

Abstinence Education



What is it?

There is a broad range of 'abstinence education' programmes in place in the United States. What they have in common is a clear message for teenagers that abstinence until marriage is the best choice. Most of the programmes try to build teenagers' self esteem, empower them with information, and motivate them to make wise choices. They provide information about the dangers—physical, emotional, and practical—of early sexual activity. There are many components of abstinence programmes, including media campaigns, abstinence pledges, school-based curriculum, coaching about how to say no, and straight talk about the medical risks associated with safer sex techniques. Some programmes are faith-based. Others are not. Most of them were developed with private funding.

Education in the United States is a local and state responsibility. As such, the implementation of abstinence programmes has not been uniform. However, the federal government does provide some funding and, since 1981, has increased the amount of money available for chastity- or abstinence-based education. In the 1996 welfare reform legislation the federal government included a significant increase in funding for abstinence-based education. Several states have taken advantage of this funding to implement programmes or to improve and extend already existing ones. However, it should be noted that funding for abstinence-based education is still less than that for contraceptive education.

In many ways, the line between abstinence-only programmes and safer sex education programmes is becoming much fuzzier in the United States. Many safer sex programmes which focus on contraceptive and HIV education now include discussions of the mental and physical health benefits of abstinence. Some abstinence-only programmes prohibit discussion of contraceptives, but many others do include information about how contraceptives and safer sex techniques work (including the risks involved). In many cases, the difference is one of emphasis.

Has it Worked in the United States?

The rates of teenage pregnancy in the U.S. have declined by 19% from 1991 to 1997.¹ Several theories exist as to what led to this reduction. Some attribute the decline to welfare reform, others to increased use of condoms. Many attribute the decline to the increasing presence of abstinence-based education programmes. It is difficult to determine for sure which factors have had the most impact. Very few rigorous evaluations of abstinence education programmes have been completed. As Dr Douglas Kirby, the leading expert on evaluations of sex and relationship education in the United States, has stated: 'the evidence is not conclusive about abstinence-only programmes'.² However, this is because, as Dr Kirby says, 'the jury is still out. I'm not saying the abstinence-only programmes don't work'. Dr Kirby and others have called for more scientifically rigorous evaluation.³

An extensive evaluation of abstinence education is underway by the U.S. Department of Health and Human Services. Preliminary findings will be available in late 2002 or early 2003. Until those results are available, we do have some evidence indicating that abstinence education has had a positive effect on some teenagers' attitudes and behaviours:

- **Abstinence Pledges** (of which the 'True Love Waits' programme is the most well known).
 - About 16% of all American teenagers have taken a public pledge to abstain from sex until marriage.⁴
 - One major study found that under-18 teen boys and girls who signed the pledge delayed intercourse on average 1/3 longer (2 years) than those who had not signed the pledge.⁵ The statistical link between making the pledge and delaying sexual activity held even after controlling for factors associated with pledging, such as family structure, faith, and educational performance.

- **‘Not Me, Not Now’**, a community-wide media campaign and school curriculum programme implemented in Monroe County, New York. An important component of this programme is homework assignments designed to encourage parent-child communication.
 - Teenage pregnancy rates in Monroe County decreased by over 20% from 1993 to 1996.
 - The proportion of teenagers under 15 who were sexually active decreased significantly.
 - A control group of students received instruction in the ‘Not Me, Not Now’ curriculum, but did not receive the homework assignments designed to encourage parent-child communications. Compared to this control group, those who participated fully in the programme including the homework assignments were less likely to intend to have sex prior to finishing high school.⁶
- **‘Choosing the Best’**, an 8-unit abstinence-based programme taught in over 200 schools in Illinois.
 - 54% of teens who had been recently sexually active before participating in the programme were no longer recently sexually active when surveyed one year later.
 - The number of newly sexually active teens one year after participating in the abstinence programme was 21% lower than was predicted by their involvement in related risk behaviours, such as smoking or using alcohol or drugs.
 - One year after participating in the abstinence programme, more students agreed that ‘secondary virginity’—or the decision of a sexually active person to abstain from any further sexual activity until marriage—was a viable option (66.7% compared with 54.4%).⁷
- The **‘Save Sex’** movement in Delta County, Colorado has been in place since 1995. Community groups, schools, and faith ministries spread the message that teenagers should avoid early sexual activity along with drug and alcohol use. During abstinence week, towns raise banners reading ‘save sex’, health professionals teach students about the risks associated with early sexual activity, and teenagers sign abstinence pledges.
 - The programme has contributed to a decline in the proportion of babies born to teenage mothers, from almost 10% in 1995 to less than 5% in 2001.⁸
- The **Michigan Abstinence Partnership**, sponsored by the State of Michigan since the early 1990s. This partnership advises communities and provides resources for locally designed and managed programmes intended to make abstinence for teens ‘the culturally accepted norm’.
 - The teen birth rate in Michigan dropped by 19.1% between 1991 and 1996 (compared to a national decline of 11.9% during that same time period).⁹

Could it Work in the UK?

The idea of abstinence education has been dismissed by many in the UK who argue that the UK is just not religious enough, that the ‘just say no’ message is an inadequate response to the problems of teenage pregnancy, and that it simply will not work. The critics are correct on two counts. First, much of the success of abstinence education in the U.S. has come through the support of faith-based groups and the high proportion of Americans who are actively religious. Second, limiting sex education to ‘just say no’ would not meet the needs of some students and would not meet the standards required by the Department for Education. However, the third criticism—that abstinence education will not work—lacks any strong basis. As Dr Doug Kirby says: ‘the jury is still out’. The reality is that very little evidence exists that *any* type of sex education programme consistently changes teens’ behaviour.

Are There Any Lessons to be Learned?

Rather than importing abstinence education wholesale or rejecting the idea outright, it might be better to look at the American experience with abstinence education as a learning opportunity for the UK. Several lessons can be gleaned.

1. State the Facts

First, teenagers should not be denied information about the risks associated with using contraceptives or condoms. The ‘safe sex’ campaigns of the 1980s were forced to give way to discussions of ‘*safer* sex’ techniques, when it became apparent that using a condom was not a foolproof way of preventing Sexually Transmitted Diseases (STIs) or unintended pregnancies. Within the government, education, and health fields, as well as among the chattering classes, many still prefer to teach children that

contraception is the only solution. They reject any hint that there might be risks associated with contraception, or indeed with sexual activity itself, lest children lose 'faith in the contraceptive pill' or 'trust in the condom'. This attitude reflects a hesitance to trust children to make informed choices and to take responsibility for those choices.

Some Important Facts:

- Theoretically, condoms provide good protection against pregnancy. However, in practice, the failure rate for couples using condoms is 14%. The failure rate for teenagers is higher than that for adults.¹⁰
- Condoms provide only 85% protection against HIV. They do provide some protection for men against gonorrhoea, but the level of protection for women is unknown. Likewise, the level of protection against syphilis for men and women is unknown. Even when condoms are used correctly, they provide practically no protection against human papillomavirus (HPV), the leading cause of cervical cancer.¹¹
- The greater the number of sexual partners a person has over a lifetime, the more risk he or she has of acquiring HIV or other STDs; and the earlier a person begins having sexual intercourse, the higher the number of sexual partners they are likely to have over their lifetime.

One of the most powerful aspects of many abstinence programmes is that teenagers are reminded that, even if they have already been sexually active, they are still in control of their future actions and that their choices will help determine their future life situation.

2. Saying 'No' is a good option, and we will show you how.

The second lesson we can learn from abstinence education programmes is that teaching teenagers techniques to resist pressure to have sex is a way of empowering them. Teaching this skill would fit within the directives of Personal, Social and Health Education (PSHE) by encouraging respect for self and others.¹²

Whether the methods used in the United States will translate well into British culture is a question that warrants further discussion. Good quality abstinence-based education uses teaching methods which present accurate facts, teach techniques for dealing with risky situations, and emphasise the individual's responsibility to make wise choices. If sensitively taught within the context of healthy relationships, sex education can include discussions of both abstinence and contraception without contradiction. Such a comprehensive approach to sex education is a goal shared by many in Britain. The discussion now should be about how to reach that goal.

References

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