

Frequently Asked Questions (FAQ's) about Abstinence Education

Parents and policymakers want to protect teens from the negative consequences of sexual activity. In addition to rising STD and pregnancy rates, sexually active teens are at greater risk for sexual violence and negative emotional consequences.²

Those who want to help young people avoid these problems need to be well informed about the prevention programs implemented in schools. Decision-makers may have some of the following questions about sex education:

1. **What message does abstinence education send to teens beyond “Just Say No”?**
2. **How effective is abstinence education compared to programs that teach condom and contraceptive use? Does research support the claim that abstinence education is a failed strategy and that programs which teach condom use have been proven successful?**
3. **Which type of sex education has been effective in school classrooms?**
4. **How safe is “safe sex” for teens, i.e., how much protection do condoms provide from STDs and pregnancy?**
5. **Which type of sex education supports the values and priorities parents hold for their children about sexuality?**

The answers to these questions can be represented by the 5-letter acronym “**HELPP**.”

1. ***HOLISTIC & HEALTHY:***
 - Abstinence Education (AE) addresses the physical, social, academic, and emotional needs of teens—a whole person approach.
2. ***EFFECTIVE:***
 - A growing body of research indicates school-based Abstinence Education works.
3. ***LACK OF EVIDENCE FOR CONDOM PROMOTION PROGRAMS:***
 - Studies show school-based programs promoting teen condom use—often called Comprehensive Sex Education—lack evidence of success.
4. ***PRIMARY PREVENTION = 100% PROTECTION:***
 - AE offers total protection while condoms offer only *partial* protection from the physical consequences & no protection from the emotional effects of teen sex.
5. ***PARENTAL SUPPORT:***
 - AE teaches values parents approve; when parents know the difference they support AE, 2:1.

HELPP Educate Legislators, Policy-makers, & Parents about Abstinence Education

1. **HOLISTIC & HEALTHY: Abstinence Education (AE) addresses the physical, social, academic, and emotional needs of teens.**
 - a. **Addresses the whole person:**
 - In addition to the physical consequences of sex, AE emphasizes self-worth, healthy relationships, education & career goals, & preparing for a positive family life. It's more than "Just Say No."¹
 - b. **Empowers young people:**
 - AE provides all teens with the skills to make the healthiest choice, regardless of sexual experience or sexual orientation.
 - AE provides accurate information about the risks of sexual activity (STDs, teen pregnancy, emotional harm²) & the realistic limitations of condom protection.^{3,4}
 - AE changes school climate so that teen sex is not the norm; it provides support for teens who choose to abstain.
 - c. **Is a powerful anti-poverty initiative:**
 - AE equips teens to prevent non-marital births and single parenting.
2. **EFFECTIVE: A growing body of research indicates that school-based Abstinence Education works.**
 - a. **Teens can abstain from sex.**
 - Research shows teenage sexual activity is not inevitable.⁵
 - b. **Teens receiving AE are less likely to initiate sexual activity:**
 - Four peer-reviewed studies of school-based programs show reductions in initiation lasting 1-2 years.⁶
 - c. **Sexually active teens benefit from AE:**
 - Various AE studies show fewer partners, or reduced sexual activity.⁷
 - They are not less likely to use a condom.⁸
 - d. **AE students are more likely to acknowledge the value of abstinent behavior.⁹**
 - e. **Like condom education, more AE programs show no effects than positive effects.¹⁰**
 - However, one such study widely cited by critics of AE has serious research flaws.¹¹
3. **LACK OF EVIDENCE FOR CONDOM PROMOTION PROGRAMS: Studies show school-based programs promoting teen condom use¹² lack evidence of success.**
 - a. **No school-based program has increased consistent condom use by teens for at least one year.**
 - Only 2 programs in non-school settings (e.g., clinics or housing projects) have done so.^{10,13}
 - b. **Condom education in school-classrooms has not been shown to reduce teen pregnancy or STDs.^{10,13}**
 - c. **"Mixed message" programs haven't been effective at improving both condom use and abstinence.**
 - Programs in school-classrooms have not produced increases in both condom use and abstinence for the target population of teens,^{10,13} yet this is the advantage Comprehensive Sex Education claims to have over AE.
4. **PRIMARY PREVENTION = 100% PROTECTION: AE offers total protection while condoms offer only partial protection from physical consequences & no protection from emotional effects of teen sex.**
 - a. **Primary prevention is the healthiest prevention strategy for America's youth.¹⁴**
 - Abstinence is a public health model successfully used for other teenage risk behaviors: alcohol, drugs, smoking.
 - b. **Abstinence provides complete protection.**
 - No STDs or pregnancy, no emotional consequences from sexual activity.
 - c. **Condoms provide only partial protection.**
 - Even consistent condom use provides only partial protection from STDs and pregnancy³ and
 - No protection from the negative emotional consequences associated with teen sex.²
 - d. **Young people need a strong undiluted abstinence message.**
 - Combining condom promotion and abstinence education in the same program has not been effective.¹³
 - Condom promotion can give teens a false sense of security while perpetuating the risks of sexual activity.
5. **PARENTAL SUPPORT: When parents know the difference they support AE, 2 to 1.¹⁵**
 - a. **Most parents want teens to abstain & to receive a strong abstinence message in school.¹⁵**
 - 83% say it is important for their child to wait to have sex until they are married.¹⁵
 - When the content of sex education is explained, 61% prefer AE over Comprehensive Sex Education (30%).¹⁵
 - b. **AE promotes the parent-teen relationship.**
 - Supports parents in communicating their sexual values, expectations and boundaries.
 - c. **AE teaches about sexuality using an approach that most parents approve, regardless of political persuasion.¹⁵**
 - Instead of condoning teen sex, it promotes self-control, good decision-making, & healthy relationships.

Abstinence Education vs. Condom Promotion: A Side-by-Side Comparison

Abstinence Education (AE)	Programs Promoting Condom Use
<p>1. <u>Holistic, Healthy Focus</u></p> <p>Addresses whole person: social, emotional, physical, intellectual.</p> <p>Abstinence-centered.</p> <p>Teaches healthy relationships & preparation for a positive future including educational & career opportunities & healthy family life.</p> <p>Teen sex is considered risky and a threat to future goals.</p> <p>Strongly emphasizes goal-setting skills, self-worth, character development, relationship-building, & refusal skills for sex. Teaches medically accurate biological facts about STD/HIV/ pregnancy prevention, including the limitations and risks associated with condom use and other contraceptives for teens that choose not to abstain.</p>	<p><u>A More Narrow, Physical Focus</u></p> <p>Main emphasis is on the physical aspects of sexuality.</p> <p>Condom/contraceptive-centered.</p> <p>Often ignores the social and relational aspects of sex, and the potential negative impact on emotional well-being, future opportunities & a healthy family life.</p> <p>Teen sex is considered normal, healthy, & inevitable.</p> <p>Gives priority to condom demonstrations & condom negotiation skills; may include explicit discussion of erotic behaviors as “safe” alternatives to intercourse.</p> <p>Often portrays condom use and other contraceptives as “safe,” without disclosing accurate information regarding failure rates, partial protection levels, and the resulting risks.</p>
<p>2./3. <u>Growing Evidence of Effectiveness</u></p> <p>AE is a relatively new field of research; a review of 120 sex education studies from the past 20 years found only 15 that were studies of abstinence education.¹⁰</p> <p>4 published studies show significant reductions in teen sexual activity lasting 1 to 2 years. In 2 programs the reduction was 50%.¹³</p> <p>Some studies show fewer sex partners, less oral & anal sex, & less sexual activity among sexually experienced teens.⁷</p> <p>3 studies showed AE did not <i>reduce</i> condom use for teens who became sexually active; no studies have shown that AE reduced teen condom use.⁸</p>	<p><u>Little Evidence of Effectiveness</u></p> <p>After 25 years of research & more than 100 studies, there is little evidence of effectiveness.¹³</p> <p>No published study of school-based programs has shown a sustained (1 year) increase in <i>consistent condom use</i> (CCU) by teens; only 2 community-based programs have done so.^{10,13}</p> <p>Only 3 programs in school classrooms increased the frequency of condom use (but did not increase the consistency of use) for the teen population for one year.^{10,13}</p> <p>0 school-based programs showed success at increasing both abstinence & condom use (by the sexually active).^{10,13}</p> <p>No classroom program showed reduced pregnancies or STDs.^{10,13}</p>
<p>4. <u>Primary Prevention = 100% Risk Avoidance/Elimination</u></p> <p>Abstinence offers 100% protection from pregnancy, STDs, and negative emotional consequences.</p> <p>Abstinence education teaches teens to avoid situations where sexual exploitation and/or sexual violence are likely to occur.</p>	<p><u>Secondary Prevention = Only <i>Some</i> Risk Reduction</u></p> <p>*17% of typical condom users become pregnant within one year; the rate is 23% for low income teens.³</p> <p>*<i>Consistent</i> condom use reduces the risk of HIV by 80%, but less for other STDs.³</p> <p>*Up to 30% of consistent condom users contract gonorrhea or Chlamydia from infected partners; the rate goes up to 45% for non-consistent use.³</p> <p>*Only 28% of sexually active teen girls & 47% of boys use condoms <i>consistently</i>; sex education has not been successful at increasing rates of consistent condom use for teens.^{13,16}</p> <p>*Condoms offer no protection from negative emotional consequences, exploitation, or sexual violence; hormonal contraceptives provide no protection from STDs or emotional consequences.</p>
<p>5. <u>Parents Support AE & AE Supports Parents</u></p> <p>Most parents want teens to abstain & to receive a strong abstinence message in school; when parents understand the content of AE vs. Comprehensive Sex Education, twice as many prefer AE.¹⁵</p> <p>AE teaches values parents embrace: commitment, integrity, self-control.</p> <p>Encourages and assists parents in communicating their sexual values, expectations, boundaries.</p>	<p><u>Undermines Parents</u></p> <p>Most parents do not want teens exposed to content often included in these programs, e.g., condom demonstrations, discussions of “safe” sex behaviors like mutual masturbation, etc.¹⁵</p> <p>Teaches a values-neutral or liberal sexual philosophy that lacks the strong guidance and limits most parents support.</p> <p>Often provides information about circumventing parental involvement, especially regarding contraception & abortion.</p>

Notes & References

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2. Hallfors DD, Waller MW, Ford CA et al. (2004). Adolescent depression and suicide risk: association with sex and drug behaviors. *Am J Prev Med*. 27:224-230.; Sabia JJ & Rees DI. (2008). The effect of adolescent virginity status on psychological well-being. *Journal of Health Economics*, 27:1368-1381.; Silverman JG, Raj A, Clements K. (2004). Dating violence and associated risk and pregnancy among adolescent girls in the United States. *Pediatrics*,114(2), e220-225.
3. Warner L, Newman D, Harland A, Kamb M, Douglas J, Malotte C, et al. (2004). Condom effectiveness for reducing transmission of gonorrhea and Chlamydia: The importance of assessing partner infection status. *Am J Epidemiol*, 159:242-251; Weller S & Davis K. (2002). Condom effectiveness in reducing heterosexual HIV transmission. *Cochrane Database Syst Rev*, 1. [Abstract]; National Institute of Allergy and Infectious Diseases (NIAID). (2001). *Workshop Summary: Scientific Evidence on Condom Effectiveness for Sexually Transmitted Disease (STD) Prevention*. July 20, 2001; Kost K, Singh S, Vaughan B, et al. (2008). Estimates of contraceptive failure from the 2002 National Survey of Family Growth. *Contraception*, 77(1):10. Fu H, Darroch JE, Haas T & Ranjit N. (1999). Contraceptive failure rates: New estimates from the 1995 National survey of Family growth. *Family Planning Perspectives*,31(2),56-63.
4. Department of Health & Human Services Administration for Children and Families.(2007). Community-Based Abstinence Education funding opportunity announcement# HHS-2007-ACF-ACYF-AE-0099, required medical accuracy of curriculum content, pp.3,7,8.
5. The proportion of U.S. high school students who are virgins grew from 45.9% in 1991 to 54.4% in 2001 (See: *Trends in the Prevalence of Sexual Behaviors, National YRBS: 1991-2007* at <http://www.cdc.gov/yrbss>). In a recent national survey, approximately 82% of a representative sample of American adolescents said that teens should not be sexually active. And in the same survey, 67% of those teens who had already initiated sexual activity said they wish they had waited (National Campaign to Prevent Teen Pregnancy, 2003).
6. Weed SE, Ericksen IH, Birch PJ. (2005). An evaluation of the *Heritage Keepers Abstinence Education* program. In Golden A (ed.) *Evaluating Abstinence Education Programs: Improving Implementation and Assessing Impact*. Washington DC: Office of Population Affairs and the Administration for Children and Families, Department of Health & Human Services 2005:88-103; Weed SE, Ericksen IE, Lewis A et al. (2008). An Abstinence Program's Impact on Cognitive Mediators and Sexual Initiation. *Am J Health Behav*; 32(1):60-73; Denny G & Young M. (2006). An evaluation of an abstinence-only sex education curriculum: An 18-month follow-up. *Jml Sch Health*, 76(8): 414-422; Jemmott III JB, Jemmott LS, Fong GT. (2006). Efficacy of an abstinence-only intervention over 24 months: a randomized controlled trial with young adolescents. Oral abstract session: AIDS 2006 - XVI International AIDS Conference: Abstract no. MOAX0504.
7. Teens Who Make Virginity Pledges Have Substantially Improved Life Outcomes, by Robert E. Rector, Kirk A. Johnson, Ph.D., and Jennifer A. Marshall, Heritage Foundation, *Center for Data Analysis Report #04-07*, September 21, 2004; Adolescent Virginity Pledges and Risky Sexual Behaviors by Robert Rector and Kirk A. Johnson, Ph.D., *Conference Paper*, Heritage Foundation, June 14, 2005; Borawski, EA, Trapl, ES, Lovegreen, LD, Colabianchi, N, Block, T. (2005). Effectiveness of abstinence-only intervention in middle school teens. *American Journal of Health Behavior*, 29(5): p.423-434; Denny G & Young M. (2006). An evaluation of an abstinence-only sex education curriculum: An 18-month follow-up. *Journal of School Health*, 76(8): 414-422; Jemmott, J.B., Jemmott, L.S., & Fong, G.T. (1998). Abstinence and safer sex HIV risk-reduction interventions for African American adolescents: A randomized controlled trial. *Journal of the American Medical Association*, 279, 1529-1536.
8. Three studies show AE teens are not less likely to use a condom if they become sexually active: Steven C. Martino, Ph.D., Marc N. Elliott, Ph.D., Rebecca L. Collins, Ph.D., David E. Kanouse, Ph.D., and Sandra H. Berry, M.A. (2008). Virginity Pledges Among the Willing: Delays in First Intercourse and Consistency of Condom Use. *Journal of Adolescent Health*, 43:341-348; Jemmott III JB, Jemmott LS, Fong GT. (2006). Efficacy of an abstinence-only intervention over 24 months: a randomized controlled trial with young adolescents. Oral abstract session: AIDS 2006 - XVI International AIDS Conference: Abstract no. MOAX0504; and Trenholm C, Devaney B, Fortson K, Quay L, Wheeler J, Clark M. (2007). *Impacts of Four Title V, Section 510 Abstinence Education Programs*. Princeton, NJ: Mathematica Policy Research, Inc. April 2007.
9. National Abstinence Education Association. (2009). *Abstinence Works: Abstinence-centered Programs That Reduce Teen Sex*. Washington DC: author; Weed SE, Ericksen IH, Birch PJ. (2005). An evaluation of the *Heritage Keepers Abstinence Education* program. In Golden A (ed.) *Evaluating Abstinence Education Programs: Improving Implementation and Assessing Impact*. Washington DC: Office of Population Affairs and the Administration for Children and Families, Department of Health & Human Services 2005:88-103; Weed SE, Ericksen IE, Lewis A et al. (2008). An Abstinence Program's Impact on Cognitive Mediators and Sexual Initiation. *Am J Health Behav*; 32(1):60-73.
10. Laris BA, Kirby D. (2007). *One Page Summaries of the Evaluations Referenced in Emerging Answers 2007*. Washington DC: National Campaign to Prevent Teen and Unplanned Pregnancy.
11. The Mathematica Study detected no behavioral effects for four abstinence programs and is often cited as "proof" that abstinence education does not work. However, its results should be questioned because of two serious design flaws: 1) In each case, the control group students attended the school in which the program was implemented. When this happens, the program's effect often "rubs off" on the students who are not in the program (the "lunch room and locker room" effect), with the result that the difference between the program and control groups is muted and the program's effect is less detectable. This is especially likely when the program runs for a long time period (i.e., 1 to 2 years), which occurred in the *Mathematic Study*. 2) The time point at which the study measured the program's effect on students was an unusually long time after they had participated in the program (3.5 to 6 years). Not only did this exacerbate the cross-contamination problem above, it also required the program effect to last for an unrealistic length of time, a duration of effect that has not been achieved by Comprehensive Sex Education programs in school classrooms. See: Weed SE, Ericksen IH, Birch PJ, et al. (2007). "Abstinence" or "Comprehensive" Sex Education? *The Mathematica Study in Context*. Salt Lake City: The Institute for Research and Evaluation, June 8, 2007.; and Trenholm C, Devaney B, Fortson K, Quay L, Wheeler J, Clark M. (2007). *Impacts of Four Title V, Section 510 Abstinence Education Programs*. Princeton, NJ: Mathematica Policy Research, Inc. April 2007.
12. "Abstinence education" as used in this document, refers to programs that do not promote condom/contraceptive use as a means of reducing the risks of sexual activity, nor include instruction about how to obtain or use condoms/contraception. Programs that do include condom/contraceptive promotion and/or "how-to" instruction are what is referred to in Section 3 of this document. These programs vary widely in whether they emphasize abstinence or not, but are generally called "comprehensive sex education" or "abstinence-plus" programs if they purport to teach abstinence along with condom/contraceptive use.
13. Institute for Research & Evaluation, (2009). *Another Look at the Evidence: Abstinence and Comprehensive Sex Education in America's Schools*, Salt Lake City: Author. Available at: instituteresearch.com
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16. Franzetta, Kerry, et al. 2006. "Trends and Recent Estimates: Contraceptive Use Among U.S. Teens." *Child Trends Research Brief #2006-04*.