Some Thoughts on Abstinence

One of the questions we are most frequently asked is, “What is the National Campaign’s position on abstinence?” The short answer is that we strongly favor encouraging teens to delay sex as the best way to avoid early pregnancy and parenthood.

However, we also recognize the profound difference between abstinence as a behavior, abstinence as a message, and abstinence interventions. Each of these formulations gives rise to different ideas.

Abstinence as a behavior. The National Campaign believes that abstinence should be strongly stressed as the best choice for teens because delaying sex is the most effective way for teens to avoid too-early pregnancy and parenthood as well as sexually transmitted diseases. A strong delay message is also thoroughly consistent with the beliefs of adults and teens (see next paragraph). The good news is that more teens are choosing to wait—the proportion of high school students who have had sex declined 12% between 1991 and 2007. However, recent data indicate progress on this front may be stalling. See Fast Facts: Teen Sexual Behavior and Contraceptive Use: Data from the Youth Risk Behavior Survey, 2007. At present, less than half of all high school students say they have had sex.

Abstinence as a message. Like an overwhelming majority of the American public—both adults and teens—the National Campaign believes that teens should be encouraged to delay sexual activity. We also support, as do most Americans, efforts to provide full and accurate information to teens about contraception. Neither the American public nor the National Campaign sees abstinence and contraception as competing strategies, but rather as complimentary ones. In fact, more than 90 percent of both adults and teens agree that teens should be given a strong message that they should not have sex until they are at least out of high school, and the majority of adults (73 percent) and teens (56 percent) wish teens were getting more information about both abstinence and contraception, rather than either/or.

Abstinence as an intervention. There is now persuasive and growing evidence that a limited number of programs that include abstinence messages and that also give complete and accurate information about contraception can (1) delay sexual activity, (2) improve contraceptive use among sexually active teens, and/or (3) prevent teen pregnancy. Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases (published by the National Campaign in 2007) identifies 15 programs with strong evidence of success on one or more of these three outcome measures. Emerging Answers 2007 also noted that, at present, there is no strong evidence that any abstinence-only education programs are effective in delaying sex. Since the release of Emerging Answers 2007, one evaluation has been published showing that an abstinence-only program did delay sexual activity among some teens, but it was not a randomized trial and therefore did not provide the strongest level of evidence for its findings.

Taken together, we believe that the overwhelming weight of existing evidence favors broader, more comprehensive programs. We also note that at present, millions of federal dollars are dedicated for abstinence-only programs (where the evidence of effectiveness is weak) and no dedicated funding streams support more comprehensive approaches (where the evidence is appreciably stronger). We also recognize, however, that it is impossible to generalize about the effectiveness of all abstinence-only programs because
only a small number of such interventions have been evaluated to date, and those that have been evaluated do not necessarily reflect the great diversity of abstinence-only programs currently offered.

**In sum.** The research evidence about “what works” to prevent teen pregnancy is growing but we need to do more. After more than a decade of progress in reducing teen pregnancy, it appears that progress has now stalled or may even be reversing. For example, between 2005 and 2006, the national teen birth rate increased three percent—the first increase in fifteen years.

Support is needed both to replicate and refine programs that already have evidence of changing teens' behavior, as well as to develop new programs and ideas. Substantial investments should be made in teen pregnancy prevention programs with evidence of success. At the same time, support is needed to continue developing and testing strategies, including abstinence programs and programs for underserved populations, to provide communities with a greater range of high-quality, evidence-based approaches to reduce teen pregnancy.

Having a variety of effective approaches in hand would also support another National Campaign belief—that it is important to give states and communities ample flexibility to pursue strategies that respect diverse local values and cultures, including those with a strong message of abstinence as well as programs that discuss both abstinence and contraception.

**A final thought.** Effective programs exist and should be expanded. Even so, it is unrealistic to assume that community programs alone can solve the problem of teen pregnancy. We also need broader efforts to influence teen attitudes, engage parents in these issues, reorient popular culture towards more responsible behavior, and increase the prevalence of supportive public policies.