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### **Review of New Study on a Theory-Based Abstinence Program**

#### **Background**

An abstinence-only intervention aimed at young, urban African-American adolescents successfully delayed sexual initiation among participants in the program, according to a well-designed new study, "[Efficacy of a Theory-Based Abstinence-Only Intervention Over 24 Months](#)," by John B. Jemmott and colleagues. While the evaluated program is the first abstinence-only intervention to demonstrate this positive impact in a randomized control trial, it was not a rigid "abstinence-only-until-marriage" program of the type that, until this year, received significant federal funding. The evaluation, therefore, adds important new information to the question of "what works" in sex education, but it essentially leaves intact the [significant body of evidence](#) showing that abstinence-only-until-marriage programming that met previous federal guidelines is ineffective.

#### **Key findings**

In the study, 662 African American students in grades 6 and 7 (with an average age of 12.2 years) were randomly allocated to an eight-hour abstinence-only intervention, an eight-hour safer sex-only intervention, an eight-hour comprehensive intervention, a 12-hour comprehensive intervention or an eight-hour intervention promoting general health (which served as the control group).

- The abstinence-only program was the only intervention in the study to significantly reduce sexual initiation relative to the control group. Once adolescents who were sexually experienced at the time of the intervention were excluded, 32.6% of the abstinence-only participants, compared with 46.6% of those in the control group, reported that they had ever had sex two years after completing the program.
- Both of the comprehensive programs examined in the study reduced the likelihood of multiple partners in the previous three months, which is important for the prevention of sexually transmitted infections.

#### **A very different kind of abstinence-only program**

- The abstinence-only program in this study **does not meet the restrictive federal criteria** (known as the A-H definition) for programs that, until this year, were eligible for federal abstinence-only-until-marriage funding.

*"It was not designed to meet federal criteria for abstinence-only programs."*<sup>1</sup>

- Unlike federal programs of the past, the abstinence program in this study **did not promote abstinence-only-until-marriage**.

*“[T]he target behavior was abstaining from vaginal, anal, and oral intercourse until a time later in life when the adolescent is more prepared to handle the consequences of sex.”* <sup>1(p. 153)</sup>

- The program was **not infused with morality, was medically accurate and did not disparage contraception**.

*“The intervention did not contain inaccurate information, portray sex in a negative light, or use a moralistic tone. The training and curriculum manual explicitly instructed the facilitators not to disparage the efficacy of condoms or allow the view that condoms are ineffective to go uncorrected.”* <sup>1(p. 153)</sup>

### **The study adds to, but does not contradict, the body of evidence about “what works” in sex education**

- The evaluation **does not contradict the strong body of evidence that rigid abstinence-only-until-marriage programs are ineffective**.

*“The results of this trial should not be taken to mean that all abstinence-only interventions are efficacious.”* <sup>1(p. 158)</sup>

- Both of the comprehensive curricula examined showed important positive impacts on sexual risk behaviors among the targeted population, further bolstering the strong body of evidence that comprehensive programs are effective.

*“We also found significant effects of the 8- and 12-hour comprehensive interventions on important HIV/STD risk-related behavior. Both comprehensive interventions significantly reduced the incidence of multiple sexual partners compared with the health control group. In addition, the 12-hour comprehensive intervention marginally significantly ( $P=.06$ ) reduced the incidence of recent sexual intercourse compared with the health control group.”* <sup>1(p. 157)</sup>

- Further, the authors are careful to note that the **small sample size may understate the effectiveness of the two comprehensive interventions**.

*“The relatively small number of sexually active adolescents limited the statistical power to test the effects of the safer sex and comprehensive interventions on condom use. Therefore, effects of these interventions on condom use were likely underestimated in this trial.”* <sup>1(p. 158)</sup>

### **The importance of replication**

- The study demonstrated that an abstinence-only program tailored to the specific needs of very young African-American adolescents in an urban setting can be effective in delaying sexual initiation among the targeted group.

- The students were very young (mean age 12.2 years), they all were African-American, and all were willing to participate in a weekend program.
- This program could be a valuable tool in helping similar groups of young adolescents delay sexual initiation until they are older and more ready. However, the authors note that the program's effectiveness may well be limited to the very specific group that was targeted by the intervention:

*“The generalizability of the results may be limited to African American students in grades 6 and 7 who are willing to take part in a health promotion project on weekends. Whether the results would be similar with older adolescents or those of other races or in other countries is unclear.”*<sup>1(p. 158)</sup>

### **The importance of adapting to the changing needs of young people**

- Adolescence is a time of rapid change. While sexual activity is relatively rare among very young adolescents, it is common at later ages. The mean age of sexual initiation among all U.S. youth is about 17. By age 19, 70% of young women and 65% of young men have had sex. It is therefore critical that sex education interventions be age-appropriate and adapt to the needs of young people as they change.

*“Theory-based abstinence-only interventions might be effective with young adolescents but ineffective with older youth or people in committed relations. For the latter, other approaches that emphasize limiting the number of sexual partners and using condoms, including the comprehensive interventions used in this trial, might be more effective.”*<sup>1(p. 158)</sup>

- While the study showed that the abstinence-only program had a significant impact in delaying sexual initiation among participants, about one-third of students who had not had sex when they started the abstinence-only program had initiated sex at the two-year follow-up. In other words, while it is an important achievement to delay sexual initiation, it is likewise important to prepare students for the time when they do become sexually active, which more than two-thirds will have done by age 19.

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<sup>1</sup>Jemmott JB et al., Efficacy of a theory-based abstinence-only intervention over 24 months, *Archives of Pediatrics & Adolescent Medicine*, 2010, 164(2):152–159.