Sex and Sexuality Education: Models, Theories, and Evidence

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A. Crisis of Identity for Sexuality Education in America[1]

"Over the first hundred-plus years of organized sexuality education in the United States, there have been two distinct, somewhat incompatible, competing philosophies about its goals and purposes. **One philosophy envisions sex education as a means to affect the behaviors and morals of society**. This approach was first articulated and advanced by social reformers who focused on sex behaviors and advocated for education as a means to reduce "out-of- wedlock sex" and pregnancies, as well as "venereal disease," masturbation, prostitution, and any non-procreative sex. **The second philosophy took a broader view of sexuality as a life-long human force -- and as a source of pleasure - - which needed to be understood and appreciated for better mental, physical, social and spiritual health**.

"The discrepancy in world views represented by these two visions was, and continues to be, reflected even in the language used to describe the field. The social reform movement, seeing this as largely an effort to control behaviors, tended to use the term "**sex education**" while increasingly, those with a broader view tended to (and still do) use the term "**sexuality education**." While many people today use these two terms interchangeably, they really represent two different schools of thought that have evolved over much of the twentieth century in the United States. These two competing views shifted in and out of favor from the late 19th century up until the 1970s, when political and social forces would converge to join them together under the term Comprehensive Sexuality Education. What has resulted since that time is an **identity crisis within the field** that has exposed the difficult reconciliation of opposing world views about the role of sexuality in people's lives as well as how to educate people about it."

B. Sex and Sexuality Education: Primary Approaches[2]

1. Sex Education (*behavior change approaches*)

    a. *Sexual restraint focus* (*moralistic:* abstinence-only, abstinence-only until marriage,)

    b. *Pregnancy and disease prevention focus* (*harm reduction:* abstinence-based or abstinence-plus, mainstream "comprehensive" such as Reducing the Risk, Safer Choices)

2. Comprehensive Sexuality Education (*healthy sexual development, health promotion approaches*)

"Health is a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity."-- World Health Organization, 1948

    a. *Positive sexuality focus* (e.g., Our Whole Lives [self-worth, sexual health, responsibility, justice and inclusivity], SIECUS Guidelines, Planned Parenthood books, European examples)

    b. *Youth development focus* (e.g., Children's Aid Society Carrera Program)

    c. *Human rights focus* (relationship rights and responsibilities, gender equality, and critical thinking; e.g., It's All One, IPPF Guidelines, PP-LA Sexuality Education Initiative)

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[1] Goldfarb, E.S. (2009). A crisis of identity for sexuality education in America: How did we get here and where are we going? In *Sexuality Education: Past, Present, and Future*, Schroeder, E. and Kuriansky, J (eds.). New York: Praeger

[2] Goldfarb, E.S. & Constantine, N.A. (2011, in press). Sexuality education. In B.B. Brown & M. Prinstein (Ed.), *International Encyclopedia of Adolescence*. New York: Academic Press.

C. Theoretical Foundations

- **Sex Education:** _Rational behavior change theories_ (provide consistent messages, practice refusal, correct misconceptions, typically use fear to motivate)

- **Sexuality Education:** _Social, cognitive, and developmental science theories_ (adolescent development, unconscious processing, heuristics, emotions, family and cultural influences)
    - Psychological reactance theory
    - Dual processing theories (e.g., fuzzy trace theory)
    - Sexual socialization (family, culture, media, peers)
    - Developmental sexuality (developmental science applied to sex ed)
    - Learning theories

D. Appraising Evidence of Effectiveness

- **Sex Education** (_behavior change approaches_)

    - Which evidence is relevant, what conclusions are valid and reasonable?
        - Never automatic, evidence use is always an interpretive process
        - Interpreting **all evidence** versus interpreting **selective evidence**
        - Reducing conflict of interest potential[3]
    - Two misleading approaches[4,5]
      (1) Narrative box score approach (fishing for significance)
      (2) Programs-that-work lists (cherry picking results, **one study/one outcome fallacy**)
        - Science doesn't work this way (essential principles include full body of cumulative research evidence and its ramifications, genuine use of theory, replication with consistent results, and critical appraisal, scrutiny, and debate)[6]
    - Four key studies in sex education/teen pregnancy prevention[7]
        - Scher et al. 2006, **Campbell Collaboration** (inconsistent evidence of small effects of CSE)
        - Oringanje et al. 2010, **Cochrane Collaboration** (some evidence of small effects of CSE)
        - Kohler et al. 2007 _JAH_, epidemiological approach (strong evidence of small CSE effects)
        - Trenholm et al. 2008 _JPAM_ (strong evidence of no effects of best AO curricula)
    - Coalition for Evidence Based Policy
        - _"HHS's evidence-based teen pregnancy prevention program is an excellent first step, but **only 2 of 28 approved models have strong evidence of effectiveness.**"_ (May 5, 2010)

- **Comprehensive Sexuality Education** (_healthy sexual development, health promotion approaches_)

    - Rigorous evaluations
        - Children's Aid Society Carrera Program (strong evidence, but difficult to implement)
        - Our Whole Lives (new evaluation planned)
        - PP-LA Sexuality Education Initiative (rigorous randomized evaluation in progress)
    - Consistent with basic research in social, cognitive, and developmental sciences[2]

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[3] Gorman, D.M. & Conde, E. (2007). Conflict of interest in the evaluation and dissemination of "model" school-based drug and violence prevention programs. _Evaluation and Program Planning_. 30, 422-429.

[4] Constantine, N.A & Braverman, M.T. (2004). Appraising evidence on program effectiveness. In M.T. Braverman, et al. (Eds.), _Foundations and evaluation: Contexts and practices for effective philanthropy._ San Francisco: Jossey-Bass

[5] Constantine, N. A. & Goldfarb, E.S. (forthcoming). Intervention effectiveness research in adolescent health psychology: Methodological issues and strategies. In O'Donohue, W., Benuto, L., & Woodward, L. (Eds.), _Handbook of adolescent health psychology._ New York: Springer Publishers.

[6] National Research Council Committee on Scientific Principles for Educational Research. (2002). _Scientific Research in Education_. Washington, DC: National Academy Press.

[7] Constantine, N. A. (2008). Converging evidence leaves policy behind: Effectiveness of and support for school-based sex education programs. [editorial]. _Journal of Adolescent Health, 42_, 324-326