

## ***I: Conflicts and Controversy***

### ***E. About the Best Approach***

- 1. Abstinence**
- 2. Reproductive Education**
- 3. Male Responsibility**
- 4. Multifaceted, comprehensive, starting early**

## I. Conflicts and Controversy (cont.)

### *E. About the Best Approach*

Most people agree that teen pregnancy is an important problem. But they disagree on the best way to bring about change. Abstinence education, reproductive education, and male responsibility approaches are all widely implemented, but how effective are they? In particular, the Federal Abstinence Education law encourages states to promote abstinence education, but it is unclear whether this is the best way to reduce teen pregnancy. The evidence suggests that the lower rate of teen pregnancy over the past few years is in part due to an increase in abstinence among teens, but it is in large part due to an increase in the use of birth control (Alan Guttmacher Institute). This suggests a need for reproductive education, in combination with abstinence education. While males have traditionally been excluded from pregnancy prevention efforts, there is a new emphasis on including both sexes. In short, there are a variety of different approaches available, and there is controversy surrounding each approach. These major approaches are reviewed in the following section, using excerpts from a variety of sources.

## II. Conflicts and Controversies (cont.)

### E. About the Best Approach (cont.)

#### 1. Abstinence

##### *Adolescent Protective Behaviors: Abstinence and Contraceptive Use*

(<http://www.advocatesforyouth.com/publications/publications-a-z/446adolescent-protective-behaviors-abstinence-and-contraceptive-use>)

A recent study found that 86% of the decline in U.S. teen pregnancy could be attributed to increased contraception use,

while 14% was due to teens' increased abstinence. Although U.S. teens are increasingly adopting protective sexual

behaviors, they face barriers to consistency in these behaviors

#### U.S. Teens Remain Abstinent Longer Than in the Past

In 2003 and 2005, 53 percent of U.S. high school students reported *never* having had sexual intercourse, up from 46 percent in 1991.[2,3 (#references) ]

Between 1991 and 2005, the percentage of U.S. youth that said they *never* had sex increased in all high school grades. For example, 33 percent of high school seniors in 1991 said they *never* had sex, compared to 53 percent in 2003 and 66% in 2005.[2,3 (#references) ]

Abstinence rates also increased between 1991 and 2005 by gender and by race/ethnicity. In 1991, 49 percent of high school teenage women said they had *never* had sex, compared to 54 percent in 2005; among males, the numbers were 43 and 52 percent, respectively.[2,3 (#references) ]

Fifty percent of white students said they *never* had sex in 1991, compared to 57 percent in 2005; among Latino students, the numbers were 47 and 49 percent, respectively; among African American students, 19 and 32 percent, respectively.[2,3 (#references) ]

In one study, only 14 percent of gay, lesbian, and bisexual high school students had *never* had sex, compared to 52 percent of their heterosexual peers.[4 (#references) ]

#### In Many Industrialized Nations, the Typical Age of Sexual Initiative is Around 17.5

In the United States, the typical age at first sexual intercourse is 17.[5 (#references) ]

In Canada, the typical age at first sex is 17.3; in Great Britain, it is 17.5.[5 (#references) ]

In the Netherlands, the typical age at first sex is 17.7; in France, it is 18.0.[5,6 (#references) ]

#### Sexually Active Adolescents' Use of Condoms is Up But Leveling Off

In U.S. studies, 70 percent of women and 69 percent of men ages 15 to 19 reported condom use at first sex.[7 (#references) ]

Among sexually active U.S. high school youth in 2005, 63 percent reported using a condom during most recent sex—a significant increase over 1991's 46 percent.[2,3 (#references) ]

In 1995, fewer gay, lesbian, and bisexual high school students reported condom use at most recent sex, compared to their heterosexual peers (51 and 58 percent, respectively).[\[4 \(#references\)\]](#)

In 2005, sexually active African American high school students were more likely than their white or Latino peers to report condom use (69, 63, and 58 percent, respectively).[\[2 \(#references\)\]](#)

Among sexually active youth, only about eight percent of female teens and 17 percent of male teens reported using both condoms and hormonal contraception at most recent sex.[\[7 \(#references\)\]](#)

### Some Sexually Active Adolescents Use Other Contraceptive Methods

Overall, 18 percent of sexually active high school youth in the United States report use of birth control pills before most recent sex. Rates vary significantly among sexually active students by race/ethnicity: 22 percent of whites; 10 percent of Latinos; and 10 percent of African Americans.[\[2 \(#references\)\]](#)

In one study, bisexual and lesbian teenage women, although about equally likely to have had sex as their heterosexual peers, reported more than twice as great the rate of pregnancy (12 percent versus five percent, respectively).[\[8 \(#references\)\]](#)

Among sexually experienced U.S. teens, more women reported use of birth control pills before most recent sex than reported using no method (33 and 20 percent, respectively) compared to 59 percent and 12 percent of French adolescents, respectively.[\[5 \(#references\)\]](#) In a German study, 73 percent of 14- to 17-year-old women used birth control pills before most recent intercourse while one percent used no protection.[\[9 \(#references\)\]](#)

### Youth's Attitudes & Behaviors Reflect Society's Confusion Around Sexuality

***Pressure from partners and friends***—In one study, eight percent of sexually experienced young women cited pressure from their partner as a factor in having sex for the first time; seven percent cited pressure from their friends; among young men, the percentages were one and 13 percent, respectively.[\[10 \(#references\)\]](#)

***Confusion in defining abstinence***—In a study of youth ages 12 to 17 who had abstinence education, young people's definitions of abstinence included many sexual behaviors while consistently avoiding only (vaginal) intercourse. In a study of college freshmen and sophomores, 37 percent described oral sex and 24 percent described anal sex as abstinent behaviors.[\[11 \(#references\)\]](#)

***Virginity pledges***—In a recent study<sup>30</sup> on the effect of virginity pledges, researchers found that, in early and middle adolescence, pledging delayed the transition to first sex by as much as 18 months. Pledging only worked where some, but not more than about one-third, of students pledged. However, when they broke the pledge, these teens were one-third less likely to use contraception at first sex than were their non-pledging peers.[\[12 \(#references\)\]](#) According to the lead researcher, "*If we consider the enhanced risk of failure to contracept against the benefit of delay, it turns out that with respect to pregnancy, pledgers are at the same risk as non-pledgers. There is no long-term benefit to pledging in terms of pregnancy reduction, unless pledgers use contraception at first intercourse.*"[\[13 \(#references\)\]](#)

***Lack of knowledge about effective contraception***—In a recent poll, 32 percent of U.S. teens did not believe condoms were effective in preventing

HIV and 22 percent did not believe that birth control pills were effective in preventing pregnancy.[[14 \(#references\)](#) ]

***Negative attitudes about using protection***—In the same poll, 66 percent of teens said they would feel suspicious or worried about their partner's past, if the partner suggested using a condom; 49 percent would worry that the partner was suspicious of them; 20 percent would feel insulted.[[14 \(#references\)](#) ]

***Lack of confidentiality***—In a recent study among sexually active women under age 18, 47 percent indicated that mandatory parental notification would cause them to stop using family planning services. [[15 \(#references\)](#) ]

***Homophobia and violence***—Significant barriers to protective behaviors among lesbian, gay, bisexual, and transgender youth, as well as among young men who have sex with men, include homophobia and violence that damage their self-esteem, lack of access to health care, homelessness, and substance use.[[16 \(#references\)](#) ]

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<http://www.advocatesforyouth.com/component/advancedtags/?view=tag&layout=list&id=5&limit=100> series.

## I. Conflicts and Controversies (cont.)

### E. About the Best Approach (cont.)

#### 2. Reproductive Education

##### Sex Education

(<http://www.advocatesforyouth.com/sex-education-home>)

Young people have the right to lead healthy lives. Providing them with honest, age appropriate comprehensive sexual health education is a key part in helping them take personal responsibility for their health and well-being.

That's why sex education programs need to be informed by evidence as well as include *all* the information and skills young people need to make healthy decisions. Providing young people with the skills and tools to make healthy decisions about sex and relationships is far more effective than denying them information and simply telling them not to have sex.

Respecting young people promotes personal responsibility far more effectively than denying them information. We should respect young people and treat them as partners, not problems.

If you are conducting research on sex education, check out [Advocates' Sex Education Research Guide](http://researchguides.advocatesforyouth.org/content.php?pid=284938)

(<http://researchguides.advocatesforyouth.org/content.php?pid=284938>)

([http://webmail.advocatesforyouth.org/exchweb/bin/redir.asp?](http://webmail.advocatesforyouth.org/exchweb/bin/redir.asp?URL=http://researchguides.advocatesforyouth.org/content.php?pid=170418)

[URL=http://researchguides.advocatesforyouth.org/content.php?pid=170418](http://researchguides.advocatesforyouth.org/content.php?pid=170418)) for the most recent news, scholarly research, and publications from a variety of sources.

#### The Future of Sex Education

The Future of Sex Education Project (FoSE) began in July 2007 when staff from Advocates for Youth, [Answer](http://answer.rutgers.edu/) (<http://answer.rutgers.edu/>) and SIECUS first met to discuss the future of sex education in the United States. In 2012 FoSE released the groundbreaking [National Sexuality Education Standards](http://www.advocatesforyouth.com/publications/publications-a-z/1947-future-of-sex-education-national-sexuality-education-standards)

(<http://www.advocatesforyouth.com/publications/publications-a-z/1947-future-of-sex-education-national-sexuality-education-standards>) . FoSE continues to work create a national dialogue about the future of sex education and to promote the institutionalization of comprehensive sexuality education in public schools.

Visit [www.futureofsexed.org](http://www.futureofsexed.org/) (<http://www.futureofsexed.org/>) to learn more.



## General Facts

### **Sexuality Education: Building an evidence- and rights-based approach to healthy decision-making**

<http://www.advocatesforyouth.com/publications/publications-a-z/2390-sexuality-education>)

### **Comprehensive Sex Education: Research and Results**

<http://www.advocatesforyouth.com/publications/1487?task=view>)

### **Comprehensive Sex Education and Academic Success**

<http://www.advocatesforyouth.com/publications/1745-comprehensive-sex-education-and-academic-success>)

### **The Truth About Abstinence-Only Programs**

<http://www.advocatesforyouth.com/publications/409?task=view>)

### **Sex Education Programs: Definitions & Point-by-Point Comparison**

<http://www.advocatesforyouth.com/publications/655?task=view>)

### **Characteristics of Effective Sex Education Programs**

<http://www.advocatesforyouth.com/topics-issues/sexeducation/832?task=view>)  
<http://www.advocatesforyouth.com/topics-issues/sexeducation/832?task=view>)

### **Adolescent Sexual Health in Europe and the U.S.—Why the Difference?**

<http://www.advocatesforyouth.com/publications/419?task=view>)

### **Condom Effectiveness**

<http://www.advocatesforyouth.com/publications/416?task=view>)

## Support for Comprehensive Sex Education

Polls have shown that parents, teachers, health care professionals, and young people all support sex education that is comprehensive and provides information about abstinence<sup>33</sup> as well as contraception and condoms.

### **Millennials Support Comprehensive Sex Ed**

<http://www.advocatesforyouth.com/press-room/millennials>)

### **American Medical Association's Recommendation for Good Sex Ed**

<http://www.advocatesforyouth.com/topics-issues/sexeducation/833?task=view>)

### **Speaking Out! Connecticut's Parents and Other Adults Want Comprehensive Sex Education in Schools**

<http://www.advocatesforyouth.com/publications>

[ons/619?task=view\)](#)

**Comprehensive Sex Education and Academic Success**

[\(http://www.advocatesforyouth.com/publications/1745-comprehensive-sex-education-and-academic-success\)](http://www.advocatesforyouth.com/publications/1745-comprehensive-sex-education-and-academic-success)

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[\(http://www.advocatesforyouth.com/publications/619?task=view\)](http://www.advocatesforyouth.com/publications/619?task=view)

## I. Conflicts and Controversies (cont.)

### E. About the Best Approach (cont.)

#### 1. Reproductive Education (cont.)

##### ***Advocates' Curricula and Education Programs***

(<http://www.advocatesforyouth.com/curricula-and-education-programs-serced>)

Advocates' education programs are packed with complete guides to implementation, interactive exercises, participant handouts, supple leaders' resources, and more!

##### ***Rights, Respect, Responsibility: A K-12 Sexuality Education Curriculum*** (<http://www.advocatesforyouth.com/3rs-curriculum>)

Fully meets the National Sexuality Education Standards (<http://www.futureofsexeducation.org/nationalstandards.html>)

Inclusive for issues related to sexual orientation and gender identity Affordable (Free)

Flexible K-12 curriculum Family homework activities

Resources for educators at every grade level

Training recommended, but not required and available on request

Based on Advocates' award-winning When I'm Grown and Life Planning Options

##### ***Life Planning Education: A Youth Development Program*** (<http://www.advocatesforyouth.com/publications/555?task=view>)

***Cómo planear mi vida: un programa para el desarrollo de la juventud latinoamericana***  
(<http://www.advocatesforyouth.com/publications/393?task=view>)

**NOTE:** *Life Planning Education (LPE) is currently being revised. The printed/for-sale version includes older versions of some lesson plans which may be significantly different in content from the ones in the “[Lesson Plans](http://www.advocatesforyouth.com/for-professionals/lesson-plans-professionals?task=view)” section. Please make sure you have looked at the PDF of Life Planning Education before purchasing - that is the version that is available to buy. [The new lesson plans replace chapters 1-4 and may be downloaded for free here](http://www.advocatesforyouth.com/publications/1453?task=view) (<http://www.advocatesforyouth.com/publications/1453?task=view>) .*

Advocates for Youth's popular family life education program, *Life Planning Education: A Youth Development Program*, includes chapters on sexuality, relationships, health, violence prevention, and community responsibility as well as chapters on skills-building, values, self-esteem, parenting, employment preparation, and reducing sexual risk.

##### ***Creating Safe Space for GLBTQ Youth: A Toolkit***

(<http://www.advocatesforyouth.com/publications/608?task=view>)

A guide to creating a safe space for young people of all sexual orientations and gender identities. Because

homophobia is a real problem, for gay, lesbian, bisexual, transgender, and questioning

(GLBTQ) and straight youth, this online toolkit is intended to assist you, the youth-serving professional,

##### ***Guide to Implementing TAP (Teens for AIDS Prevention): A Peer Education Program to Prevent HIV and STI***

(<http://www.advocatesforyouth.com/publications/649?task=view>)

Advocates for Youth's *Guide to Implementing TAP (Teens for AIDS Prevention): A Peer Education Program to Prevent HIV and STI* is a step by step guide to implementing an HIV/STI prevention peer education program in your school, faith community, AIDS service organization, and/or community-based organization.

## [Parent-Child Communication Basics An Education Program to Enhance Parent-Child Communication](#)

<http://www.advocatesforyouth.com/publications/1209?task=view>

A trainer's resource to provide parents with the information and resources they need to communicate effectively with their children.

## [There's No Place Like Home ... for Sex Education](#)

<http://www.advocatesforyouth.com/publications/589?task=view> (<http://www.advocatesforyouth.com/publications/573?task=view>)

[www.advocatesforyouth.com/publications/573?task=view](http://www.advocatesforyouth.com/publications/573?task=view)

**No hay lugar como el hogar ... para la educación sexual** (<http://www.advocatesforyouth.com/publications/573?task=view>) I

Reproducible newsletters to assist parents in talking about development, sexual health, and sexuality with their children and teens. Five newsletters are available for every age/grade level, pre-school through grade twelve. Each issue contains relevant, age-specific sexuality information, useful strategies, communication hints, and suggested resources to support you in your efforts.

## **OTHER COMPREHENSIVE SEXUALITY CURRICULA**

[Unitarian Universalist Association: Our Whole Lives](#) (<http://www.uua.org/religiouseducation/curricula/ourwhole/>)

**Our Whole Lives is a series of sexuality education curricula for six age groups:**

[grades K-1](http://www.uuabookstore.org/productdetails.cfm?PC=718) ([http:// www.uuabookstore.org/productdetails.cfm?PC=718](http://www.uuabookstore.org/productdetails.cfm?PC=718)) , [grades 4-6](http://www.uuabookstore.org/productdetails.cfm?PC=719)

[http://www.uuabookstore.org/ productdetails.cfm?PC=719](http://www.uuabookstore.org/productdetails.cfm?PC=719)) , [grades 7-9](http://www.uuabookstore.org/productdetails.cfm?PC=720)

<http://www.uuabookstore.org/productdetails.cfm?PC=720>) , [grades 10-12](http://www.uuabookstore.org/productdetails.cfm?PC=721)

<http://www.uuabookstore.org/productdetails.cfm?PC=721>) , [young adults \(ages 18-35\)](http://www.uuabookstore.org/productdetails.cfm?PC=772)

<http://www.uuabookstore.org/productdetails.cfm?PC=772>) , [and adults](http://www.uuabookstore.org/productdetails.cfm?PC=722)

<http://www.uuabookstore.org/productdetails.cfm?PC=722>) .

[The Sexuality Information and Education Council of the United States \(SIECUS\) Guidelines for Comprehensive Sexuality Education: Kindergarten–12th Grade](#) ([http://www.siecus.org/ data/global/images/guidelines.pdf](http://www.siecus.org/data/global/images/guidelines.pdf)) (pdf)

The Guidelines, developed by a national task force of experts in the fields of adolescent development, health care, and education, provide a framework of the key concepts topics, and messages that all sexuality education programs would ideally include.

[Public Health Department of Seattle and King County: The Family Life and Sexual Health curriculum \(F.L.A.S.H.\)](#)

<http://www.kingcounty.gov/healthservices/health/personal/famplan/educators/FLASH.aspx>)

**FLASH is a science-based, comprehensive sexual health curriculum designed to reduce teen pregnancy, STDs and sexual violence and to increase family communication and basic sexual health knowledge. It includes lesson plans for grades 4-6**

[http://www.kingcounty.gov/healthservices/health/personal/famplan/educators/grades456.a](http://www.kingcounty.gov/healthservices/health/personal/famplan/educators/grades456.aspx)  
[spx](http://www.kingcounty.gov/healthservices/health/personal/famplan/educators/grades456.aspx)) , [7-8](http://www.kingcounty.gov/healthservices/health/personal/famplan/educators/grades78.aspx)

[http://www.kingcounty.gov/healthservices/health/personal/famplan/educators/grades78.as](http://www.kingcounty.gov/healthservices/health/personal/famplan/educators/grades78.aspx)  
[px](http://www.kingcounty.gov/healthservices/health/personal/famplan/educators/grades78.aspx)) , [high school](http://www.kingcounty.gov/healthservices/health/personal/famplan/educators/HighSchool.aspx)

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[aspx](http://www.kingcounty.gov/healthservices/health/personal/famplan/educators/HighSchool.aspx)) , [and special education](http://www.kingcounty.gov/healthservices/health/personal/famplan/educators/SpecialEducation.aspx)

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[http://www.kingcounty.gov/healthservices/health/personal/famplan/educators/teachers.asp](http://www.kingcounty.gov/healthservices/health/personal/famplan/educators/teachers.aspx)

x),  
and school administrators  
(<http://www.kingcounty.gov/healthservices/health/personal/famplan/educators/schooladmin.aspx>), all available free online.

*For more information about effective programs, visit our Programs that Work section.*  
(<http://www.advocatesforyouth.com/for-professionals/sex-education-resource-center/89?task=view>)

## I. Conflicts and Controversies

### E. About the Best Approach

#### 2. *Male Responsibility*

##### *Engaging Adolescent Males in Prevention*

<http://www.hhs.gov/ash/oah/adolescent-health-topics/reproductive-health/teen-pregnancy/engaging-males.html>

An estimated nine percent — or 900,000 — of young men between the ages of 12 and 16 will become fathers before their twentieth birthday, based on a recent survey.<sup>[1]</sup> Research and data collection efforts have tended to focus on female adolescents. As a result, less is known about the strategies and approaches for effectively engaging males in preventing teen pregnancies or even about their attitudes toward being a father. Clearly, the behavior of adolescent males is also central to preventing teenage pregnancy and childbearing.<sup>[2]</sup> Research and programs are increasing the focus on the role of males in teenage pregnancy and childbearing. During May 2012, OAH held an event, “Let’s Hear about the Boys: Engaging Adolescent Males in Teen Pregnancy Prevention” to elevate the importance of engaging adolescent males in preventing teen pregnancies. Read more about the event [here](#).

In addition, some experts note that programs focused on responsible sexual behavior should also consider including information about how to build healthy romantic relationships overall.<sup>[3]</sup> This would include teaching emotional and interpersonal skills and reducing gender stereotypes.<sup>[4],[5]</sup>

#### Footnotes »

1. [Overview](#)
2. [Teen Pregnancy Prevention Program](#)
3. [Trends in Adolescent Pregnancy and Childbearing](#)
4. [Negative Impacts of Teen Childbearing](#)
5. [Strategies & Approaches for Preventing Teen Pregnancy](#)
6. [Engaging Adolescent Males in Prevention](#)
7. [Tips for Parents](#)
8. [Need Help?](#)

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#### ***In Reproductive Health***

- [Dating and Talking to Teens about Sex](#)
- [Contraceptive & Condom Use](#)
- [Sexually Transmitted Diseases](#)
- [Teen Pregnancy & Childbearing](#)
- [In the States](#)

#### **DID YOU KNOW?**



[Hear from two young men about how an OAH teen pregnancy prevention program is making a real difference in their lives.](#)

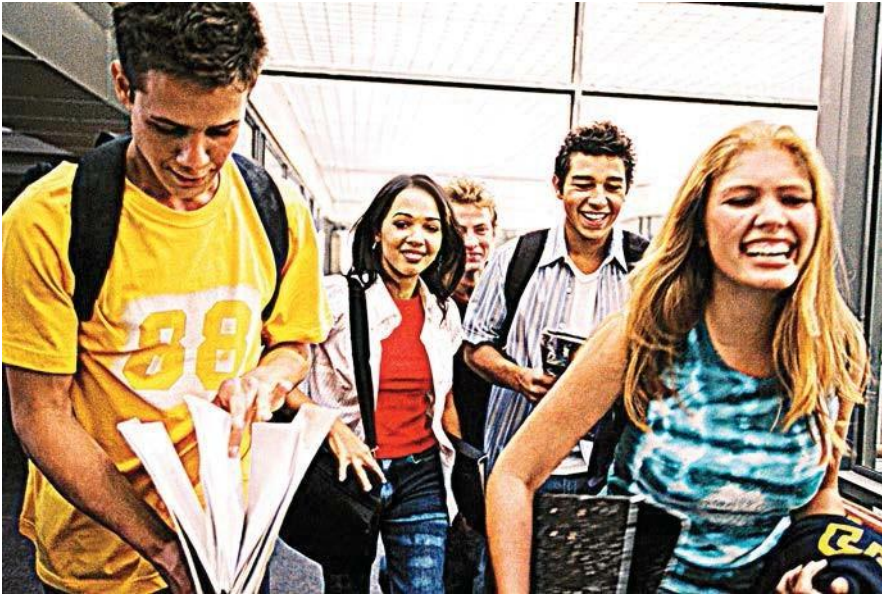
I. Conflicts and Controversies (cont.)  
E. About Best Practices (cont.)

3. Multifaceted, comprehensive, starting early

SUMMARY : A SYSTEMATIC LITERATURE REVIEW OF THE ASSOCIATION BETWEEN SCHOOL CLIMATE & ADOLESCENT SEXUAL & REPRODUCTIVE HEALTH

[http://healthyteennetwork.org/sites/default/files/Summary\\_Systematic%20Lit%20Review\\_School%20Climate\\_ASRH.pdf](http://healthyteennetwork.org/sites/default/files/Summary_Systematic%20Lit%20Review_School%20Climate_ASRH.pdf)

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BACKGROUND

Promoting positive sexual and reproductive health is an important aspect of helping adolescents thrive. [Healthy Teen Network’s Youth 360°](#) model highlights the importance of addressing social determinants of health that occur in the school level, especially since youth spend most of their day at school. Youth 360° includes school factors in multiple levels of the model, and school climate is a community-level factor that encompasses a wide-range of characteristics regarding students’ perceptions of their school. Addressing school climate should be considered as a way to



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Association Between School Climate & Adolescent  
Sexual & Reproductive Health

improve adolescent sexual and reproductive health (ASRH) outcomes. This systematic review sought to characterize the current state of the literature on school climate and ASRH. Implications for school-based programs and research are summarized below.

### RESEARCH METHODS

Articles about school climate and ASRH published between 1995 and 2014 were retrieved using ERIC, PubMed, and Scopus. Articles were included if they met the following criteria: US-based population of students 6<sup>th</sup>-12<sup>th</sup> grade, original research, measure school climate, and measure an ASRH outcome.

### RESEARCH FINDINGS

The main findings of the analysis of the articles are described below:

- Eighteen of the 19 articles found that higher measures of school climate were associated with lower risk of adverse ASRH outcomes. Articles examined the following ASRH outcomes: ever having had sexual intercourse but recent sexual activity, early initiation of sexual activity, pregnancy, STI diagnosis, contraceptive usage, and sexual intercourse under the influence of drugs or alcohol.
- Most articles used a general measure of school climate, and a minority examined school norms or school structure, such as socioeconomic status (SES) and family structure. A variety of terms related to school climate were investigated in the articles, and the meanings and measurements methods for these different terms had significant overlap. The school climate concepts studies in the articles included: school connectedness, school bonding, social bonding, school belonging, school engagement and teacher support.
- There was some suggestion of differences in the relationship between school climate and ASRH based on gender, race, and ethnicity.



### IMPLICATIONS FOR SCHOOL PROGRAMS

- School climate and other community-level factors should be considered in the design and evaluation of school-based health programs.
- School climate should be measured during evaluation, even if the program is not only targeting school climate.
- Additional research is needed on the different aspects of school climate and standardizing terminology.
- School climate may affect diverse student populations differently, and additional research is needed to disentangle the relationship

A significant limitation of the study is that 10 of the 18 articles used data from the same study (National Longitudinal Study of Adolescent to Adult Health started in 1994). However, despite the limitations, this review shows consensus in the field that school climate is an important determinant of ASRH.

#### *Suggested Citation:*

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