

SPECIAL REPORT

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ABSTINENCE PROGRAMS FOR PREVENTING TEENAGE PREGNANCY

Abstinence programs attempt to prevent pregnancy among teenagers by encouraging youth to refrain from sexual intercourse.

Such programs promote abstinence by:

- Providing **education** on sexual anatomy and functioning and family life,
- Helping teenagers make **wise decisions** and practicing through role playing how to say no to sexual advances,
- Involving **parents** in the program and emphasizing parent-child communications about sexual behavior,
- Having **media campaigns** that attempt to raise the awareness of teenagers to issues of adolescent pregnancy and childbearing and to promote abstinence and responsible sexual activity, and
- Providing **life skills training** that emphasizes a realistic opportunity to achieve a psychologically-competent, financially self-sufficient future.

The Effectiveness of Abstinence Programs

In 1998, Brian Wilcox and Jennifer Wyatt at the University of Nebraska-Lincoln reviewed the effectiveness of 52 abstinence programs. They found:

- **With respect to short-term outcomes, more programs improved information/ knowledge and attitudes/values than did not improve them or had negative effects, but programs were not successful at raising self-esteem, improving behavioral intentions, acquiring skill in controlling one's behavior, or improving family communications.**
- **In terms of long-term outcomes, only 16 of the 52 programs presented any results at all, and these programs had no effect on delaying sexual activity, reducing sexual activity, reducing sexually transmitted diseases, or reducing pregnancy rates.**

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On the one hand, the conclusion is that such programs have not been demonstrated to be effective at reducing sexual activity, pregnancy rates, or sexually transmitted diseases. On the other hand, such programs vary greatly in their nature and intensity, few intensive comprehensive programs have been tried, and few have been thoroughly evaluated.

The Effectiveness of Components of Abstinence Programs

As noted above, abstinence programs can have one or more of several components, and limited evaluation information exists on the effectiveness of these components:

Sexual and family life education. Sexual education in American schools is now almost universal, and both parents and adolescents support the programs even at elementary and junior high school. Typically, such programs are short (e.g., 5-10 hours or less), and they focus on the basics of anatomy, human reproduction, and physical and psychological changes during puberty. Some programs are part of a broader curriculum of family life education that includes material on the rules and responsibilities of family members, family problems (e.g., abuse, divorce, substance abuse), relationships with parents, information on marriage and child bearing, and career and financial planning. Evaluations of such programs support the following conclusions:

- **Providing young people with education about sexuality and even about contraception does not increase the likelihood that they will initiate or increase the frequency of sexual activity.** No evidence exists, despite common belief, that educational programs will promote, rather than prevent, sexual activity.
- **Sexual and family life education increase knowledge of sexual functioning and other topics covered in such courses.** In short, sexual education is successful at educating young people about sexuality.

- **Generally, however, sexual education *alone* does not change attitudes about sexual behavior, increase the use of family planning and contraceptive methods, or reduce pregnancy or birth rates.** Simply providing knowledge alone, while useful in many respects, does not change sexual behavior.

The failure of sexual and family life education to reduce teenage pregnancies and change the sexual behavior of adolescents may be due to several factors:

- **Providing education alone is not sufficient to change behavior.** This is likely, because education on nutrition, safe driving, and the dangers of smoking and drug use is also not sufficient to change the behavior of young people in these other domains.
- **Many sexuality and family life education courses are not explicitly directed at the goal of preventing teenage pregnancy.** While most school districts agree that a major goal of sex education is to promote rational and informed decision making about sexuality and to increase students' knowledge of reproduction, only a fraction of the programs (25% or less a decade ago) explicitly state that a goal is to reduce sexual activity or pregnancy rates.
- **Many courses are superficial and avoid confronting the crucial material directly.** Although abstinence programs presumably are less objectionable than those that emphasize family planning and contraception, fear of public repercussions from teaching explicit material often reduces such courses to teaching sexual anatomy and reproduction without dealing directly with values, controlling one's behavior, heterosexual relations, dealing with aggressive partners, etc.

Decision-making training. This approach makes a deliberate attempt to teach young people to develop personal approaches toward controlling themselves and their partners in sexual situations through modeling, role playing, and rehearsal. Basically, it includes how to effectively say "no," since many teenagers report that they are concerned that refusing the sexual advance of a friend will hurt the friend and their relationship and that they are often pressured into sex by an older partner. The results of such programs show:

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- **Decision-making training, especially when conducted by peers, can (but does not always) delay the initiation of sexual activity in youth who are not yet sexually active, but only for a few months (approximately 3-7 months).** It has had almost no effect on youth who have already initiated sexual activity.
- **Such programs alone do not reduce pregnancy or disease rates to any substantial extent.**
- **Family communication programs, while new and not evaluated extensively, sometimes, but not always, increase parent-child communications regarding sexual topics, but no evidence exists that simply promoting parent-child communication without also promoting specific behavioral goals for the teenagers themselves will change adolescent sexual behavior.**

One prominent program was *Postponing Sexual Involvement* (PSI), which was originally tried in Atlanta, GA. It featured older-teen peer leaders who attempted to help middle-school adolescents from very-low-income neighborhoods to say “no” and resist pressure to participate in sexual activity. Among those youth who had not yet begun sexual activity, the Program delayed its initiation, but it had little or no effect on the frequency of sexual activity among those who were already sexually active. It should be noted that PSI also encouraged contraceptive use, so it was not a pure abstinence program.

The PSI Program was tried on a massive scale without the contraceptive education component in California where it was called *Education Now And Babies Later* (ENABL). It was conducted in a variety of school and community settings and delivered to approximately 187,000 youth. In some settings, a parent training session was added. While attitudes and behavioral intentions were improved slightly three months after the end of the Program, such improvements were not sustained. More importantly, there were no effects on sexual behaviors, pregnancy rates, or sexually transmitted disease rates at the end of 17-month follow-up period.

Parent involvement programs. Despite the widespread belief that sex education should be a parent’s right and responsibility, relatively few school-based sexual and family life education programs have made direct attempts to involve parents in the program or emphasize parent-child communication about sexual behavior. When this has been a component, the results are:

Media campaigns. Media campaigns are intended to raise the awareness of teenagers to issues of adolescent pregnancy and childbearing, promote responsible sexual activity, and, in some cases, urge the use of contraception. No serious evaluation has been conducted on such campaigns, so the effectiveness of this approach is not known. However, professionals widely believe that if sexual education programs in the schools are not effective, media campaigns will be similarly ineffective at changing teenage sexual behavior.

Life skills and career planning. These programs emphasize career counseling, planning for future careers, personal and sexual decision making, and volunteer work. They often emphasize preparation and opportunity for a realistic future in terms of education, employment, and careers, with the belief that if young people have a realistic future they are more likely to delay sexual activity and childbearing.

- **Life skills programs have not always been uniformly and intensively implemented and have typically lacked a thorough and rigorous evaluation, but some intense programs have been shown to have the potential to reduce pregnancy rates and early school departures.**

Approaches other than abstinence. It should be observed that programs that rely on approaches other than abstinence show more promise of being effective at delaying sexual activity and preventing pregnancies. For example, some comprehensive school-related clinics that provide a variety of health services including sexual education, counseling, and family planning and contraceptive services and are operated by health professionals have been demonstrated to be successful, but only a few have been thoroughly evaluated.

Factors That Contribute to Program Success

Although the evidence is meager indeed that abstinence programs reduce teenage sexual activity and pregnancy, some recommendations can be made that might improve the effectiveness of such programs.

- **Effective prevention, regardless of its nature, must start early, certainly before junior high school.** Although half of all teenagers have begun sexual activity by approximately 16.5 years of age, this figure is 14-15 years in many high-risk areas. Moreover, some studies suggest that as many as half of all teenage pregnancies occur within the first six months of initiating sexual activity, so abstinence programs must start before sexual activity has been initiated to be maximally effective.
- **The effectiveness of programs varies with their objectives and the directness and intensity of their efforts.** Programs with limited or vague objectives produce limited or no results; less intense programs that do not confront the issues of abstinence, control, responsibility, and life options directly, are not very effective.
- **Comprehensive, integrated prevention efforts that combine all the abstinence procedures described above are more likely to be effective than programs that are less comprehensive.** Programs that emphasize sexuality education, parent involvement, training for decision making and avoidance of peer pressure, and preparation for education and employment are more likely to be effective than programs that have only one or two of these components.
- **Programs that emphasize the educational, occupational, and psychological preparation for productive and self-sufficient lives for youth and impart a realistic hope that these goals can be obtained can motivate youth to refrain from sexual activity and prevent pregnancy.** At a time when many adolescents from low-income neighborhoods are hopeless and even perceive that it is unlikely that they will live past 21 years of age, programs that provide them with preparation and a realistic hope for a productive future educationally, occupationally, and personally hold the promise of encouraging such young people to avoid a variety of problem behaviors that might interfere with obtaining those goals, including sexual activity and premature pregnancy.

