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'Abstinence-Only' Delays Sex in Young Teens

Abstinence-Only Program as Effective as Safe-Sex Education at Getting Teens to Delay Sexual Activity, Study Says

By Salynn Boyles
WebMD Health News

Reviewed by Louise Chang, MD

Feb. 1, 2010 -- There has been far more rhetoric than hard science in the politically charged debate about abstinence-only education, but a new study may help change that.

Researchers found an abstinence-only program to be as effective as safe-sex education or a combination approach and more effective than nothing at all for delaying the onset of sexual activity in preteens and young teens.

Two years after attending single-day sessions that focused on abstinence, safer sex, or both, about a third of the African-American sixth and seventh graders who took part in the study reported having had sex.

By contrast, about half of the students who took part in a day-long health program in which sex was not discussed reported being sexually active two years later.

The study did not include older teens, and the abstinence program did not stress waiting until marriage to have sex, as many ideology-based abstinence-only interventions do.

But it was among the most rigorously designed and executed studies ever to examine the long-term impact of an abstinenceonly program, and it showed a clear benefit in terms of delaying sex, its lead author tells WebMD.

"Contrary to what a lot of people believe, our research suggests that it is possible for abstinence-only interventions to be effective," says John B. Jemmott III, PhD, of the University of Pennsylvania.

Feds Abandon Abstinence-Only

Less than a week ago, new figures were released showing that pregnancy rates are increasing among teens in the U.S. for the first time in more than a decade.

The announcement led many critics of abstinence-only education to blame the rise on the proliferation of federally funded abstinence-only programs during the Bush administration.

Concluding that there was little solid science showing that abstinence-only education works, the Obama administration eliminated federal funding for the programs last spring.

National Abstinence Education Association Director Valerie Huber tells WebMD that she hopes the new research will lead the administration to rethink the move.

"This new study provides an opportunity for the president to adopt a course correction in his 2011 budget and reinstate abstinence education funding," she says.

A total of 622 mostly low-income African-American sixth and seventh graders attending four inner city middle schools took part in the study. Their average age was 12 and there were slightly more girls than boys. The oldest were 15 years old. About one in four of the participants reported ever having sexual intercourse at the start of the study.

The students were assigned to an eight-hour abstinence-only group session, an eight-hour sex education session emphasizing safer sex, an eight- or 12-hour combined abstinence and safer-sex session, or an eight-hour health program, which did not include sex as a topic.

In the abstinence-only group sessions, facilitators stressed the benefits of abstinence and taught the preteens and teens ways to resist pressure to have sex. The program focused on delaying sex until later in life when the adolescent was better able to handle its consequences, rather than abstaining from sex until marriage.

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Abstinence-Only Program as Effective as Safe-Sex Education at Getting Teens to Delay Sexual Activity, Study Says(continued)

Feds Abandon Abstinence-Only continued...

The safer-sex sessions encouraged condom use to reduce the risk of pregnancy and sexually transmitted disease, and the comprehensive session included abstinence and safer-sex instruction.

Everyone who took part was also eligible to attend two, three-hour booster sessions three and six months after the initial session, followed by six 20-minute one-on-one counseling sessions over the next two years.

At the end of two years of follow-up, with 84% of the students still enrolled in the program:

The estimated probability of ever having sexual intercourse in students who participated in the abstinence-only intervention was 33.5% compared to 48.5% for students who took part in the program where neither abstinence nor safer sex was discussed.

About 20% of the abstinence-only students and 29% of the students who participated in the general health program reported being sexually active during the previous three months.

Self-reports of sexual activity did not differ significantly between the abstinence-only, safer sex, and combined instruction groups.

No Program Increased Condom Use

None of the interventions were found to have a significant impact on consistent condom use or unprotected sex.

The study appears in the February issue of the Archives of Pediatrics & Adolescent Medicine.

Nationally known teen sexuality researcher Douglas Kirby, PhD, of the health policy research group ETR Associates, says the finding that safer-sex instruction did not increase contraception use is a surprise.

"Every other major study to look at this has shown these (safer-sex) programs to increase condom use," he says.

Kirby expressed less surprise at the finding that abstinence-only education can delay sex in younger adolescents.

"I have been saying for many years that it was only a matter of time before a well-designed abstinence-only program was found to be effective for delaying the initiation of sex," he says. "But it is important to point out that these were sixth and seventh graders. This program conveyed the very sound message that the students would benefit from waiting until they were older to have sex. I don't know many people who would disagree with that."

University of Washington and Seattle adolescent health specialist Frederick P. Rivara, MD, MPH, agrees.

In an editorial accompanying the study, Rivara called for more rigorously designed research on abstinence-only programs, noting that, "no public policy should be based on the results of one study."

Rivara says the study makes a good case for abstinence-only education for preteens and younger teens.

"For a 12-year-old this may very well be the right approach," he tells WebMD. "But what works with a 12-year-old may not work with a 16- or 17-year-old."

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