



ETR Associates' Response

to

**The Administration for Children and Families (ACF) Report:
"Review of Comprehensive Sex Education Curricula" (May 2007)**

November 2007

OVERVIEW

In mid-June, the Administration for Children and Families (ACF) released a report on “comprehensive sexuality education” (CSE) curricula. Under the guise of a content analysis, the report sought to assess the attention given to abstinence in the most widely used CSE curricula, particularly in comparison to the attention given to safer sex practices, such as the correct use of condoms or other forms of contraception.

Upon careful review of this report, the staff and scientists at ETR Associates have serious concerns about the report’s methodology, structure, emphasis and its very misleading and inaccurate conclusions.

In its promotion of abstinence education, the report greatly understates the emphasis that several CSE curricula place on abstinence, erroneously basing its conclusion on word counts. Moreover, the report gives relatively little attention to the impacts of these curricula on actual behavior; when it does, it provides incomplete and incorrect data on proven effectiveness.

Worst of all, this report may discourage the continued use of several curricula, which currently have the strongest evidence for delaying the initiation of sex, reducing the number of sexual partners, and/or increasing condom/contraceptive use when having sex, all of which can contribute to the reduction of unplanned teen pregnancy and STDs, including HIV.

As an organization dedicated to research-based program development and rigorous scientific evaluation of health-based programs, ETR Associates has always welcomed serious objective review of our work. Scientific objectivity requires the honest and accurate representation of research in order to advance the field. Unfortunately, the AFC report does not meet this standard.

Of the curricula examined in the ACF report, ETR developed, evaluated and publishes *Reducing the Risk* (RTR) and *Safer Choices Levels 1&2*. ETR also publishes *Being a Responsible Teen* (BART). These were among the nine CSE programs that researchers were contracted to review by ACF. Yet, the resulting report misrepresented our curricula in ways that dramatically understate their impact on, and our commitment to, abstinence. The report states that for some curricula “abstinence is at times a non-trivial component” when in reality, abstinence is a valued and important message.

ETR affirms the view that abstinence is clearly the safest choice to avoid pregnancy, HIV and other STDs, while concurrently recognizing that nearly two-thirds of U.S. high school students have had sex at least once before graduating.¹ Our programs are inclusive in their content; *we emphasize abstinence as the best behavior, but do not exclude information critical to sexually-active teens*. ETR remains committed to reducing sexual risk-taking among all youth and to fostering environments where high-risk behaviors can be openly and comfortably discussed.

¹ Centers for Disease Control and Prevention. (June 2006). Surveillance Summaries: Youth Risk Behavior Surveillance-United States, 2005. *MMWR*.55(SS05).

ETR researchers develop or co-develop sex education curricula based on established theories and effective pedagogy. These curricula are designed to improve youths':

- knowledge and perception about the risk of pregnancy and STDs,
- values and attitudes about abstinence and the use of protection,
- perception of peer norms about sex and the use of protection, and
- skills to abstain from sex or to use protection.

Subsequently, multiple studies have demonstrated that some ETR programs increase abstinence.²

The ACF report minimizes, as an important goal of its review, the proven effectiveness of curricula in changing sexual risk-taking behaviors. Instead, its featured methodology is word counting, with selected data interpreted to exaggerate an emphasis on condoms in all programs collectively, while understating the emphasis on abstinence.

ANALYSIS OF REPORT DEFICIENCIES

A Shift from Assessing Effectiveness to Counting Words

According to the ACF report, in 2005 Senators Santorn and Coburn requested that ACF undertake “a review that explores the effectiveness of these [comprehensive sex education] programs in reducing teen pregnancy rates and the transmission of sexually transmitted diseases.” They provided four indicators to be assessed, the first two of which focused specifically on program effectiveness. Yet when these indicators were translated into four research questions, the emphasis shifted from effectiveness to content analysis.

Minimizing the Differences of Programs Reviewed

The ACF report minimizes key differences in the types of programs reviewed. Although the field broadly recognizes programs that encourage both abstinence and use of condoms and contraceptives as “comprehensive sex education,” in reality, there may be greater emphasis on one or the other, as stated among each program’s goals. For example, some programs are designed for younger youth, many of whom are not yet having sex – these may place greater emphasis on abstinence; other programs are designed for older youth or particular sub-populations of youth in which rates of sexual activity may be higher – those programs may

² Kirby, D., Barth, R., Leland, N. and Fetro, J. (Nov/Dec 1991). Reducing the Risk: Impact of A New Curriculum on Sexual Risk-taking. *Family Planning Perspectives*, 23(6):253-263.

Kirby, D., Baumler, E., Coyle, K., Basen-Engquist, K., Parcel, G., Harrist, R. and Banspach, S. (2004). The "Safer Choices" intervention: Its impact on the sexual behaviors of different subgroups of high school students. *Journal of Adolescent Health*. 35(6):442-452.

Coyle, K.K., Basen-Engquist, K.M., Kirby, D.B., Parcel, G.S., Banspach, S.W., Collins, J.L., Baumler, E.R., Carvajal, S., Harrist R.B. (2001). Safer Choices: Reducing Teen Pregnancy, HIV and STDs. *Public Health Reports, Supplement 1*. 116: 82-93.

St. Lawrence, J.S., Jefferson, K.W., Alleyne, E., Brasfield, T.L., O'Bannon, R.E., III, & Shirley, A. (1995). Cognitive-behavioral intervention to reduce African American adolescents' risk for HIV infection. *Journal of Consulting and Clinical Psychology*. 63(2), 221-237.

place greater emphasis on condoms or have a more balanced coverage of abstinence and use of protection if having sex. The ACF report's conclusions uncritically confound these two types of curricula. While abstinence should be mentioned in both, significantly more emphasis will undoubtedly be placed on condom use when a curriculum *specifically* declares that increasing condom use is a primary goal. Indeed, the report (p. 6) affirms that "the content of the curricula reviewed adheres to their stated purposes for the most part."

Dramatically Understating the Abstinence Content in the Curricula

The ACF report underrepresents the abstinence content of those programs that do emphasize both abstinence and condom use. It also minimizes the valuable contributions that some of these programs make towards increasing abstinence in the U.S., and ignores the need for effective safer sex education.

Consider for example, the comprehensive sex education curriculum, *Safer Choices - Level 1*, which strongly emphasizes abstinence. Among its ten lessons, *four focus entirely on abstinence*, while only two focus on the complexities of condoms and contraception. The remaining four lessons focus on the risks and consequences of sex (e.g., unplanned pregnancy and STDs, including HIV), communication with parents, and other topics that support and influence adolescents' decisions about abstinence as the safest choice. The message that "choosing not to have sex is the SAFEST choice" is reinforced throughout the curriculum.

Counting Words - A Poor Method for Content Analysis

Counting words, the primary methodology and basis of the ACS inquiry, falls short in meaningfully determining a curriculum's "actual emphasis" and in gauging the attention given to abstinence vs. other messages. By referencing *Safer Choices - Level I* we see that the report:

1. Does not consider the reasons for word choices by program developers.

The ACF report states that for *Safer Choices* "there are only five mentions of the word 'abstinence' in each curriculum [Level 1 and 2]" (p. 20). In fact, *Safer Choices* uses other phrases preferred by students, for a total of **132 references to abstinence** (of these, 109 appear in student materials). During the development of *Safer Choices*, focus groups with youth revealed that they preferred variations of phrases, such as "choosing not to have sex" and "without having sex."

The ACF report also asserts that "the curriculum emphasizes contraception" based on the 383 mentions of the word "condoms." The report did not reveal that **64% of the times the word "condom/s" appears, it appears in teacher-resource materials**. Of the 137 times the word appears *in text seen by students*, 19 occurrences are in the lesson on contraception and 79 are in the lesson on the proper use of condoms. **The four lessons that focus on abstinence – lessons 1, 2, 3 and 7 – do not contain the word "condom/s."**

2. Takes words out of context (hence, any variations in meaning are lost).

The ACF report cites 442 instances of the word "sex" in the curriculum. When examining the context we find that the word "sex" appears most often in abstinence-supportive phrases like

“choose not to have sex,” while **less than 8% reference “protected sex” or “having sex with a condom.”** These important contexts were not presented in the ACF report.

3. Provides no evidence linking counts of specific words with actual impact.

With its focus on word counts, the report strongly implies that the literal didactic repetition of the word “abstinence” actually leads to abstinence, yet **no data are provided to support this approach.**³

Assessment of Effectiveness – Incomplete and Inaccurate

The ACF report’s summaries of published evaluations provide inaccurate generalizations about effectiveness with limited discussion. It criticizes the evaluations for following youth, at most, for a three- to six-month period post-intervention, while relegating to a footnote the *Reducing the Risk* evaluation which was conducted for 18 months post-baseline, and the *Making Proud Choices* study which was for six and 12 months post-intervention. Additionally, the *Safer Choices* study examined impact for a full 31 months post-baseline, while the BART study measured impact for 12 months post-intervention. All these programs had an impact for *at least* the period studied, and all the programs reviewed may potentially have had an impact for an even longer period post-intervention.

Of the nine curricula presented in the ACF report, eight were evaluated. Of these, half were demonstrated to delay the initiation of sex, two reduced the frequency of sex (including returning to abstinence), and two reduced the number of sexual partners. These effects were seen either among all youth, males, females, or Hispanic youth. When considering the challenges of changing adolescent sexual behavior with very modest programs – particularly in light of tremendous peer pressure, poor models of teen sexual behavior in the popular media, and among some youth, poor parental interaction – these outcomes represent a considerable success, especially given that many of these curricula also increased condom or contraceptive use.

Among ETR’s curricula reviewed, *Reducing the Risk* (RTR) has not one but four studies demonstrating its effectiveness: two have been published, one has been accepted for publication and the fourth has been submitted for publication. Three of these studies were conducted in other parts of the country from the initial study, and did not involve ETR in any way (i.e., they were conducted completely independently of ETR).

Overall, *Reducing the Risk* decreased the percent of sexually inexperienced youth who subsequently engaged in unprotected sex by almost half (Kirby, Barth et al. 1991). *Safer Choices Levels 1&2* reduced the reported number of times participants had sex without a condom in a three-month period by 37 percent (Coyle, Basen-Enquist et al. 2001). And BART reduced the percent of sexually inexperienced youth who initiated sex during a 12-month period (St. Lawrence, Jefferson et al. 1995).

³ Kirby, D. (2007). *Emerging Answers 2007*. Washington, D.C. National Campaign to Prevent Teen and Unplanned Pregnancy. (available October/November 2007).

Misrepresenting Impact of CSE Curricula on Communication with Parents

Finally, the ACF report misrepresents CSE curricula as discouraging teens from having healthy relationships with their parents. In fact, ETR's programs include materials and activities designed to enhance parent-child communication throughout the delivery of each program in several ways. For example, *Reducing the Risk* and *Safer Choices* give homework assignments for teens to talk with their parents about their parents' beliefs about sex; *Safer Choices* also provides parents with newsletters about the program with suggested topics and activities designed to help parents communicate with their children about sex. BART similarly encourages youth to talk about these topics with their family.

CONCLUSION: REGARDING IMPACT

We share a common goal with parents; educators; federal, state and local governments; researchers; program developers; and publishers of wanting to support adolescents in avoiding unplanned pregnancy and STDs, including HIV. To do so, we need to rely on the best science available to guide us in meeting that goal.

Ultimately the ACF report detracts from this shared goal of protecting youth by applying a severely flawed approach that yields misleading conclusions. The report undermines the value of effectiveness by shifting the emphasis to word counts, and by using word counts to speculate on content without consideration of context or curriculum design. Of great concern to ETR is that the ACF report may potentially discourage educators from implementing programs that have been demonstrated to be effective in increasing abstinence, as well as condom use for those teens who do have sex – potentially leaving this country's youth at even greater risk. As expressed herein, we need to continue to address those risks in as efficacious manner possible.