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## Rediscovering the Evidence: Parental Support for Sex Education in Schools

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There is a well-known 4-step process for effectively addressing substantive threats to health and well-being. This sequence includes:

1) *naming* the health threat; 2) *identifying* its causes; 3) *understanding* the means for prevention, harm reduction or control; and 4) *mobilizing* resources and political will to implement Step 3.<sup>1</sup> The field of teen pregnancy prevention provides a clear illustration of what it means to achieve Steps 1-3, and fall short when it comes to Step 4. Beginning with the prescient work of the Guttmacher Institute and Child Trends, Inc., among others, the naming of teen pregnancy as a growing public health concern in America occurred in the 1970s,<sup>2,3</sup> followed by an escalating body of research that identified critical risk and protective factors related to risky sexual behavior, teen pregnancy, and too-early parenting.<sup>4,5</sup> Widely disseminated, comprehensive reviews of research and evaluation studies synthesized the evidence around effective prevention and risk-reduction strategies<sup>6,7</sup> Efficacy and effectiveness trials, replications, and sophisticated longitudinal analyses deepened our understanding of 'what works', opening the door to large scale, science-based application of the evidence.<sup>8</sup> The Federal Office of Adolescent Health is currently in the midst of supporting 'scale-up' interventions that are demonstrably effective, based on accumulated scientific knowledge.

But as with Thackeray's caution about "...many a slip twixt cup and lip," mobilization around scientific evidence is readily thwarted - - by distortion, misunderstanding, and the reluctance to seriously examine evidence that contradicts personal beliefs and preferences.<sup>9,10</sup> Misrepresentation of the impact of medically accurate, comprehensive sex education on young people has long been a strategy of opponents of such educational efforts, including the unsupported assertion that most parents do not wish their children to receive evidence-based sex education in school. The data, however, point to the opposite conclusion.

Tortolero and colleagues add to a growing body of peer- reviewed, scientific work, that demonstrates strong parental support for accurate, developmentally appropriate school-based sex education. Across an array of surveys that elicit adult opinion in general and parents' perspectives in particular, support appears particularly strong when such instruction includes educational messages about abstinence as well as effective methods for protection against pregnancy and sexually transmitted infection. The expressed concern of opponents is unsupported by evidence that school-based sex education will somehow supplant parental guidance, or the role of parents as the key shapers of young people's values, priorities and world view.<sup>10,13</sup> Nor does sex education escalate the age of sexual debut, number of partners, or

episodes of risky sexual behavior,<sup>8,10</sup> although these arguments continue to be raised at school board meetings, in community conversations, and legislative hearings.<sup>9</sup>

Thus, in the face of frequently repeated (though scientifically unsupported) arguments, the researchers at The University of Texas Prevention Research Center provide compelling evidence by reaffirming within Texas, in the third most populous county in the United States, that which has been learned in comparable studies elsewhere in the country. Herein lies their greatest contribution. Adolescence is the *second critical window of opportunity* (after infancy) for prevention, health promotion and protection, with the potential for long-term positive payoffs across the lifespan.<sup>14</sup> Given our state of knowledge about effective approaches to reducing risky sexual behavior, teen pregnancy, and too-early parenting, we tread on ethically questionable ground when we knowingly withhold effective interventions from those who would reliably benefit from smart, strategic investments in their health, their well-being, and future potential.<sup>15</sup> Parents appear ready for such investment.

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