



Policy and Evidence: where the twain shall meet

I am writing in regards to **SB 136 Healthy Lifestyles Revisions**. Presumably these revisions are being offered as a deterrent to the teen pregnancy and STD rates that affect our youth. The assumption is that contraception-based comprehensive sex education (CSE) in the schools is the solution to reducing these harmful outcomes for teens.

I present the following research evidence for your consideration:

- 1. The most recent research does not show effectiveness for CSE programs in schools, and a concerning number have had harmful impacts.**
 - a. A recent (2019) review¹ of 60 U.S studies of the most recent and best research vetted by the CDC, UNESCO, and TPP revealed the following:
 - None of these programs showed effectiveness at reducing teen pregnancies or STDs,
 - None of these programs showed effectiveness at increasing consistent condom use – the behavior required for even partial protection from STDs.
 - Seven of the 60 CSE studies reported harmful effects, including increased sexual activity, oral sex, number of sex partners, increased pregnancy or decreased condom use. *The notion of “safe sex” for teens is a myth.*
 - b. Other research supports these poor results:
 - A 2019 meta-analysis of 44 studies (85% were CSE) funded by the U.S. Department of Health & Human Services found no significant effects on teen abstinence, condom use, pregnancy or STDs.²
 - A 2012 CDC-sponsored meta-analysis found no significant effects for school-based CSE programs on rates of teen contraceptive use, pregnancy, or STDs.³
 - Despite the Obama Administration’s eight years promoting condom-based programs, rates of teen condom use have declined while teen STD rates are rising in the U.S.⁴
- 2. Deleting the prohibition against “the advocacy or encouragement of the use of contraceptive methods or devices” opens the door to these ineffective CSE programs that present teen sexual activity as acceptable and expected (even without “advocating” for it), have condom/contraceptive use as their main focus—with minor emphasis on abstinence, and contain sexually explicit and graphic content that sexualizes children.**
 - In my 25 years’ experience evaluating sex education programs, I have seen these types of harmful programs become the norm in many other states that have opened that door.
- 3. With Utah’s current prohibition against “the advocacy or encouragement of the use of contraceptive methods or devices” in place, Utah’s teen pregnancy and STD rates are among the lowest in the nation.⁵**
 - a. While the STD rates are rising (as they are nationally), Utah Dept. of Health says it is unclear how much of the increase is due to “an actual increase in disease trends or due to increased screening efforts, use of increasingly sensitive diagnostic tests, increased reporting by providers and laboratories, and/or improved information systems for reporting.”⁶
 - b. In fact, even consistent correct condom use provides only partial STD protection (e.g., 30% risk reduction for genital herpes) and rates of teen condom user error and failure are high.¹

- c. Opening the door to CSE programs—which have shown no effectiveness at reducing STDs when implemented in school settings—will not be likely to reduce STDs in Utah teens.
- 4. Deleting the abstinence “until marriage” provision and listing abstinence as only “a method” erroneously conveys that abstinence is a temporary prevention strategy and just one of many that are equally effective.**
- a. Research shows it is possible to get kids to abstain. In the U.S., 7 out of 16 abstinence education programs have shown significant delays in sexual initiation, at least 12 months after the program.¹ This is a far better success ratio than the CSE programs, and without the same negative effects.
 - b. Rates of teenage sexual activity have declined by 25% in the U.S. in recent decades, coinciding with the advent of abstinence education programs beginning in 1988.⁷
 - c. Studies also shows these abstinence education programs do not reduce teen condom use, as has been claimed.¹
 - d. Teenage sex has been shown to increase emotional harm and dating violence, especially for girls.¹ These harms are not prevented by condom or contraceptive use.
 - e. Children should be taught that abstinence is the best method—the only one that’s 100% safe.

Sincerely,

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The Institute for Research and Evaluation (IRE) is a nonprofit research agency that has gained national recognition for its work evaluating sex education programs over the past 25 years. *IRE* has conducted program evaluations for federal Title V, CBAE, and Title XX projects in 30 states, and has evaluated sex education in three foreign countries, collecting data from more than 900,000 teens, and conducting over 100 evaluation studies. *IRE* staff members have published articles in academic journals and presented at professional conferences and workshops. Dr. Stan E. Weed, Founder and Director of *IRE*, has served as a national consultant for federal Title XX and CBAE projects and was a charter member of the *National Campaign to Prevent Teen and Unplanned Pregnancy* (now, *Power to Decide*). He has been invited to provide expert testimony about sex education to state legislative bodies, the U.S. Senate, the U.S. House of Representatives, and the White House.

Citations

1. Ericksen, Irene H, and Weed, Stan E. (2019). "Re-Examining the Evidence for School-based Comprehensive Sex Education: A Global Research Review." *Issues in Law and Medicine*, 34(2):161-182.
2. Juras R, Tanner-Smith E, Kelsey M, Lipsey M, Layzer J. (2019). Adolescent Pregnancy Prevention: Meta-Analysis of Federally Funded Program Evaluations, *American Journal of Public Health*, 109(4), e1-e8.
3. Weed SE. (2012). Sex Education Programs for Schools Still in Question: A Commentary on Meta-Analysis, *Am J Prev Med*, 42(3):313-315.
4. *Curr Opin Pediatr*. 2018 February ; 30(1): 137–143. doi:10.1097/MOP.0000000000000578; <https://nccd.cdc.gov/youthonline/App/Default.aspx>
5. https://www.guttmacher.org/sites/default/files/report_downloads/us-adolescent-pregnancy-trends-2013_tables.pdf; <https://www.cdc.gov/std/stats17/adolescents.htm>
6. Utah Department of Health, December 2018. Sexually Transmitted Disease Surveillance: 2008 – 2017.
7. <https://nccd.cdc.gov/youthonline/App/Default.aspx>