

Authors

Alberto Chong Georgia State University

Marco González Navarro University of California, Berkeley

Northwestern University

Martín Valdivia Grupo de Análisis para el Desarrollo (GRADE)

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Do Information Technologies Improve Teenagers' Sexual Education? Evidence from a Randomized

Alberto Chong, Marco Gonzalez-Navarro, Dean Karlan, and Martín Valdivia

This study reports results from a randomized evaluation of a mandatury six-month Internet-based sexual odu-cations course implemented across public justion high schools in 21 Golombian cities. Six months after finishing the counts, the study finds a 0.4 standard deviation improvements in knowledge, a 0.2 standard deviation im-provement in attinuous, and a 35 percent increase in the likelihood of redoming voushers for condoms as a research of adding the course. The data provide no evidence of spillowers to control classrooms within treatment schools. However, the analysis provides compelling evidence that treatment effects are enhanced when a larger share of a smaler's friends also takes the course. The low cost of the online course along with the effectiveness the study documents suggests this technology is a viable alternative for improving sexual education in

Providing effective sexual education to teenagers is a pervative worldwide policy challenge. In many countries, conservative norms lead to neuricinal sexual education curricula. Deficient sexual education partially explains the high levels of sexually transmitted diseases and steenage prognancies that are observed in many of the world's developing countries (WHO 2004). Making matters more consequential for youth, in poor countries there is an acute lack of neuroscies, health system capabilities, and best practices to treat sexually transmitted diseases (Fortson 2009).

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Evaluation in Colombia

Do Information Technologies Improve Teenagers' Sexual Education? Evidence from a Randomized Evaluation in **Colombia**

This study reports results from a randomized evaluation of a mandatory six-month internetbased sexual education course implemented across public junior high schools in 21



Colombian cities. Six months after finishing the course, the study finds a 0.4 standard deviation improvement in knowledge, a 0.2 standard deviation improvement in attitudes, and a 55 percent increase in the likelihood of redeeming vouchers for condoms as a result of taking the course. The data provide no evidence of spillovers to control classrooms within treatment schools. However, the analysis provides compelling evidence that treatment effects are enhanced when a larger share of a student's friends also takes the course. The low cost of the online course along with the effectiveness the study documents suggests this technology is a viable alternative for improving sexual education in middle-income countries.

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