

Research, Policy, and Adolescent Sexual Behavior

THE REASON THAT INVESTIGATORS DO RESEARCH and that journals publish it is to test hypotheses and contribute new knowledge. Sometimes these hypotheses are supported; at other times, they are not. Good science is driven by facts and findings and strives to be objective.

Formulation of public policy is very different. Good public policy will rest on a solid knowledge base, but the knowledge base must be broad enough to encompass the many factors and facets that bear on a policy issue. It also includes political will and social strategy, the “means by which we apply our knowledge and political will to improve or initiate programs.”^{1(p388)}

This distinction between science and public policy is a critical one, especially when it involves topics that people care deeply about and may have starkly conflicting views, whether it is the role of firearms in the rates of violent death in the United States or the sexual behaviors of our youth.

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The study by Jemmott and colleagues² in this issue of the *Archives* was designed to test some specific hypotheses within the larger public policy question of how to prevent human immunodeficiency virus/AIDS and other sexually transmitted infections, as well as unwanted pregnancies, among adolescents in this country. This is an immensely important issue, and one that clearly will not be solved through any single intervention. If prevention of risky sexual behaviors was easy to accomplish, we would already have accomplished this goal. The Jemmott group sought to test whether an educational program aimed at preventing risky sexual behaviors among young adolescents would be most effective if it was based on teaching abstinence and delaying sexual activity, teaching young adolescents how to practice safer sex, or a combination of both approaches. The results may be surprising to some in that the theory-based abstinence-only curriculum appeared to be as effective as a combined cur-

riculum and more effective than the safer sex-only curriculum in delaying sexual activity. None of the curricula had any effect on the prevalence of unprotected sexual intercourse or consistent condom use.

These are the findings of the scientific process. The results of this study now must be combined with those from other studies on prevention of sexually transmitted infections and unintended pregnancy and become part of the knowledge base for the formation of public policy on sexuality education in our schools and for our children. No public policy should be based on the results of one study, nor should policy makers selectively use scientific literature to formulate a policy that meets preconceived ideologies. Well-done studies, especially randomized controlled trials, are an important element of the data on which informed policy rests. They should be reviewed carefully to develop policies that promote the health of our nation.

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