



# background

## Abstinence

*Little evidence found to suggest programs to discourage sexual activity prevent teen pregnancy*

**W**hen preventing teen pregnancy is debated, abstinence is almost always among the proposed solutions and is often viewed as less objectionable than alternatives such as family planning and contraception.

But the available track record for abstinence programs is poor.

At best, it can be said that the jury is still out on the effectiveness of programs which attempt to prevent pregnancy among teenagers by encouraging youth to refrain from sexual intercourse. Few have been rigorously evaluated. But among the handful that have, the evidence is not encouraging.

### Effectiveness

Last year, Brian Wilcox and Jennifer Wyatt at the University of Nebraska-Lincoln reviewed the effectiveness of 52 abstinence programs. They reached conclusions on both the short-term and long-term effectiveness of these programs.

In the short term, abstinence programs appeared to improve information, knowledge and attitudes, and values of teenagers, but were not successful at raising self-esteem, improving behavioral intentions, acquiring skill in controlling behavior, or improving family communications.

Long-term outcomes were even less encouraging. Only 16 of the 52 programs presented any results at all, and those programs had no effect on delaying sexual activity, reducing sexual activity, reducing sexually transmitted diseases, or reducing pregnancy rates.

Although the available outcomes

suggest these programs hold little promise, few intensive comprehensive abstinence programs have been tried, and few have been thoroughly evaluated.

### Elements of Abstinence

Abstinence programs take a variety of approaches. Such programs attempt to 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

### Common Components

Common components of abstinence programs include:

- ◆ Sexual education
- ◆ Decision-making training
- ◆ Parent involvement programs
- ◆ Media campaigns
- ◆ Life skills & career planning

abstinence and responsible sexual activity.

- Providing life skills training that emphasizes a realistic opportunity to achieve a psychologically-competent, financially self-sufficient future.

### Sex Education

Sexual education in American schools is now almost universal. Typically, programs are short (5-10 hours or less), and focus on the basics of anatomy, human reproduction, and physical and psychological changes during puberty. Some are part of a broader curriculum of family life education that addresses such issues as responsibilities of family members, relationships with parents, marriage and child bearing, family problems, and career and financial planning.

Evaluations of such programs support the following conclusions:

- Despite common belief, providing

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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.

- 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.

Sex education likely fails to reduce teenage pregnancies for a number of reasons. Education alone doesn't change behavior, as seen with programs aimed at reducing smoking and drug use. Many sexuality and family life education courses are not explicitly directed at preventing teen pregnancy. Many courses are superficial and avoid confronting the crucial material directly.

**Decision-Making Training**

This approach teaches young people to develop personal approaches for controlling themselves and their partners in sexual situations through modeling, role playing, and rehearsal.

Basically, it includes how to say "no," since many teenagers report they worry 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.

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 about 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.

One prominent program was Postponing Sexual Involvement (PSI), which was originally tried in Atlanta, GA. Older-teen peer leaders would try 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. PSI also encouraged contraceptive use, so it was not a pure abstinence program.

**Parent Involvement Programs**

Despite the widespread belief that sex education should be a parent's responsibility, relatively few school-based sexual and family life education programs have tried to involve parents or emphasize parent-child communication about sexual behavior.

When this has been a component, communication between parent and child sometimes increased. 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.

**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 to prepare young people for employment and careers with the belief that if they 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 shown promise in reducing pregnancy rates and early school departures.

Although the evidence is meager that abstinence programs reduce teenage sexual activity and pregnancy, they appear to stand the best chance of helping young people when they are started earlier than junior high school, are direct and intensive, and are included as part of a comprehensive package that emphasizes all abstinence approaches.

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**references**

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