% to 33.7% for the program participants, and from 29.2% to 43.2% among the comparison group. Further analysis demonstrated that the effects of the program on the cognitive constructs, further strengthening the causal argument for program effects, mediated nearly all of these differences. A year after Heritage Keepers Education, program students initiated sex at a rate 67% lower than well-matched comparison students. This program is also included on the HHS "evidence based" list.



4. Choosing the Best (CTB)

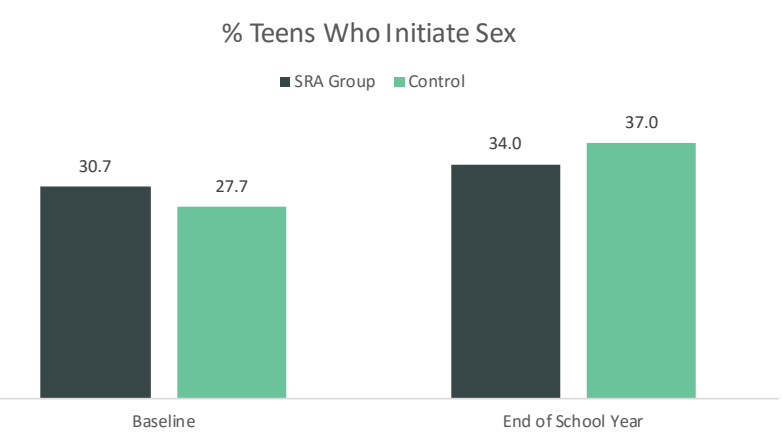
State: Georgia

Study: Lieberman,L. (2012).Impact of the Choosing the Best program in communities committed to abstinence education. Sage Open. Retrieved March 2016 at http://www.choosingthebest.org/docs/CTB_ Published_Research-SAGE_Publications.pdf

Program Description: Choosing the Best, a classroom-based curriculum, offers five age-appropriate programs for grades 6 through 12. CTB has been utilized in schools across 48 states nationwide, and more than 3 million students have participated in a CTB program since 1993. CTB sought to determine if this program had an impact on attitudes, intentions, and behavior.

Research Design: Six Georgia public schools (1,143 ninth graders) participated in the study in 2009-2010. Four randomly assigned schools received the CTB curriculum, taught by trained CTB staff. Two control schools received their usual textbook-based lessons. Students received the intervention either in the spring or fall of the 9th grade year. Surveys were conducted at the beginning and end of 9th grade, and the beginning of 10th grade.

Statistically Significant Results: Data demonstrated significant impact of CTB at the end of 9th grade on commitment to wait for sex, pro-SRA beliefs and attitudes, intentions to wait for sex, and lower onset of sexual intercourse. Sexually inexperienced students who received the CTB program were nearly 1.5 more likely to delay the onset of sex than sexually experienced teens in the control group at the post test measurement at the end of 9th grade. At the beginning of 10th grade, a significant impact was found on pro-SRA attitudes only.



5. PEERS Project

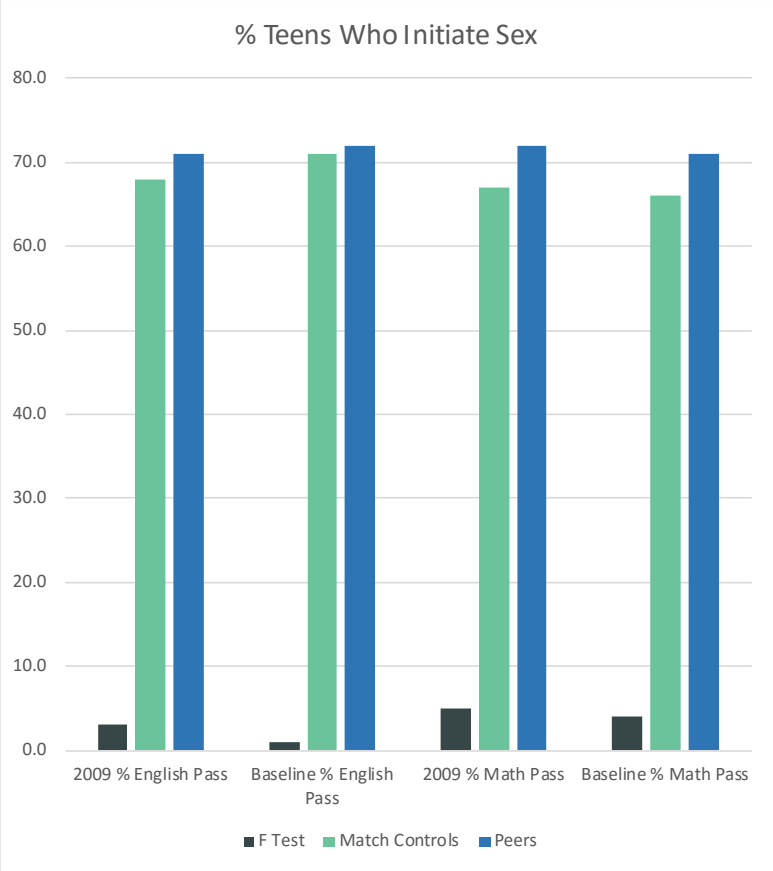
State: Indiana

Study: Ferraro, L. F., Pressler, K. A. (2011). Do abstinence education programs influence high school academic performance? Am. Journal of Health Studies. 26 (4): 230-235.

Description of Program: The PEERS program is delivered in high schools to students principally in the 9th and 10th grades (via enrollment in health or physical education classes.) Each year of the program involves approximately 150 minutes of classroom instruction on topics such as sexually transmitted diseases, sexual responsibility, healthy relationships, "abstain to attain," and love. Mentors make use of video presentations, role-playing, and testimonials in delivering the program. Mentors represent a wide range of students - male and female, white and non-white – but all receive training regarding the content of the program and ways to effectively present it to fellow students. When delivered in high schools, most mentors are juniors or seniors.

Research Design: The subjects were high school students at 42 Indiana high schools, but all student information was gathered from school-level (aggregated) sources. Therefore, the unit of analysis was the high school. The study design involved matching 21 Indiana schools that received an SRA education program with 21 schools in the state that did not receive the program.

Statistically Significant Results: In comparison to matched controls, receiving the program was associated with a higher percentage of sophomores passing the state math achievement test. Among the schools receiving the program, years of program intervention was associated with higher rates of passing both the state math and English achievement exams. Sustained offering of SRA education programs was associated with improved academic performance, especially on standardized math exams. Each year the SRA education program was presented, it was associated with almost a 1.5% increase in standard achievement test pass rates.



6. WAIT Training

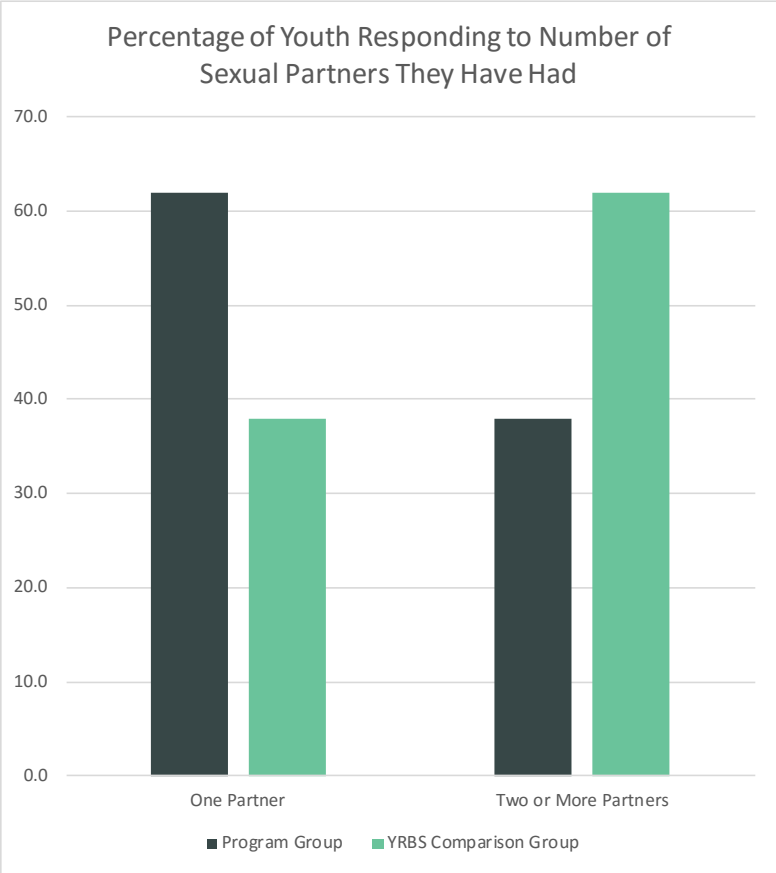
State: New York

Study: Rue, L.A, Chandran, R., Pannu, A., Bruce, D., Singh, R., & Traxler, K. (2012). Evaluation of an abstinence based intervention for middle school students. Journal of Family and Consumer Sciences 104, (3), 32-40.

Description of Program: The program implemented a 15-day (i.e., 11.5 hours) curriculum, which supplements WAIT Training with videos, brochures, and other media including a slide presentation about sexually transmitted diseases. A male/female professionally trained team taught the curriculum.

Research Design: Single group, pre/post design with 12-month longitudinal follow-up. Follow-up compared behavioral measures to average behaviors from the weighted YRBS data from a neighboring county.

Statistically Significant Results: Middle school students who participated in the program were 3 1/2 times more likely to delay sexual activity and reported fewer multiple partners one year after receiving the program in their health classes as compared to average behaviors from a neighboring community without the program. These initial findings showcase the intended outcome of the curriculum and warrant further research with more rigorous research designs to better understand the benefits of risk avoidance efforts over a longer time period.



7. Jemmott Study of Inner City Youth

State: Pennsylvania

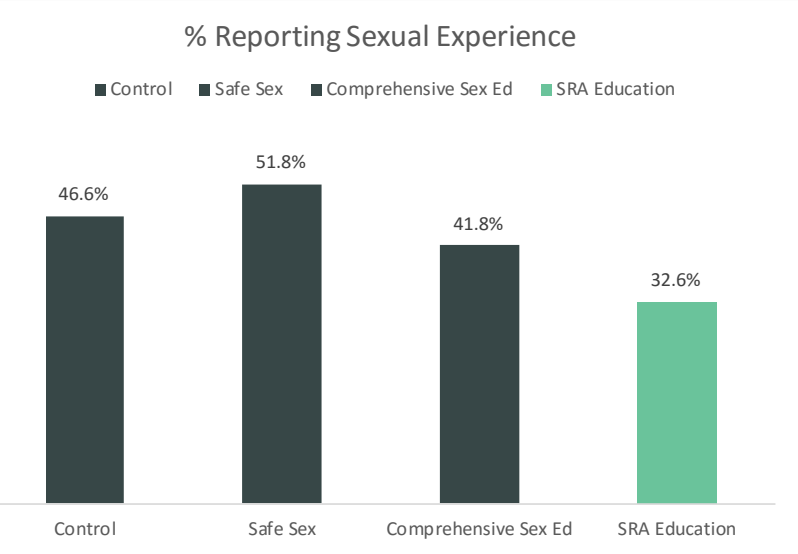
Study: Jemmott, J. B., Jemmott L. S.,Fong G. T. (2010). Efficacy of a theory-based abstinence-only intervention over 24 months. Arch Pediatr Adolesc Med. 2010;164(2):152-159.

Program Description: Students were recruited from four low-income middle schools and were randomly assigned to one of four interventions. Three distinct sex education interventions were tested:

- An 8-hour abstinence program targeted reduced sex
- An 8-hour safer sex-only program targeted increased condom use
- 8-hour and 12-hour "comprehensive" sex education programs targeted reduced sex and increased condom use
- A fourth health promotion intervention served as a control group.

Research Design: The research employed a randomized control trial of 662 African American sixth and seventh graders. Participants completed follow up questionnaires at baseline, 3 months, 6 months, 12 months, 18 months, and 24 months after receiving the program. Each intervention was compared to the control group, which received general health-promotion information, but not sex education.

Statistically Significant Results: Only the abstinence intervention significantly reduced sexual initiation, when compared with the control group (32.6% that had received the "abstinence" intervention initiated sex vs. 51.8% that received "safer sex" and 41.8% that received "comprehensive" sex education.) 46.6% of the control group initiated sex. Neither the "safe sex" nor the two "comprehensive" sex education interventions significantly increased condom use. The abstinence intervention did not negatively impact condom use among those participants who became sexually active. The author cites the value of a single focused abstinence approach for encouraging sexual delay, as opposed to a mixed "comprehensive" message. (AP article 2/2/10:"Jemmott said the single focus may have been better at encouraging abstinence than the other approaches in his study. The message was not mixed with any other messages,' said Jemmott.)



8. Reasons of the Heart

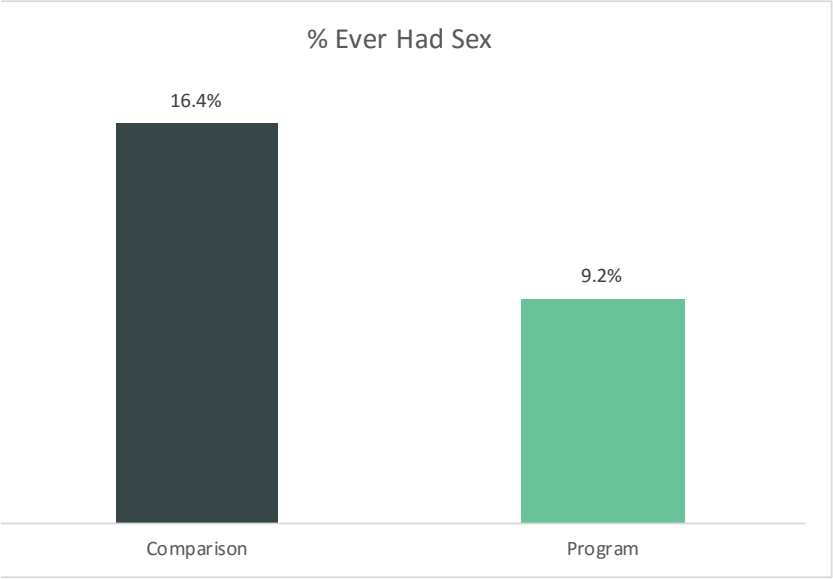
State: New York

Study: Rue,L.A,Chandran,R.,Pannu,A.,Bruce,D.,Singh,R. (2010). Estimate of Program Effects, L.I. Teen Freedom Program.

Description of Program: The principal curriculum used with L.I. Teen Freedom was WAIT Training. The project implements a 15-day (11.5 hour) delivered by a professionally trained team (1 male and 1 female). The curriculum WAIT Training was supplemented with videos, brochures, and other media including a slide presentation about sexually transmitted diseases.

Design: The research employed a single group, longitudinal mixed design, including 12 month follow-up, (N= 427), 26% of the total population of 7th and 8thgrade students, 30% Black, 60% Hispanic, 3% White, 2%, Asian, 5% Other, and 56% female. The study retained 60% of the 8th grade sample at follow-up.

Statistically Significant Results: The program group demonstrated statistically significant short-term pre and post test movement on the support for SRA values, self-efficacy and behavioral intentions. Behavioral intentions and SRA values were still significant at the 12-month follow-up. In addition, follow- up included a comparison of average behaviors from the Youth Risk Behavior Survey (weighted data). Youth who participated in the L.I. Teen Freedom program, were nearly 3 1⁄2 times (OR) more likely than average to wait for sex 12 months after participating in the program. There was a significant difference between the two samples with the L.I. Teen Freedom participants reporting fewer partners ($p = < 0.0001$) than average 12 months after the program.



9. Game Plan / Aspire

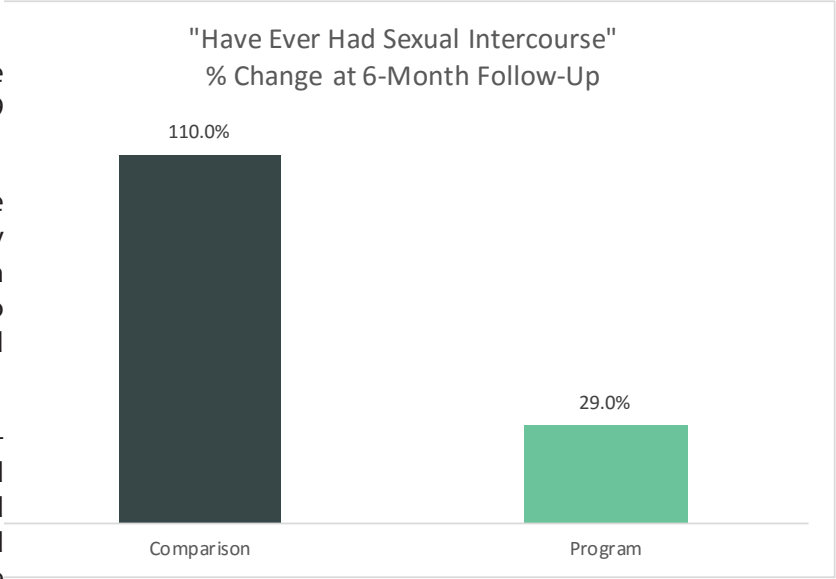
State: California

Study: Educational Evaluators, Inc. 2011. Tesoros de Esperanza CBAE Evaluation Report during the 2008-2009 project year.

Program Description: Tesoros de Esperanza utilized Game Plan and Aspire in a wide variety of schools and community settings. Tesoros de Esperanza provided 16 hours of a curriculum-based program targeted to primarily Latino youth in 7th – 12th grades to prevent pre-marital sex and help sexually active youth return to a lifestyle without sex.

Research Design: Tesoros de Esperanza utilized a quasi-experimental design, which employed treatment and control groups involving 745 youth aged 12-18 years old (559 treatment and 186 control). Responses were tracked from pre-test to post-test and at 6-month follow-up. Before program implementation, students voluntarily completed a 52-item pre-test survey instrument measuring the effects of the curriculum according to the following scales: Peer Self-Esteem, Parent- Child Communication, Knowledge, Attitudes about SRA, Beliefs that Match A-H Principles, Behavior and Behavioral Intentions. At post-program and 6-month follow-up, participants completed a 53-item post-test survey including all 52 pre-test survey items and an additional question assessing their participation. From pre-test to post-test, 401 (72%) participant's responses were matched (322 treatment and 79 control). At 6-month follow-up 108 (19%) youth (88 treatment and 20 control) completed the questionnaire. Gain scores were tested for statistical significance ($p < .05$) using analysis of variance.

Statistically Significant Results: The treatment group (TG) demonstrated greater statistically significant gains than the control group (CG) in behavior. TG showed greater statistically significant gains in behavior than CG from pre-test to post-test and at 6-month follow-up. Item 48."Have you ever had sexual intercourse?" TG responding "Yes" increased by 29% at 6-month follow-up, while CG responding "Yes" increased by 110%. Item 49."Have you had sexual intercourse in the past 3 months?" TG responding "Yes" increased by 20% at post-test, while CG responding "Yes" increased by 43% at post-test, more than twice as much as TG. Results indicate program success in demonstrating statistically significant gains for participants who completed the program in the areas of "Intent to Practice Abstinence" and "Practice of SRA Behavior." At 6-months, individuals not going through the program demonstrated a greater than 4 times likelihood of engaging in sexual activity.



10. Choosing the Best (CTB)

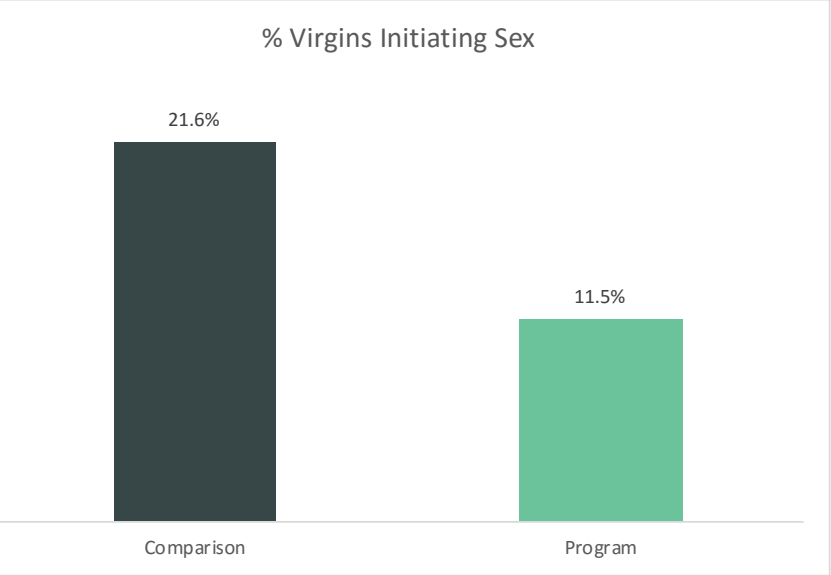
State: Georgia

Study: Weed, S.E., & Ericksen I.H., (2008) What kind of SRA education works? Comparing outcomes of two approaches. Submitted for publication.

Program Description: The CTB curriculum employs teaching techniques derived from learning theory including modeling (video vignettes of adolescents discussing their real life situations and decisions), role playing, use of a student workbook, and regular interactive homework assignment with parents. The core topic areas include: emotional, physical, and health risks for teen sexual activity; rewards of waiting for sex; refusal skills; relationship education; the negative interaction of alcohol and sex; building self-esteem and character education. CTB provides age-appropriate versions of this core material for lower middle school (CTB WAY), upper middle school (CTB PATH) and high school (CTB LIFE).

Research Design: 7th, 8th and 9th grade students from one high school and its feeder middle school in a suburban area in the South. 361 virgin students were in the program group and 257 were in the comparison group. The evaluation was quasi-experimental with a 12-month interval and included measures of both behavioral outcomes and cognitive mediators. The data collection was over two school years. Physical education/health classes were divided into program and comparison groups. Students received either the program content or school health content over 6-8 consecutive days.

Statistically Significant Results: Of the program students who were virgins at pretest, 11.5% had initiated sex between pretest and follow-up. Of the virgin comparison students, 21.6% initiated sex during the same period. The risk of a CTB participant initiating sexual intercourse was 43% of a non-participant.



11. The RIDGE Project, Inc.

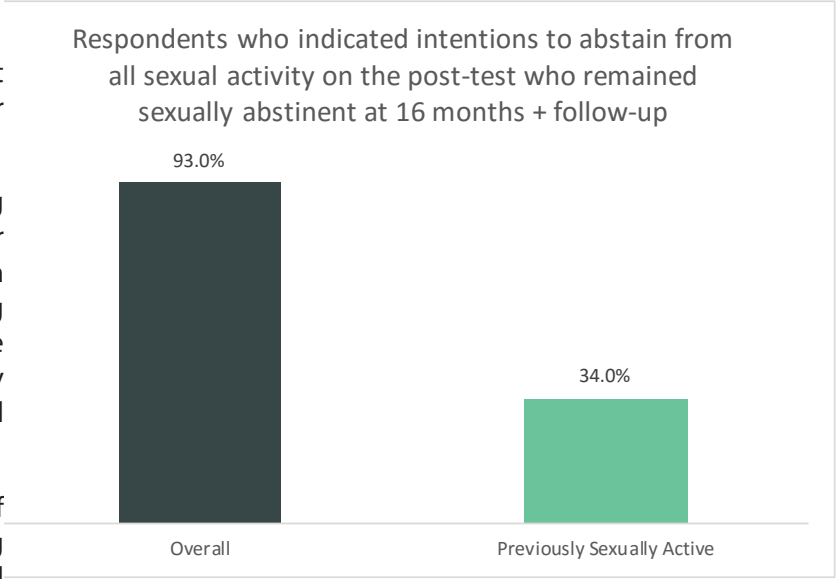
State: Ohio

Study: Seufert,R.L.& Campbell,D.G.(2010)The RIDGE Project Evaluation 2008-2010. (Author plans to complete further analysis of the data and submit a paper for publication).

Program Description: The RIDGE Project used Choosing the Best, Game Plan, Navigator, Relationships Under Construction, and RSVP curricula in a 10-county rural area in Northwest Ohio. The intended impact of programming was to increase commitment to waiting for sex, improve knowledge of negative consequences of sexual activity before marriage, and develop decision-making and refusal skills.

Research Design: Based on the Integrated Theory of Planned Behavior, the research design involved collecting pre-test, post-test, and follow-up data from middle and high school students. The data collection was over two school years (2008-2010) and included students at 11 middle schools and 10 high schools. Participants received programming over five consecutive days or one time per week over the school year. The follow-up data was collected 6 or more months following programming.

Statistically Significant Results: The statistical analysis was based on complete matched pre-, post-and follow- up data for 791 participants in grades 7 through 12. Through factor analysis and reliability tests, five indexes were identified. The t-test results indicated statistically significant gains (p .001) from pre-test to follow-up in behavioral intentions regarding SRA, and knowledge of the negative consequences of sexual activity before marriage, risk of sexual activity after alcohol/ drug use, and perceptions of teen pregnancy. Cohen's d indicated the program had a small effect on the three indexes related to gains in knowledge. Of the post-test respondents who expressed their intentions to abstain from all sexual activity until marriage, 93% of respondents overall and 34% of respondents who reported they had previously been sexually active, indicated on the follow-up survey that they had not been sexually active in the past six months. Respondents who indicated intentions to abstain from all sexual activity on the post-test remained sexually abstinent at 16 months + follow-up 93%



12. Earle School District

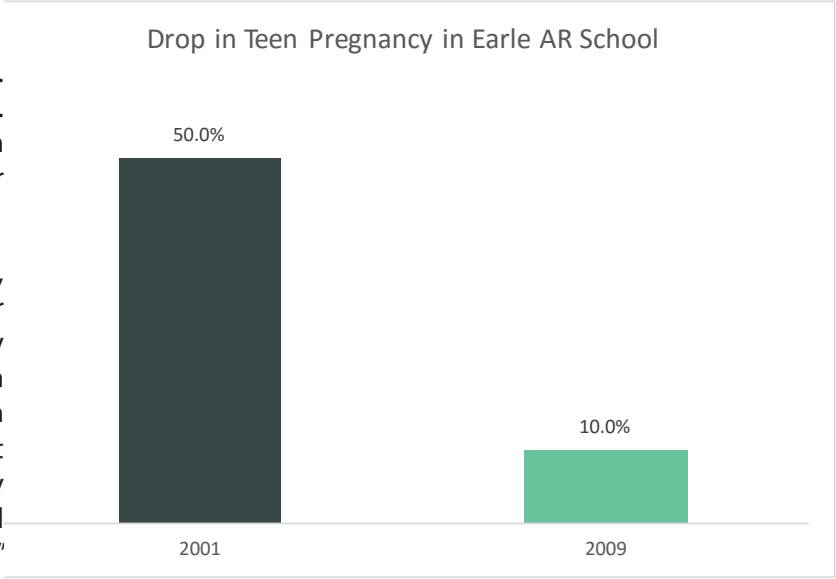
State: Arkansas

Study: Rue,L.A.,Rogers,J.,Kinder,E.,Bruce,D.(2009). Summative Evaluation: Abstinence Education Program. -Impact Evaluation submitted to Department of Health and Human Services, Grant # 90AE0219. Submitted for publication.

Program Description: Earle School District in Earle, Arkansas implemented a comprehensive SRA program for years. The district offered a variety of SRA programming by school, across grades 6-12. This study focused on the 8th grade students who receive WAIT Training and who then receive subsequent "booster" sessions of Choosing the Best Path, mentoring, or other reinforcement activities. They also received enrichment activities to encourage parental communication. The curriculum,"booster"and enrichment" components of the program were implemented over the course of the school year.

Research Design: The research employed a quasi-experimental design using a matched comparison group of 8th grade students. The independent variable was the SRA program using the WAIT Training curriculum for 8th grade students in the Earle School District and surrounding school-based partners in Arkansas. 333 13-14 year old students participated in the study with most youth in the sample being African American, and living in single parent homes.

Statistically Significant Preliminary Results: Youth with prior sexual experience at the start of the program reduced their sexual activity and number of partners after participating in the SRA classes. The pretest was given at the beginning of the school year, with the posttest given at the conclusion of the school year. "Students in the study schools had sex significantly fewer times than students in the comparison school ($Z = -3.26$, $p = 0.0011$), and also had significantly fewer partners than students in the comparison school ($Z = -2.72$, $p = 0.0066$) between the pre and posttest." In an effort to triangulate the self-reported evaluation findings, school records collected since 2001 indicate, that since the program began, incidence of teen pregnancy in the senior class dropped from 1 in 2 girls (2001) to 1 in 10 girls (2009).

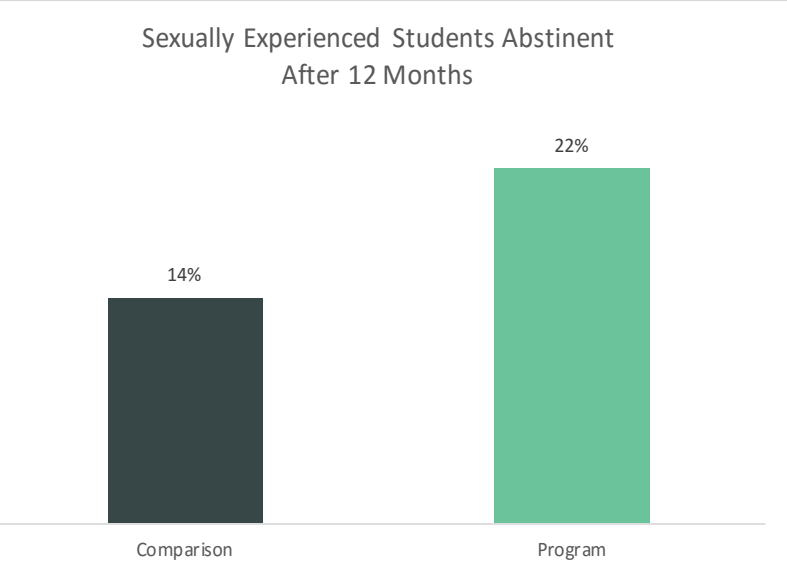


13. Arkansas – Title V Funded Programs

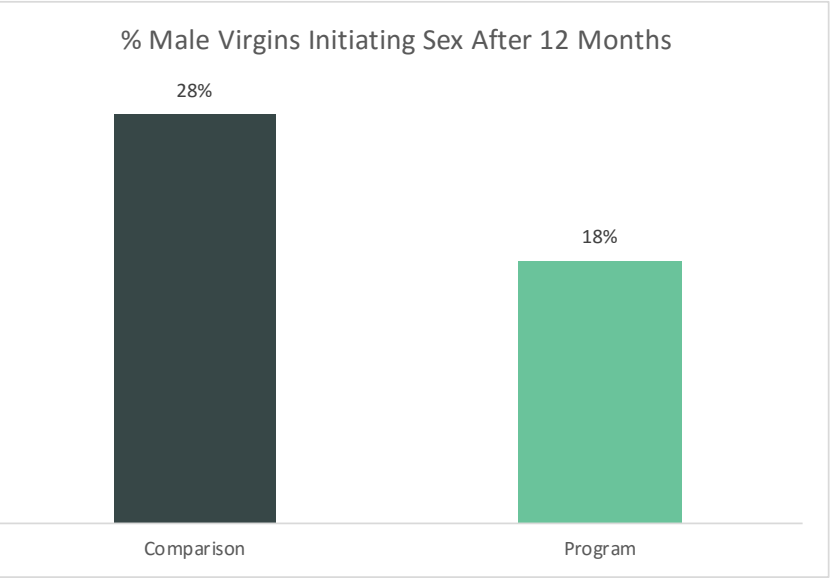
State: Arkansas

Study: Birch P. and Weed S. (2008). Phase V Final Report: Delivered to the Arkansas Department of Health. July 16, 2008. Salt Lake City: The Institute for Research & Evaluation.

Program Description: The Arkansas Department of Health funded SRA education programs throughout the state through federal Title V grants. This study evaluated the combined effects of 9 of these programs on adolescent sexual activity one year after program participation. While there were similarities between these 9 interventions in their approach (e.g., all were curriculum-based and followed the "a through h" guidelines), there were also significant differences between sites in curriculum content, teaching methods, teacher quality, and hours of program "dosage." For example, the hours of program dosage ranged from 4 to 100, with an average of 27. Furthermore, the demographic characteristics and risk levels of the teen population differed across the 9 sites.



Research Design: The study used a quasi-experimental design with a sample of 1,742 adolescents: 1,511 program youth and 231 comparison youth. Program and comparison students took a pretest at the beginning of the program cycle, a posttest at the end, and a follow-up survey 12 months later. Pretest differences on demographics and measures of risk propensity were controlled for statistically, and several statistical tests were performed to check the validity of the results.



Statistically Significant Results: Adolescents in the program group who were sexually experienced at the pretest were significantly more likely to be sexually abstinent after 12 months than the comparison students (22% vs. 14%, (R adjusted=1.98, p=.026.) Males in the program group who were sexually inexperienced at the pretest were significantly less likely to initiate sexual intercourse after 12 months than males in the comparison group (18% vs. 28%, OR adjusted=.51, p=.04). In other words, after adjusting for pretest differences, sexually experienced teens and sexually inexperienced male teens who received SRA education were about twice as likely to be sexually abstinent one year later than those who did not.

14. Sex Can Wait

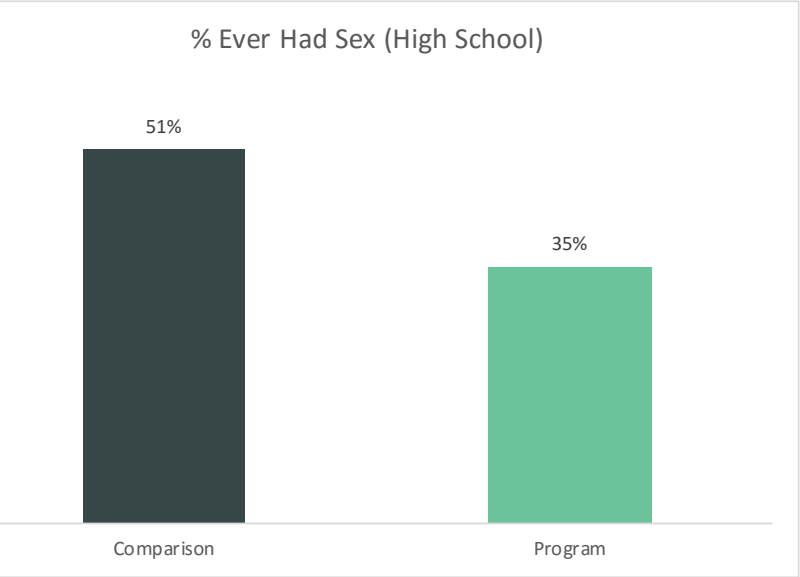
State: Arkansas

Study: Denny, G., & Young, M. (2006). An evaluation of an abstinence-only sex education curriculum: An 18-month follow-up. Journal of School Health, 76 8): 414-422.

Program Description: Sex Can Wait is a 5-week, sex education curriculum, consisting of 23 lessons at the upper elementary level and 24 lessons at both the middle and high school levels. The 3 main divisions at each level of the curriculum are: Knowing Myself (self-esteem, reproductive anatomy and physiology, values and decision making), Relating to Others (communication skills) and Planning My Future (goal setting and life planning).

Research Design: Participants for the study were students from 15 school districts recruited to participate in the project. Schools were divided by grade level into treatment and comparison groups. The program was offered at upper elementary (grade 5 or 6), middle school (grade 7 or 8), and high school (grade 9 or above). Across the 3 levels of cur**riculum, 1421 students took the pretest.**

Statistically Significant Results: For the upper elementary age group, at 18-month follow-up, the treatment group was less likely to report participation in sexual intercourse in the last month. At the middle school at 18-month follow-up there were significant differences ($p<.05$) between the treatment group and comparison group with the treatment group less likely to report participation in sexual intercourse ever and in the last month. At the high school level there were statistically significant differences between treatment and comparison groups with students in the Sex Can Wait group less likely to report participation in sexual intercourse, ever and in the last month.



15. Heritage Keepers

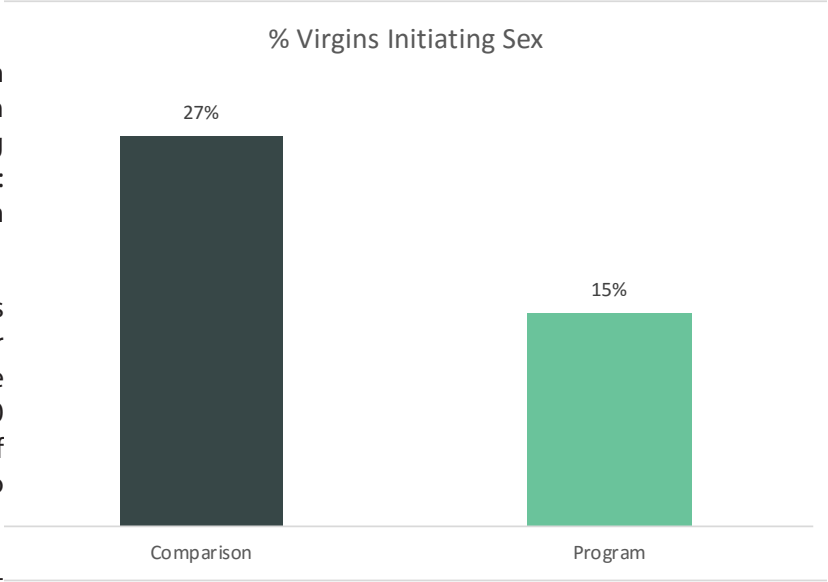
State: South Carolina

Study: Weed, S.E., Ericksen I.H., & Birch P.J. (2005). An evaluation of the Heritage Keepers SRA Education Program. Evaluating SRA education programs: Improving implementation and assessing impact. Washington DC: DHHS, Office of Population Affairs and the Administration for Children and Families.

Program Description: Heritage Keepers SRA Education is a 450 minute, interactive curriculum that is designed for middle and /or high schools. It is presented in 45-minute class periods over 10 consecutive school days or in 90 minute sessions for five consecutive days. This level of annual program dosage is intended for presentation to students over three successive years.

Research Design: The evaluation study used a quasi-experimental design with matched comparison schools, repeated measures and one-year follow-up. The sample for this study consisted of students in grades 7-9 from 34 program schools and 7 comparison schools in South Carolina. The sample size consisted of 2,529 virgin students in the program schools and 417 in the comparison schools.

Statistically Significant Results: Of the program students who were virgins at the pretest and who also answered the follow-up sex question, 14.5 percent had sex between the pre and follow-up. Of the virgin comparison students, 26.5 percent initiated sex between pre and follow-up. The results from the study indicate that program virgins were about one-half as likely (odds ratio=.539) as comparison group virgins to initiate sex by the 12-month follow-up, after controlling for pretest differences. An additional study of the Heritage Keepers® curriculum was done, using the same data as the two studies reported in this document, plus new data from those same sites, as well as data from other sites previously untested. The study added several design features to strengthen causal attributions and also found a significant effect on initiation rates for program youth compared to a no-program comparison group.



16. Best Friends

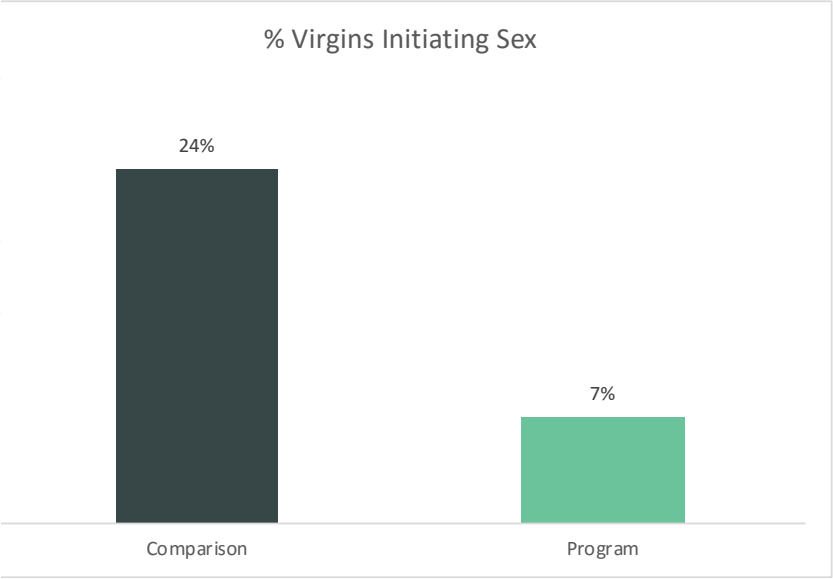
State: Washington, D.C.

Study: Lerner, R., (2004). Can abstinence work? An analysis of the Best Friends Program. Adolescent and Family Health, 3(4), 185-192.

Program Description: Best Friends (BF) is an extensive year-long curriculum and faculty-training program. BF holds sessions during school hours, uses trained teacher-mentors, provides group discussions and individual mentor sessions each week. The curriculum covers eight units: Friendship, Love and Dating, Self- Respect, Decision Making, Alcohol Abuse, Drug Abuse, Physical Fitness and Nutrition and AIDS and STDs.

Research Design: The effectiveness of the BF program was evaluated by comparing pre and post-program data from girls attending the program with data from non-participants. Non-participant data was provided by the Youth Risk Behavior Survey (YRBS) for the District of Columbia and served as the comparison group for the study. The study evaluated BF students in 6 middle schools, grades 6-8, in Washington D.C. 1,127 program and comparison students were involved in the evaluation.

Statistically Significant Results: Adjusting for the survey year, students' age, grade, and race and ethnicity, the study reported that Best Friends girls were nearly 6.5 times more likely to not have sex than YRBS respondents. They were 2.4 times more likely to abstain from smoking, 8.1 times more likely to abstain from illegal drug use, and 1.9 more likely to abstain from drinking.



17. Pure & Simple Lifestyle (PSL)

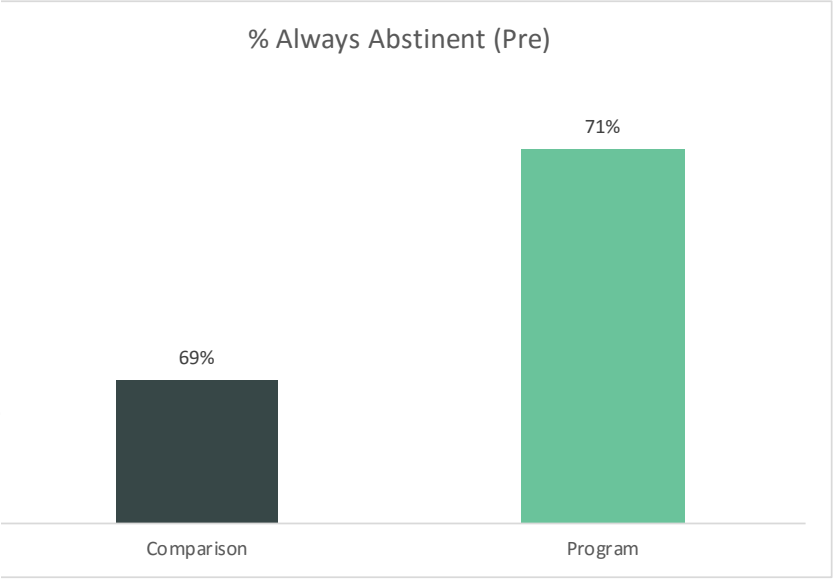
State: Kansas

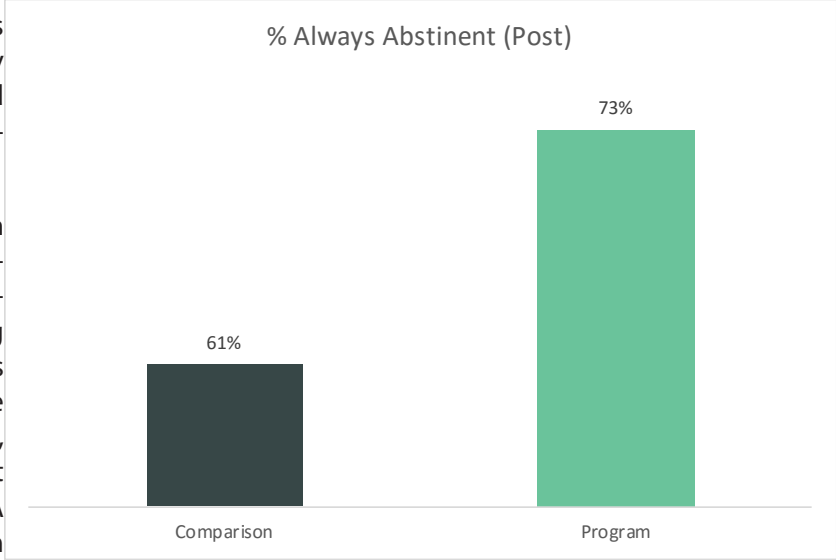
Study: Pickert, S.E., Wetta-Hall, R., Chesser, A., Hart, T., Crowe, R., Theis, L. (2009). Criteria-Based Development of a Teen-Directed Abstinence-Centered Curriculum. American Journal of Health Studies. 24(4): p. 386-400.

Program Description: The Pure & Simple Choice curriculum provided education about the avoidance of sexual activity, pregnancy, and drug and alcohol use, while strengthening relationships between parents and adolescents. Using Ajzen's Theory of Planned Behavior, the program evaluation assessed measures associated with knowledge, normative beliefs and attitudes, intentions and behavioral choices.

Research Design: The study included students in an intervention and comparison group using a double-cohort, repeated measures study design (pre-, post-, 6-month post). Participants were aged 12-18 years. The intervention and comparison groups were matched by age based on group (middle school, high school) to ensure similar representation and were compared. The curriculum was implemented in 33 school, faith-based, and community settings. The effectiveness of PSL's curriculum was evaluated by analyzing changes in participants' attitudinal and self-reported behaviors.

Statistically Significant Results: In the intervention group (n = 493), there was a significant increase in self-reported abstinence (X2=29.44, p=.000) from pre- to post-intervention, which may be due to better understanding of what connotes sexual activity. Conversely, participants in the comparison group (n= 541) reported a decrease in the number of always abstinent responses (X2=6.525, p=.006). Six month post survey results were promising, but due to low sample size were not included in this report. A limitation for this study was a loss of follow-up of curriculum participants, which could be addressed with additional funding to support data collection efforts.





18. Not Me, Not Now

State: New York

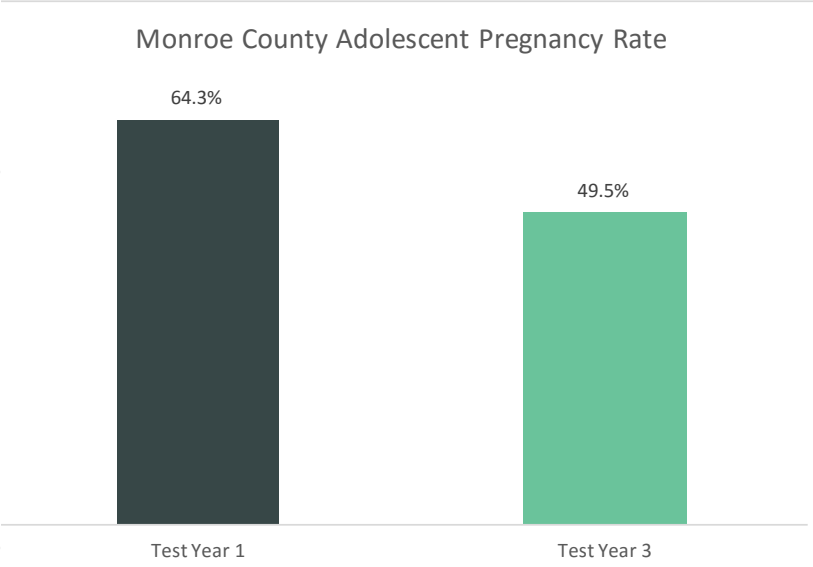
Study: Doniger, A., Adams, E., Utter, C. & Riley, J. (2001).

Impact evaluation of the "Not Me, Not Now: Abstinence-oriented, adolescent pregnancy prevention communications program, Monroe County, New York. Journal of Health Communications. 6,45-60.

Program Description: The Not Me, Not Now program devised a communication strategy built around the need to reduce teen pregnancy rates, using abstinence as a primary prevention method. The strategy involved radio and television spots, billboards and posters. Print education material was distributed to parents. At the same time, a middle school-based educational series was presented by local teachers. In addition, an interactive website was developed and various community events were sponsored.

Research Design: The Not Me, Not Now program targeted youth between the ages of 9 and 14 in Monroe County, New York. The evaluation measured three components: impact on program awareness and beliefs among middle school children; impact on behavior among high school students and impact on adolescent pregnancy rates. A survey was administered at six middle schools in the county. Changes in adolescent pregnancy rates were deter- mined by statistics from the New York State Department of Health. The rates for Monroe County adolescents were then compared with rates from four other comparable areas within the state.

Statistically Significant Results: The percentage of students who self-reported having intercourse by age 15 dropped by a statistically significant amount, from 46.6% to 31.6%. The adolescent pregnancy rate for Monroe County dropped from 63.4% to 49.5%. By comparison, Monroe's pregnancy rate was higher for the two surrounding counties at the beginning of the Not Me, Not Now campaign and lower than both counties at the end of the campaign.



19. For Keeps

State: Ohio

Study: Borawski, E.A.,Trapl E.S., Lovegreen, L.D., Colabianchi, N., & Block T. (2005). Effectiveness of abstinence-only intervention in middle school teens. American Journal Health Behavior, 29(5), 423-434.

Program Description: For Keeps is a 5-day (40 minute sessions) classroom-based curriculum that stresses waiting for sex until marriage and focuses on the benefits of not having sex and the physical, emotional, psychological, and economic consequences of early sexual activity. The curriculum emphasizes character development, how STDs and pregnancy can interfere with life goals, that condoms are not 100% effective in preventing disease and pregnancy and do not protect adolescents from emotional consequences of sexual activity. Finally, the curriculum is designed to address both the sexually experienced and inexperienced by emphasizing the value of starting over among the sexually experienced.

Research Design: The study population comprised 3017 adolescents in seventh and eight grades enrolled in 5 urban and 2 suburban middle schools in the Midwest during the 2001- 2002 school year. 53% of the students received the SRA intervention while 47% served as controls. All students were assessed at baseline, 1 to 5 days prior to the intervention. Classrooms within each of the 7 schools were then assigned based upon class scheduling, to either the intervention or control arm of the study. A post intervention survey was completed by all students after a period of time ranging from 16 to 25 weeks after the end of the curriculum.

Statistically Significant Results: Sexually active students who were exposed to the intervention reported fewer episodes of sexual intercourse (P<.05) and fewer partners (P<.01) during the 5 month period than did the control group.

- Sexually Experienced Students: Program vs. Control
- Program students reported fewer multiple episodes of sexual intercourse
- Program students reported fewer partners.

Sexually Experienced Students: Program Vs. Control

- Program students reported fewer multiple episodes of sexual inter course
- Program students reported fewer partners

20. Worth the Wait

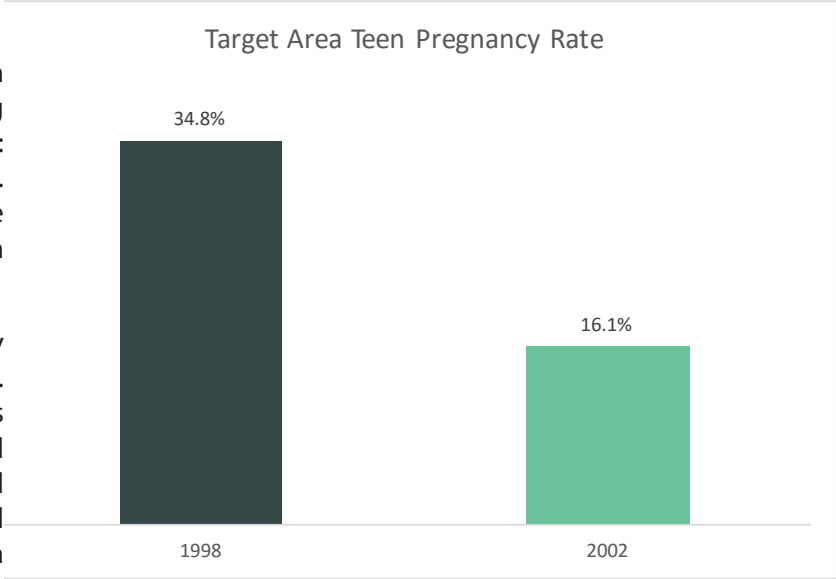
State: Texas

Study: Tanner Jr. ,J.F., & Ladd, R.N. (2005). Saturation Abstinence Education: An application of social marketing In Golden A (Ed.) Evaluating SRA Education Programs: Improving Implementation and Assessing Impact. Washington DC: Office of Population Affairs and the Administration for Children and Families. Dept of Health and Human Services.

Program Description: Worth the Wait is a community saturation model operating in the Panhandle region of Texas. The model targets teens using numerous interventions including school curriculum for grades 6,7, and 8 and high school health classes, student assemblies, parent and community involvement, social marketing campaign and professional staff development. The published curricula used included Me, My World, My Future in grade 6, Game Plan in grade 7, Choosing the Best LIFE in grade 8 and WAIT Training and Navigator in high school health classes. In year-long core academic classes, approximately eight to twelve one-hour lessons per grade were delivered, averaging one lesson per month.

Research Design: The study of program effectiveness was undertaken using two approaches. The first examined state health data regarding teen pregnancy for the program area by county and compared it to other counties. The second approach was to survey teens with measures of teen attitude and beliefs. A total of 2,007 students completed the posttest survey from schools in five school districts.

Statistically Significant Results: As in most of the U.S. the incidence of teen pregnancy declined in the study area for the period under study. The decline, though, was singularly dramatic for the county with the longest period of intervention, the pregnancy rate declined from 34.8 to 16.1. The entire program area dropped from 35.1 to 23.8, a decline of nearly one-third. The state by comparison, declined from 36.2 to 28.5, a 21 percent drop. The region (including a number of counties not served by WTW) experienced a decline of 19 percent, from 39.8 to 32.2.



21. Abstinence By Choice

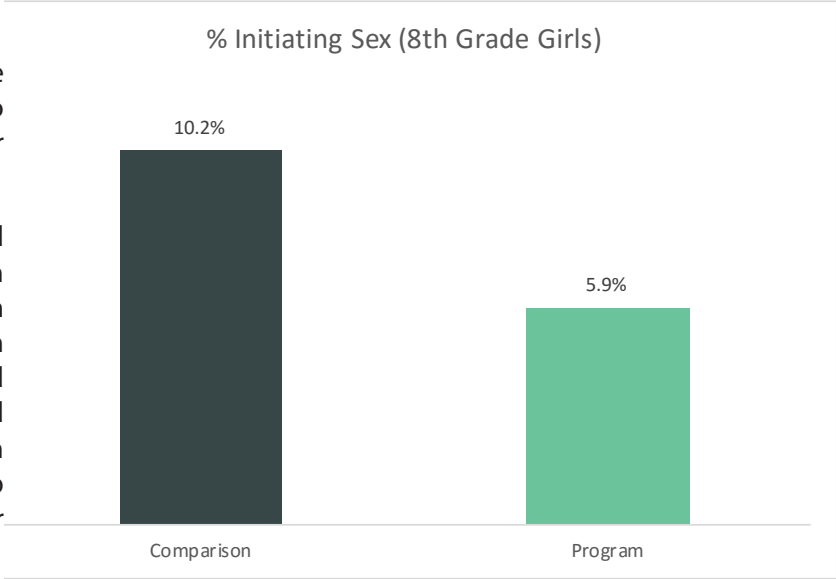
State: Arkansas

Study: Weed, S.E. (2001, October 15). Title V Abstinence education programs: Phase I interim evaluation report to Arkansas Department of Health. Salt Lake City: Institute for Research and Evaluation.

Program Description: Abstinence By Choice operated in 20 central Arkansas schools, targeting 7th, 8th and 9th grade students reaching approximately 4,000 students each year. Intervention components included 5 days of classroom workshops using speakers, presentations, skits, slides and video to deliver the SRA message. Adult mentors presented the material in classrooms divided into smaller groups. In addition, school wide assemblies provided with A-Club memberships formed after school to support waiting for sex.

Research Design: Data was collected for 300 seventh grade students and then matched with follow-up data one year later with these same students in the 8th grade. In addition, data was also collected for 9th grade students. 8th grade comparison data was developed by establishing trend lines based upon the 7th and 9th grade data which surround it.

Statistically Significant Results: 5.9 percent of eighth grade program girls had initiated sexual activity compared with a 10.2 comparison rate. Among eighth grade boy participants, 15.8 percent had initiated sexual activity, compared with 22.8 percent for comparison rate boys. Program effects in reducing the onset of sexual activity were significant at the 98 percent confidence level.



22. Stay SMART

State: National

Study: St. Pierre, T.L., Mark, M.M.,Kaltreider, D.L., & Aikin, K.J. (1995) A 27-month evaluation of sexual activity prevention program in Boys and Girls Clubs across the Nation. Family Relations. 44(1): 69-77.

Program Description: Implemented in Boys and Girls Clubs of America, Stay SMART is a 12-session curriculum that integrates SRA education with substance-use prevention and life skills. The Stay SMART program employs a postponement approach to sexual activity but also conveys the message to teens that if they have been sexually active, they can still decide to postpone further sexual activity. The design of the Stay SMART program is based on the personal and social competence approach to prevention.

Research Design: Fourteen Boys and Girls Clubs across the U.S. participated in the study. Five clubs offered the Stay SMART program, five clubs offered Stay SMART plus a booster program and four clubs offered no program and served as a control group. A total of 161 youths participated in all four testing occasions over the full 27 months of the study.

Statistically Significant Results: The study found that two years after the program, youth who had engaged in prior sexual activity and participated in the Stay SMART program exhibited reduced levels of recent sexual activity.

- Sexually Experienced Teens: Program vs. Control
  - Program teens had more favorable attitudes toward sexual activity before the program but significantly less favorable attitudes after program.
  - Program teens had significantly less sexual behavior at 27-month posttest.

Sexually Experienced Students: Program Vs. Control

- Program teens had more favorable attitudes toward sexual activity before the program but significantly less favorable attitudes after the program.
- Program teens had significantly less sexual BEHAVIOR at 27 month posttest.

23. FACTS

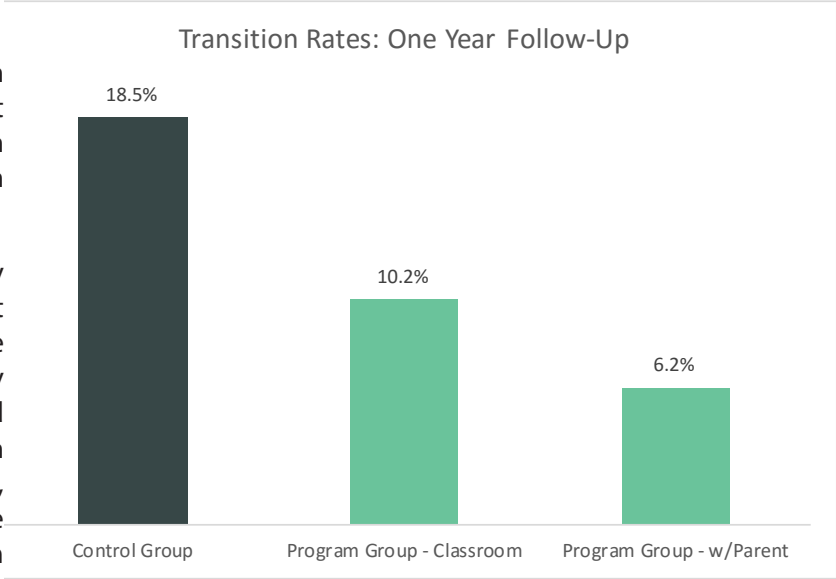
State: Oregon

Study: Weed, S. E. (1994). FACTS Project: Year end evaluation report, 1993-1994. Prepared for the Office of the Adolescent Pregnancy Prevention Programs, U.S. Department of Health and Human Services. Salt Lake City: Institute for Research and Evaluation.

Program Description: FACTS (Family Accountability Communicating Teen Sexuality) is a program of Northwest Family Services. The key elements of the program include strong parental involvement, strengthening family dynamics, promotion of family rules, an expectation and rationale for not having sex, communication skills, decision making skills with an understanding of consequences, and an understanding of the influence of peer pressure and the media. One version of the program is delivered in school through fifteen lessons. Another version is taught during four longer evening sessions with an added parent component.

Research Design: Pre-, post-test and twelve-month follow-up surveys were conducted for program students. Pre-test and follow-up surveys were conducted with control students. One year follow-up data compared 220 program students with a comparable group of 88 control students who did not participate in the program.

Statistically Significant Results: The evaluation found the FACTS program to be highly effective in delaying the onset of sexual activity. The twelve-month transition rates from virgin to non-virgin status was 10.2% for the program classroom students and 6.25% for the evening program students. The comparable transition rate for the control students was 18.5%.



24.Teen Aid/Sex Respect

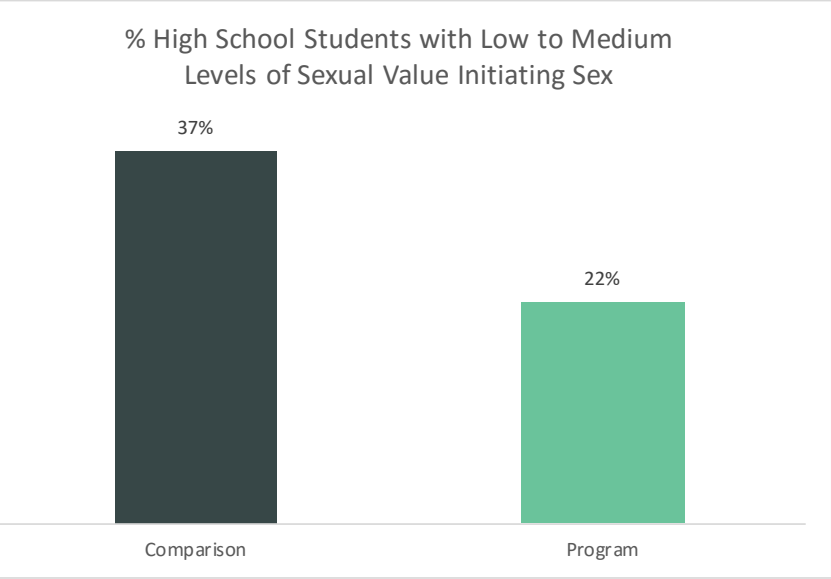
State: Utah

Study: Weed, S.E. (1992, December). Predicting and changing sexual activity rates: A comparison of three Title XX programs. Report submitted to OAPP, U.S. DHHS.

Program Description: Sex Respect, Teen-Aid, and Values and Choices are three classroom-based SRA programs.

Research Design: The 2 year study was conducted in Utah and included two cohorts of 7th, 8th, and 10th graders. The control groups were derived from the same school districts.

Statistically Significant Results: Sexual initiation rates for high school students with "low-to medium-levels of sexual values" was 22% for program vs. 37% for control teens. As a group, HS and MS students using Sex Respect reduced sexual initiation rates by 25% and Teen Aid by 17% vs. the control group.



25. Teen Aid Family Life Education Project

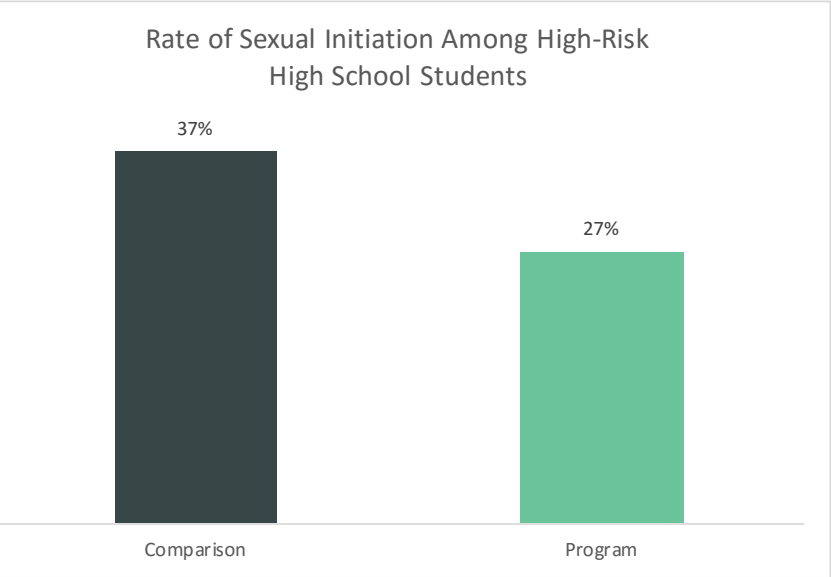
State: Washington

Study: Weed, S.E., Prigmore, J., Tenas, R. (1992). The Teen Aid FLE Project: 5th year evaluation report. Salt Lake City: IRE Institute for Research & Evaluation.

Program Description: Teen Aid is an SRA program that contains 15 units, usually taught in one-hour classroom sessions.

Research Design: Data was analyzed from over 1300 students in 14 schools in CA, ID, OR, MS, and UT. Data was also collected for pre, post, and 1-year follow-up in four program and three control schools in Utah.

Statistically Significant Results: The program showed significant effect in reducing sexual initiation rates among high risk high school students by more than one-fourth: 37% vs. 27% for control group.



Section D
Promising Practices and Programs:
Research Indicating the Promising Impact of SRA Programs

Promising Practices and Programs: Research Indicating the Promising Impact of SRA Programs

Since 2008, the ability of SRA programs to conduct research on the effectiveness of their interventions has greatly diminished. In large part, this decreased ability is due to draconian cuts to SRA education funding under the Obama Administration. Research is expensive and few local programs have access to federal SRA funds in order to conduct rigorous research. Instead, programs that depend upon local funds to sustain their educational efforts often must make the difficult choice between serving more students or conducting research. To them, the choice is clear: their limited funds must serve the most students possible because the need is so great. For a short time under the Obama Administration, all SRA funds were eliminated. Even today, only 10% of federal sex education funding is available for SRA programs, greatly diminishing the availability of sufficient funding for evaluation. In addition, the 2010 discontinuation of longitudinal research for 169 programs abolished the ability of promising programs to document their progress. However, despite these difficulties, new research continues to emerge on the value of the SRA approach.

The results documented in this section represent promising features of SRA efforts but do not constitute the final word in sex education research. Rather, these studies help identify the outline for future research in order to improve the quality of research evidence and expand the theoretical understanding of SRA education. While many of these results do not record behavioral change, attitudinal results are correlated and often predictive of behavioral impact. A sampling of promising results is summarized in this section.

Promising Research Since 2008

Research continues to emerge to inform the SRA field. This section summarizes recent research demonstrating the promising impact of SRA programs.

1. Important Elements to Include for Effectiveness: Prescription for Success

State: Nationwide

Citation: Haglund, K.A., Fehring, R.J. (2010) The Association of Religiosity, Sexual Education, and Parental Factors with Risky Sexual Behaviors Among Adolescents and Young Adults. Journal of Religion and Health. 49(4):460-472

Description: The study examined the factors that were effective in decreasing sexual risk behaviors among youth.

Statistically Significant Results: Youth were less likely to have sex, and if sexually active, had fewer sexual partners, if parents and/or their sex education classes promoted the value of waiting for sex. Researchers noted: "Participants whose formal and parental sexual education included abstinence and those from two-parent families were 15% less likely to have had sex and had fewer partners.[38] "

Youth are less likely to have sex if parents or sex education classes promoted the value of waiting for sex

2. Life On Point Youth Development Program Outcomes

State: Tennessee

Citation: Horne, C.S. (2013) "Life On Point Youth Development Program Outcomes," Journal of Adolescent and Family Health: 6:2, Article 2.

Description: Life On Point is a youth development program that equips youth with personal assets and life skills to avoid risk and thrive both now and in the future. Used in over 15 states, the program focuses on healthy choices, academic attachment, self efficacy, positive social support and positive life vision as the context for encouraging youth to avoid sexual risk. Designed for middle and high school youth, it is a 15-week program with group meetings once or twice a week.

Results: Students were recruited to treatment and control groups using random assignment. Treatment group responses increased across all outcomes, while decreasing or remaining unchanged for control group students. Scales measuring attitudes toward avoiding drugs, alcohol, sex and violence showed the largest positive increase, with average response increasing from 52% to 87%, while the control group decreased from 65% to 59%.

3. Physicians Advisory Group: YES You Can!

State: New Jersey

Citation: Birch, P., Vissani, B., Anderson, N., Hill, K. (2013) Field Evaluation of a Sex Education Curriculum. Funding provided through a U.S. Department of Health and Human Services, Administration for Children and Families, Community Based Abstinence Education Fund Grant # 90AE0331.

Description: YES You Can! provided classroom and clinical education to students in Essex County, New Jersey. The evaluators analyzed data over three years from pre, post, and follow up at one year. A small comparison group was also used to measure changes in attitudes and focus groups were conducted to enhance qualitative understanding.

Results: Positive changes in youth attitudes regarding key sexual activity predictors. values were statistically significant each year. Across the three years, 82% of youth moved toward an intention of waiting until marriage for sex. Gains were maintained up to one year later. The comparison group showed no positive changes.

4. Relationship Intelligence Training

State: New Jersey

Citation: Donnelly, J., Horn, R (2015). Evaluation of Title V Programming by Relationship Intelligence Training

Description: Relationship Intelligence Training (RIT) provided 6 hours of programming to 7th grade students in New Jersey. The evaluators, Dr. Joseph Donnelly and Dr. Robert Horn, analyzed surveys given to 7th grade students during the 2013-2014 school year in Hudson and Passaic Counties who were surveyed again as 8th grade students in the Fall of 2014.

Results: RIT significantly increased students' intentions to delay sexual involvement compared with students who had not received the program. At 6 – 10 months after receiving RIT education, students were 48% less likely to say they planned to have sex in the next 12 months, 25% less likely to say they planned to have sex before graduating from high school and 31% less likely to say they planned to have sex before marriage. By comparison, students who did not receive RIT had 36% increased intentions to become sexually active within 12 months (p=.004), 45% increased intent to have sex before graduating from high school (p=.001) and 26% increased intent to have sex before marriage (p=.001).

5. Powerful Choices

State: Iowa

Citation: Richardson, B.B. (2015). Equipping Youth and Powerful Choices: Parental and teen communication. Submitted for publication.

Description: Powerful Choices is a school-based health education curriculum that is designed to improve parent-teen communication. A quasi-experimental design was used to compare results between the experimental and control groups and was administered as a pre-test, a post-test and then at 6 and 12 months. Three items were designed to measure parent and teen communication. 885 students from 9 schools in Iowa participated in the experimental group.

Results: Results indicate increased frequency and comfort in communication with parents after receiving instruction with the Powerful Choices curriculum. The effect was sustained at six months though not at twelve months following instruction. The findings suggest instruction improved communication between students and parents about sexual topics compared to those not receiving instruction but as has been found in other research on social skills, the effect at longer term follow-up appears to erode. However, more research is needed to measure the specific effects of the instruction and the curriculum as well as the potential effect of "booster sessions" to maintain the effect for longer periods of time.

Promising Programs from 2005, 2007 & 2010 HHS Abstinence Education Evaluation Conferences[39]

The following program research studies were presented at the 2005, 2007 and 2010 HHS Abstinence Education evaluation conferences. A summary of presentations and poster sessions were included in publications by the United States Department of Health and Human Services (HHS). These publications cited programs deemed promising by HHS. Presentations that demonstrated statistically significant behavioral impact are included in Section C of SRA Works, HHS recognized these SRA programs for demonstrating statistically significant early-stage positive impact on waiting for sex:

46. Pursue Your Dreams
47. Project SOS
48. Families' Trust
49. Friends First
50. Positive Choices
51. Generation W.A.I.T.
52. Healthy Futures
53. The RIDGE Project
54. Abstinence 'Til Marriage (ATM)
55. Saints Mary and Elizabeth Medical Center (SMEMC)
56. ProjecTruth
57. Right Choices for Youth (RCY)
58. Pure & Simple Lifestyle (PSL)
59. JCCA's RESOLVE Program
60. Lighthouse Outreach
61. Project ThinkSmart
62. Better Family Life
63. Parents Speak Up National Campaign (PSUNC).
64. Why kNOw
65. Choosing the Best LIFE
66. B-Unique
67. Friends First Quinceanera Program
68. Ohio's Abstinence Education Program
69. FACTS
70. F.A.M.E.
71. Teens Taking Charge
72. The Choice Game
73. SC PIE
74. Rockdale Medical Center
75. Positive Choices
76. Scott and White Worth the Wait
77. PEERS
78. UTHSCSA Sex Education Program
79. New Jersey Best Friends/ Best Men
80. McCAP
81. East Texas Abstinence Program
82. NiteStar StarLo TRAIL
83. Montgomery County SRA Education Program
84. OUTSPOK'N Are You With Us
85. Too Young for Two
86. The Center for Relationship Education – WAIT Training Curriculum

Findings from the studies suggest that students who participate in SRA programs experience these benefits:

- Decreased teen pregnancy
- Decreased incidence of STD
- Increased norms, attitudes and intentions to wait for sex (usually until marriage), and especially pronounced among the sexually experienced.
- Decreased levels of sexual initiation
- Increased self esteem and self efficacy
- Improved refusal and assertiveness skills against sexual pressure and assault.
- Setting personal boundaries
- Improved positive character qualities, such as personal responsibility, self regulation, empathy and integrity
- Increased future orientation and focus on life and career goals
- Increased emphasis on educational pursuits
- Improved parent-child communication
- Enhanced protective factors against youth risk behaviors
- Ability to resist negative peer pressure
- Efficacy in building healthy relationships

1. CDC (2016). Youth Online: 2015 YRBS Study. Atlanta: Author.

2. Centers for Disease Control and Prevention (2015) MMWR: STD treatment guidelines, 2015. Retrieved March 11, 2016 at http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6403a1.htm?s_cid=rr6403a1_e

3. Kirby, D., Barth, R. P., Leland, N., & Fetro, J. V. (1991). Reducing the Risk: Impact of a new curriculum on sexual risk-taking. Family Planning Perspectives, 23(6), 253-263.

4. U.S. House of Representatives Energy & Commerce Committee. A better approach to teen pregnancy prevention: Sexual risk avoidance. (2012, July 6). Retrieved June 22, 2015 from http://energycommerce.house.gov/press-release/committee-analysis-highlights-most-effective- strategies-prevent-teenage-pregnancy

5. Cannonier, C., (2012) State abstinence education programs and teen birth rates in the US. Review of Economics of the Household. 10 (1): 53-75. Description: The study analyzed the benefits to states that implement the Title V Abstinence Education Program. This block grant is available to all states to provide SRA education to students in communities across the nation. This study compared the economic advantage to states who implement SRA education.

6. CDC. (2015) Sexually transmitted diseases treatment guidelines, 2015. MMWR 64:RR3); 1-137. Accessed March 11, 2016 at http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6403a1.htm?s_cid=rr6403a1_e

7. Barna Group. (2015, July). Americans speak out survey. Ventura: Survey Publisher.

8. Barna Group. (2015, July). Americans speak out survey. Ventura: Survey Publisher. Pulse Opinion Research (2012). Parents Speak Out. Pulse Opinion Research conducted a nationally representative survey of likely-voter parents of 9-16 year olds on September 16-17, 2012. The study, independently commissioned by NAEF, found that the majority of American parents, regardless of race or political party, support SRA education with similar enthusiasm, endorsing all the major themes presented in an SRA education class.

9. U.S. Department of Health and Human Services. (2010). "National Survey of Adolescents and Their Parents: Attitudes and Opinion About Sex and Abstinence. Washington, DC: Author.

10. National Center for Health Statistics. (2015, Nov) Key statistics from the National Survey of Family Growth – T Listing. National Survey of Family Growth. National Health Statistics Reports 2011-2013. Retrieved on June 17, 2016 at http://www.cdc.gov/nchs/nsfg/key_statistics/t.htm#teenagers

11. CDC (2016). Youth Online: 2015 YRBS Study. Atlanta: Author.

12. U.S. Department of Health and Human Services. (2010). "National Survey of Adolescents and Their Parents: Attitudes and Opinion About Sex and Abstinence. Washington, DC: Author.

13. Barna Group. (2015, July). Teens speak out survey. Ventura: Survey Publisher.

14. Centers for Disease Control and Prevention.(2013) Fact sheet for public health personnel: Male latex condoms and sexually transmitted diseases. Retrieved March 12, 2016 from http://www.cdc.gov/condomeffectiveness/latex.htm

15. Barna Group. (2015, July). Teens speak out survey. Ventura: Survey Publisher.

16. Centers for Disease Control (2014). Trends in the prevalence of sexual behaviors: National YRBS: 1991-2013. Atlanta: CDC. Retrieved March 11, 2016 at http://www.cdc.gov/healthyyouth/data/yrbs/pdf/trends/us_sexual_trend_yrbs.pdf National Health Center for Health Statistics. (2011). Teenagers in the United States: Sexual activity, contraceptive use, and childbearing, 2006-2010. National Survey of Family Growth. National Health Statistics Reports 23(31) :31ff

17. Centers for Disease Control (2014). Trends in the prevalence of sexual behaviors: National YRBS: 1991-2013. Atlanta: CDC. Retrieved March 11, 2016 at http://www.cdc.gov/healthyyouth/data/yrbs/pdf/trends/us_sexual_trend_yrbs.pdf

18. Centers for Disease Control (2015). STDs in adolescents and young adults. Atlanta: CDC Retrieved March 11, 2016 at http://www.cdc.gov/std/stats14/adol.htm

19. Centers for Disease Control (2014). Trends in the prevalence of sexual behaviors: National YRBS: 1991-2013. Atlanta: CDC. Retrieved March 11, 2016 at http://www.cdc.gov/healthyyouth/data/yrbs/pdf/trends/us_sexual_trend_yrbs.pdf

20. Society for Prevention Research. (2004). Standards of Evidence: Criteria for Efficacy, Effectiveness, and Dissemination. Falls Church,VA:author.

21. HHS. (2016). Teen Pregnancy Prevention Evidence Review. Retrieved June 18, 2016 at http://tppevidencereview.aspe.hhs.gov

22. Centers for Disease Control. (2011). Condoms and STDs: Fact Sheet for Public Health Personnel. Retrieved March 1, 2015, from http://www.cdc.gov/condomeffectiveness/docs/condoms_and_stds.pdf

Kajubi,P.; Kamya, M., ; Kamya, S.; Chen, S.; McFarland, W.;!Hearst, N. (2005) Increasing Condom Use Without Reducing HIV Risk: Results of a Controlled Community Trial in Uganda. J Acquir Immune Defic Syndr;40:77– 82

USAID (n.d.). HIV/STI prevention and condoms. Washington, D. C.: Author

23. Magnusson, B., Nield, J. Lapane, K., (2015, Feb 7). Age at first intercourse and subsequent sexual partnering among adult women in the US, a cross sectional study. . BMC Public Health. 15:98.

24. CDC: (2016) Youth Risk Behavior Survey. Atlanta: Author.

Crosby, R Geter, A., Ricks, J., Jones, M., Salazar, L. (2015). Developmental investigation of age at sexual debut and subsequent sexual risk behaviours: a study of high-risk young black males. Sexual Health 2015; 12: 390–396.

Sandfort,T., Orr, M., Hirsch, J., Santelli, J. (2008) Long-Term Health Correlates of Timing of Sexual Debut: Results From a National US Study American Journal of Public Health. 98:155-161

25. Magnusson, B, Masho, S., Lapane, K. (2012, Jan). Early Age at First Intercourse and Subsequent Gaps in Contraceptive Use. Journal of Women's Health. 21(1): 73-79.

Bradley, B., Greene, Am (2013). Do health and education agencies in the US share responsibility for academic achievement and health? Journal of Adolescent Health. 52:5213-532.

Scott, M., Wildsmith, E., Welti, K., Ryan, S., Schelar, E.,Steward-Streng , N. (2011). Risky Adolescent

26. Sexual Behaviors and Reproductive Health in Young Adulthood. Perspectives on Sexual and Reproductive Health. 43(2):110–118,

Sandfort,T., Orr, M., Hirsch, J., Santelli, J. (2008) Long-Term Health Correlates of Timing of Sexual Debut: Results From a National US Study American Journal of Public Health. 98:155-161

Lee, S. Y., Lee, H. J., Kim, T. K., Lee, S. G. and Park, E.-C. (2015), Sexually Transmitted Infections and First Sexual Intercourse Age in Adolescents: The Nationwide Retrospective Cross-Sectional Study. Journal of Sexual Medicine, 12: 2313–2323.

27. Kastborn, A., Sydsjo, G., Bladh, M., Preibe, G., Svedin, C. (2015, May 4). Sexual debut before the age of 14 leads to poorer psychosocial health and risky behavior in later life. Acta Paediatrica 104: 91-100.

Bradley, B., Greene, A. (2013). Do health and education agencies in the US share responsibility for academic achievement and health? Journal of Adolescent Health. 52:5213-532.

Magnusson, B., Nield, J. Lapane, K., (2015, Feb 7). Age at first intercourse and subsequent sexual partnering among adult women in the US, a cross sectional study. . BMC Public Health. 15:98.

Heywod, W. Patrick, K., A., Pitt, M. (2015) Archives of Sexual Behavior. 44:531-569

28. Bradley, B., Greene, Am (2013). Do health and education agencies in the US share responsibility for academic achievement and health? Journal of Adolescent Health. 52:5213-532.

29. Kagesten, A., Blum, R (2015, April) Characteristics of youth who report early sexual experiences in Sweden. Archives of Sexual Behavior. 44:679-694

Raine TR, Jenkins R, Aarons SJ, et al. (1999) Sociodemographic correlates of virginity in seventh-grade black and Latino students. J Adolesc Health ;24:304e12.

Schvaneveldt PL, Miller BC, Berry EH, Lee TR. (2009) Academic goals, achievement, and age at first sexual intercourse. Adolescence 2001;36: 767e87. Sabia JJ, Rees DI. The effect of sexual abstinence on females' educational attainment. Demography. 46:695e715.

Tubman JG, Windle M, Windle RC. (1996) The onset and cross-temporal patterning of sexual intercourse in middle adolescence: Prospective relations with behavioral and emotional problems. Child Dev;67:327e43

Bradley, B., Greene, Am (2013). Do health and education agencies in the US share responsibility for academic achievement and health? Journal of Adolescent Health. 52:5213-532.

Finger R, Thelen T, Vessey JT, Mohn JK, Mann JR. (2004) Association of virginity at age 18 with educational, economic, social, and health outcomes in middle adulthood. Adolesc Fam Health. 3:164–170.

Parkes, A., Wight, D., Henderson, M., West, P. (2010) Does early sexual debut reduce teenagers' participation in tertiary education? Evidence from the SHARE longitudinal study. Journal of Adolescence 33: 741–754.

Annang, L., Walsemann, K.,Maitra, D., Kerr, J. (2010, Supplement 4) Does Education Matter? Examining Racial Differences Between Education and STI Diagnosis Among Black and White Young Adult Females in the United States. Social Determinants of Health. Vol. 125, Supplement 4: 110-121

Spriggs, A. L., Halpern, C. T. (2008). Timing of sexual debut and initiation of postsecondary education by early adulthood. Perspectives on Sexual and Reproductive Health, 40(3): 152–16

30. Kastborn, A., Sydsjo, G., Bladh, M., Preibe, G., Svedin, C. (2015, May 4). Sexual debut before the age of 14 leads to poorer psychosocial health and risky behavior in later life. Acta Paediatrica 104: 91-100.

31. Sandfort,T., Orr, M., Hirsch, J., Santelli, J. (2008) Long-Term Health Correlates of Timing of Sexual Debut: Results From a National US Study American Journal of Public Health. 98:155-161

Finger R, Thelen T, Vessey JT, Mohn JK, Mann JR. (2004) Association of virginity at age 18 with educational, economic, social, and health outcomes in middle adulthood. Adolesc Fam Health. 3:164–170

Tubman JG, Windle M, Windle RC. (1996). The onset and cross-temporal patterning of sexual intercourse in middle adolescence: Prospective relations with behavioral and emotional problems. Child Dev. 67:327e43

Abdo, L., (2015, 2 Dec). Age of initial sexual intercourse and health of adolescent girls. Journal of Pediatric and Adolecent Gynecology

Armour, S., Haynie, D. (2006) Adolescent Sexual Debut and Later Delinquency. J Youth Adolescence. 36:141–152
Joyner and Udry, 2000; Meier, 2000). Additionally, Meier (2004) finds that the effect of sexual initiation on depression is stronger for females and that it is tied to the context in which sexual debut occurred (i.e., whether or not the adolescent reported being in a romantic relationship).

Hallfors DD, Waller MW, Bauer D, Ford CA, Halpern CT. (2005). Which comes first in adolescence—sex and drugs or depression? Am J Prev Med. 29: 163–170.

Paik, A. (2011, April) Adolescent Sexuality and the Risk of Marital Dissolution. Journal of Marriage and Family 73 : 472 – 485.

Sandfort,T., Orr, M., Hirsch, J., Santelli, J. (2008) Long-Term Health Correlates of Timing of Sexual Debut: Results From a National US Study American Journal of Public Health. 98:155-161

31. Finger R, Thelen T, Vessey JT, Mohn JK, Mann JR. (2004) Association of virginity at age 18 with educational, economic, social, and health outcomes in middle adulthood. Adolesc Fam Health. 3:164–170

Heaton, T. B. (2002). Factors contributing to increasing marital stability in the United States. Journal of Family Issues, 23, 392 – 409.

Teachman, J. (2003). Premarital sex, premarital cohabitation, and the risk of subsequent marital dissolution among women. Journal of Marriage and Family, 65, 444 – 455.

Paik, A. (2011, April) Adolescent Sexuality and the Risk of Marital Dissolution. Journal of Marriage and Family 73 : 472 – 485.

Finger R, Thelen T, Vessey JT, Mohn JK, Mann JR. (2004) Association of virginity at age 18 with educational, economic, social, and health outcomes in middle adulthood. Adolesc Fam Health. 3:164–170..

32. Kastborn, A., Sydsjo, G., Bladh, M., Preibe, G., Svedin, C. (2015, May 4). Sexual debut before the age of 14 leads to poorer psychosocial health and risky behavior in later life. Acta Paediatrica 104: 91-100.

Raine TR, Jenkins R, Aarons SJ, et al. (1999) Sociodemographic correlates of virginity in seventh-grade black and Latino students. J Adolesc Health. 24:304e12.

Capaldi DM, Crosby L, Stoolmiller M. (1996) Predicting the timing of first sexual intercourse for at-risk adolescent males. Child Dev. 67: 344e59.

Santelli JS, Kaiser J, Hirsch L, et al. (2004 Initiation of sexual intercourse among middle school adolescents: The influence of psychosocial factors. J Adolesc Health. 34:200e8.

Tubman JG, Windle M, Windle RC.(1996) The onset and cross-temporal patterning of sexual intercourse in middle adolescence: Prospective relations with behavioral and emotional problems. Child Dev. 67:327e43

Thamotharan S.,Grabowski , K.,Stefano E., Fields, S. (2015). An examination of sexual risk behaviors in adolescent substance users. International Journal of Sexual Health 27 (2): np

Madkour, A., Farhat, T., Halpern, C., Godeau, E., Gabhainn, S. (2010). Early Adolescent Sexual Initiation as a Problem Behavior: A Comparative Study of Five Nations.. Journal of Adolescent Health 47: 389–398

Armour, S., Haynie , D. (2007) Adolescent Sexual Debut and Later Delinquency. J Youth Adolescence 36:141–152

Bradley, B., Greene, A. (2013). Do health and education agencies in the US share responsibility for academic achievement and health? Journal of Adolescent Health. 52:5213-532.

33. Kastborn, A., Sydsjo, G., Bladh, M., Preibe, G., Svedin, C. (2015, May 4). Sexual debut before the age of 14 leads to poorer psychosocial health and risky behavior in later life. Acta Paediatrica 104: 91-100.

Capaldi DM, Crosby L, Stoolmiller M. (1996) Predicting the timing of first sexual intercourse for at-risk adolescent males. Child Dev. 67: 344e59.

Tubman JG, Windle M, Windle RC. (1996) The onset and cross-temporal patterning of sexual intercourse in middle adolescence: Prospective relations with behavioral and emotional problems. Child Dev. 67:327e43

McLeod, J., Knight, S. (2010), Perspectives on Sexual and Reproductive Health. 42(2):93

Armour, S., Haynie , D. (2007) Adolescent Sexual Debut and Later Delinquency. J Youth Adolescence 36:141–152

34. Kastborn, A., Sydsjo, G., Bladh, M., Preibe, G., Svedin, C. (2015, May 4). Sexual debut before the age of 14 leads to poorer psychosocial health and risky behavior in later life. Acta Paediatrica 104: 91-100.

McLeod, J., Knight, S. (2010), Perspectives on Sexual and Reproductive Health. 42(2):93

35. Ream GL. (2006). Reciprocal effects between the perceived environment and heterosexual intercourse among adolescents. J Youth Adolesc 35:771–85.

Madkour, A., Farhat, T., Halpern, C., Godeau, E., Gabhainn, S. (2010). Early Adolescent Sexual Initiation as a Problem Behavior: A Comparative Study of Five Nations.. Journal of Adolescent Health 47: 389–398

Finger R, Thelen T, Vessey JT, Mohn JK, Mann JR. (2004) Association of virginity at age 18 with educational, economic, social, and health outcomes in middle adulthood. Adolesc Fam Health. 3:164–170.

36. Finger R, Thelen T, Vessey JT, Mohn JK, Mann JR. (2004) Association of virginity at age 18 with educational, economic, social, and health outcomes in middle adulthood. Adolesc Fam Health. 3:164–170.

37. Scott, M., Wildsmith, E., Welti, K., Ryan, S., Schelar, E.,Steward-Streng , N. (2011). Risky Adolescent Sexual Behaviors and Reproductive Health in Young Adulthood. Perspectives on Sexual and Reproductive Health. 43(2):110–118,

Manlove J, Ryan S and Franzetta K, Contraceptive use patterns across teens' sexual relationships: the role of relationships, partners, and sexual histories, Demography, 2007, 44(3):603–621.

Manning WD, Longmore M and Giordano PC, (2005) Adolescents' involvement in non-romantic sexual activity, Social Science Research, 34(5):384–407.

38. Haglund, K.A., Fehring, R.J. (2010). The Association of Religiosity, Sexual Education, and Parental Factors with Risky Sexual Behaviors Among Adolescents and Young Adults. Journal of Religoin an Health 49(4):460-472.

39. 2010 Abstinence Education Evaluation Conference, April 2010,Arlington,VA."Evaluating Community-Based Risk Prevention Programs for Youth: Informing Abstinence Education." Sponsored by the Family & Youth Services Bureau and the Center for Research and Evaluation on Abstinence Education at the U.S. Department of Health and Human Services.

2007 Abstinence Education Evaluation Conference, March 2007, Baltimore, MD. "Strengthening Programs Through Scientific Evaluation". Sponsored by the Office of Population Affairs and the Administration for Children and Families at the U.S. Department of Health and Human Services.

2005 Abstinence Education Evaluation Conference, November 2005, Baltimore, MD. "Strengthening Programs Through Scientific Evaluation." Sponsored by the Office of Population Affairs and the Administration for Children and Families at the U.S. Department of Health and Human Services.

