
This article compares the effectiveness of abstinence-only education versus comprehensive sex education, and the effect that it has on teenagers in America. Through President Bush’s term, there had been increased funding for abstinence-only education, but sex educators have found that this approach is not the best way to protect teenagers from HIV/AIDS, STIs, and unplanned pregnancies. While many parents, teachers, or other community members do not want to think that their children will have sex before marriage, it is important to realize that not everyone will relate to the “one size fits all” approach of abstinence-only education. The article continues to discuss the differences (as well as arguments for or against) abstinence-only and comprehensive sex education. It also talks about the different types of reforms and legislations that have come about in recent years due to the debates about sex education. While I do feel that this article is biased towards comprehensive sex education, it does provide important information about the effectiveness of different sex education programs for youth across the country.

To be honest, I am a bit iffy about this article. I've read through it a few times and each time something jumps out at me, but I am not entirely sure I will use this in my final paper. Joan Helmich broadens the definition of comprehensive sex education to include nine principles for comprehensive sex education, stating how we can use these principles to directly focus programs for teens. The nine principles she states are: client-centered, broad, skills based, values based, research & theory based, long term, integrated, collaborative, and positive. The principles are ideas that can certainly be utilized in focusing sex education programs, informing teens about more than just their anatomy and the fact that they should remain abstinent until marriage. However, the fact that this article is so short and doesn’t really focus on how sex education plays a role in teen pregnancy makes me feel on the fence about it. I do think that I can pull some of the information that Helmich presents to help us understand the areas of focus that sex education is lacking.

In this study by Kirby, the fact that teen pregnancy and STD/HIV rates were on the rise was acknowledged and was the main point of focus. Fifty-four studies were explored, meeting criteria such as having a strong experimental design and having a measured impact on actual sexual behavior. These studies were split into one of five types: curriculum-based programs, clinician-patient interactions in clinic setting, video- and computer-based programs, programs for parents and their families, and multicomponent programs. Through these studies, Kirby found that education programs that focused only on abstinence had little to no effect on sexual behavior. Comprehensive programs that focused on both abstinence and condom or contraceptive use did not increase sexual behavior, but had a positive impact on delaying sex, increasing condom/contraceptive use, and reducing the frequency of sex. This article will be extremely helpful in my research, because it studies a wide array of programs meeting strict criteria, and gives data for each program. I feel that this article will be one of the most useful, giving me a way
to show that comprehensive sex education can help teenagers gain the knowledge they need to be healthy sexual adults.


In this study, the authors reached out to never-married heterosexual adolescents who participated in the National Survey of Family Growth. These adolescents reported on the formal sex education they received before their first sexual intercourse, and from there, the authors compared the risks of adolescents who received abstinence-only and comprehensive sex education to those who received no sex education. They found that teen pregnancy was reported less by adolescents who received comprehensive sex education, and that there was no significant effect from abstinence-only education. Their findings showed that while the rates of pregnancy were still significantly high in the United States, those adolescents who received comprehensive sex education had a lower risk of pregnancy.

This will be an important article to use in my final paper, because it seems as though all the articles I am finding do not have conclusive evidence that sex education plays a role in reducing teen pregnancy.
I can use this article to compare the risks associated with teens who receive different types of sex education.


The authors of this article chose to focus on why the teen birth and pregnancy rates rose unexpectedly in 2006 and 2007, after a decline from 1991 to 2005. In examining various factors (such as historical changes in fertility, trends in sexual behavior, and public policy), they found that the increases in teen births since 2005 is closely related to changes in teen contraceptive use. Contraceptive use is also very important to note in looking at the difference between fertility patterns in Europe and the United States. Because of changes in sex education policy, the authors focused on how trends have affected birth rates of teens in the United States. This will also be a very important article for my paper, because it explains how ideals have changed over the years and how states create policies toward teen pregnancy prevention. This shows how teens living in different states have varying experiences with sex education and access to contraception. I would like to study this further and see...
how pregnancy rates in states, along with availability of contraception, affects the rate of teenage pregnancy in each state.


While this article is older than the others I have chosen, the information present is still relevant today. Zelnik studies women across ethnic backgrounds, looking to see if pregnancies and sexual activity are more prevalent for those who have had sex education (as many people think that sex education will lead to increased sexual activity). He found that there appears to be strong support for the argument that never-married, sexually active young women who have had sex education experience fewer pregnancies than those who have not. The study goes on to say that people who have had sex education were more likely than those who had not to use a method of prescription of contraception (mainly the pill) at first intercourse, which may result in the decrease of unplanned pregnancy for this group. These statistics were found from interviewing women in 1976, so self reporting was the main method of gathering data. While I have stated that this article is older than some of the others I have chosen, the information is still relevant due to the fact that it shows
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how sex education can increase a person’s knowledge about ways to protect themselves (whether it’s from unplanned pregnancies or sexually transmitted infections or HIV), rather than a person who has had no sex education at all.