

WebMemo



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More Evidence of the Effectiveness of Abstinence Education Programs

Melissa G. Pardue

The harmful effects of early sexual activity are well documented. They include sexually transmitted diseases, teen pregnancy, and out-of-wedlock child-bearing. As well, teen sexual activity is linked to emotional problems, such as depression, and increased risk of suicide. Abstinence education programs, which encourage teens to delay the onset of sexual activity, are effective in curbing such problems. Opponents of abstinence education, however, claim that abstinence programs don't work and that there has been "no scientific evidence that abstinence programs are effective."¹ New research proves abstinence education opponents wrong once again.

A new study by Dr. Robert Lerner published in the Institute for Youth Development's peer-reviewed journal *Adolescent & Family Health* bolsters the case for the effectiveness of abstinence programs in reducing teens' high-risk behaviors, including sexual activity, smoking, and alcohol and drug use. The study evaluates the effectiveness of the Best Friends abstinence education program and finds that students in it are significantly less likely than their peers to engage in any of these high-risk behaviors.² This important research joins ten other evaluations that have also showed positive effects of abstinence programs.³

According to the study, released in April 2005, junior-high and middle school-aged girls who participated in the Best Friends program, when compared to their peers who did not participate, were:

- Six-and-a-half times more likely to remain sexually abstinent;

- Nearly two times more likely to abstain from drinking alcohol;
- Eight times more likely to abstain from drug use; and
- Over two times more likely to refrain from smoking.⁴

The Best Friends program began in 1987 and currently operates in more than 100 schools across the United States. Its curriculum consists of a character-building program for girls in the fifth or sixth grade, including at least 110 hours of instruction, mentoring, and group activities throughout the year. Discussion topics include friendship, love and dating, self-respect, decision-making, alcohol abuse, drug abuse, physical fitness and nutrition, and AIDS/STDs. The predominant theme of the curriculum is encouragement to abstain from high-risk behavior, including sexual activity.⁵ A companion program for boys, Best Men, began in 2000.

When girls who participate in the Best Friends program reach the 9th grade, they have the opportunity to enter the Diamond Girls Leadership program, which is designed to help girls maintain their commitment to abstinence. The Diamond Girls program offers opportunities to

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participate in a jazz choir or dance troupe, which help to foster discipline and social and presentation skills for the future.⁶

According to the Lerner Study, the Best Friends program has been highly effective in reaching its goals. The study compared several years of data on girls from Washington, D.C., who participated in the Best Friends program with data on Washington, D.C., girls of the same age from the Centers for Disease Control's (CDC) Youth Risk Behavior Survey (YRBS).

Using multiple logistic regressions, which controlled for grade, age, race, and survey year, the study found a significant decrease in the incidence of high-risk behaviors among Best Friends girls as compared to YRBS girls.⁷ Specifically, girls who participated the Best Friends program had:

- A 52 percent reduction in the likelihood that they would smoke;
- A 90 percent reduction in the likelihood that they would use drugs;
- A 60 percent reduction in the likelihood that they would drink alcohol; and
- An 80 percent reduction in the likelihood that they would have sex.⁸

Other peer-reviewed studies have also found abstinence programs to be effective in reducing teen pregnancy and teen birthrates. An April 2003 study in *Adolescent & Family Health* found that increased abstinence among 15- to 19-year-old teens accounted for at least two-thirds (67%) of the drop in teen pregnancy rates. Increased abstinence also accounted for more than half (51%) of the decline in teen birthrates.⁹

An August 2004 study in the *Journal of Adolescent Health* found similar results: 53 percent of the decline in teen pregnancy rates can be attributed to decreased sexual experience among teens aged 15-17 years old, while only 47 percent of the decline is attributed to increased use of contraception among teens.¹⁰

Not surprisingly, parents overwhelmingly support the abstinence message. A December 2003 Zogby poll found that the overwhelming majority of parents—91 percent—want schools to teach that adolescents should be expected to abstain from sexual activity during high school years.¹¹ Only 7 percent of parents believe that it is okay for teens in high school to engage in sexual intercourse as long as they use condoms, which is the predominant theme of “comprehensive” sex education.

1. See SEICUS, “SEICUS Fact Sheet” at http://www.siecus.org/policy/research_says.pdf; Advocates for Youth, “Abstinence-Only-Until Marriage Programs” at <http://www.advocatesforyouth.org/abstinenceonly.htm>.
2. Robert Lerner, “Can Abstinence Work? An Analysis of the Best Friends Program,” *Adolescent and Family Health*, Vol. 3, No. 4 (2004), pp. 185-192.
3. For a list of the 10 studies, see Robert Rector, “The Effectiveness of Abstinence Education Programs in Reducing Sexual Activity Among Youth,” Heritage Foundation *Backgrounder* No. 1533, April 5, 2002.
4. Robert Lerner, “Can Abstinence Work? An Analysis of the Best Friends Program,” *Adolescent and Family Health*, Vol. 3, No. 4 (2004), pp. 185-192.
5. Best Friends Foundation, “Best Friends Foundation” at www.bestfriendsfoundation.org.
6. *Ibid.*
7. Robert Lerner, “Can Abstinence Work? An Analysis of the Best Friends Program,” *Adolescent and Family Health*, Vol. 3, No. 4 (2004), pp. 185-192.
8. *Ibid.* Tabulations from Table 2 received by the author.
9. J. Mohn, L. Tingle, and R. Finger, “An Analysis of the Causes of the Decline in Non-marital Birth and Pregnancy Rates for Teens from 1991 to 1995,” *Adolescent and Family Health*, Vol. 3, No. 1 (April 2003), pp. 39-47.
10. Santelli et al. “Can Changes in Sexual Behaviors Among High School Students Explain the Decline in Teen Pregnancy Rates in the 1990s?,” *Journal of Adolescent Health*, Vol. 35, No. 2 (August 2004), pp. 80-90.
11. See Rector, Pardue, and Martin, “What Do Parents Want Taught in Sex Education Programs?,” Heritage Foundation *Backgrounder* No. 1722, January 28, 2004.

Teens themselves welcome the abstinence message and appear to be heeding it. A December 2004 poll by the National Campaign to Prevent Teen Pregnancy found that a clear majority of adolescents—69 percent—agree that it is not okay for high school teens to engage in sexual intercourse.¹² Data from the CDC confirms this, as the YRBS survey shows that the number of teens who have ever had sexual intercourse has fallen seven percent in the last 12 years, from 54 percent in 1991 to 46 percent in 2003.¹³

Regrettably, groups like the Sexuality Information and Education Council of the United States (SIECUS) and Advocates for Youth would like to see abstinence programs eliminated and replaced with “comprehensive” sex education. These “comprehensive” programs are often misleadingly labeled “abstinence-plus” and falsely claim to be the middle ground between abstinence and safe sex education. This is not true. These programs are virtually all “plus” and almost no abstinence.

Analysis of “comprehensive” sex-ed programs reveals that these curricula contain little if any meaningful abstinence message. On average, these curricula devote about 4 percent of their content to abstinence. Out of 942 total pages of curriculum text reviewed from 9 different “comprehensive” sex ed curricula, not a single sentence was found urging teens to abstain from sexual activity through high school. The overwhelming focus of these curricula (28 percent of the curriculum content) is devoted to promoting contraception among teens.¹⁴

The government already spends far more promoting contraception than it does on abstinence

education. In 2002 alone, federal and state governments spent \$12 on safe sex and contraception promotion programs for every \$1 spent on abstinence education.¹⁵ Yet some members of Congress would like to eliminate even this small amount of funding that encourages teen abstinence through programs like Best Friends.

Congressional opponents of abstinence education continue to attempt to introduce legislation that would abolish federal abstinence education assistance. For example, a proposal by Sen. Max Baucus (D-MT) would take federal funds that are devoted to teaching abstinence and turn them over to state public health bureaucracies to spend as they wish. Given the fact that such bureaucracies, through the encouragement of federal funding, have been wedded to the “safe sex” approach for decades and fiercely oppose teaching abstinence, such a proposal would effectively abolish federal abstinence education programs. These funds comprise nearly all the governmental support for teaching abstinence in U.S. schools.

Opponents of abstinence education will continue to try to eliminate it from America’s schools. But they have got a tough pitch to make: Parents overwhelmingly support the abstinence message. Students want to hear it. The evidence of abstinence programs’ effectiveness is increasing. And the evaluation of the Best Friends program provides yet one more argument in favor of abstinence education.

—Melissa G. Pardue is a Policy Analyst in Domestic Policy Studies at The Heritage Foundation.

12. National Campaign to Prevent Teen Pregnancy, *With One Voice 2004: America’s Adults and Teens Sound Off About Teen Pregnancy*, December 2004.

13. See CDC, “Youth Online: Comprehensive Results” at <http://apps.nccd.cdc.gov/yrbss>.

14. See Martin, Rector, and Pardue, *Comprehensive Sex Education vs. Authentic Abstinence: A Study of Competing Curricula*, The Heritage Foundation.

15. See Pardue, Rector, Martin, “Government Spends \$12 on Safe Sex and Contraception for Every \$1 it Spends on Abstinence,” Heritage Foundation *Backgrounder* No. 1718, January 14, 2004.