



What the Research Says...

Over the past 25 years, Congress has spent over \$1.5 billion on abstinence-only-until-marriage programs, yet no study in a professional peer-reviewed journal has found these programs to be broadly effective. Scientific evidence simply does not support an abstinence-only-until-marriage approach.

Federal Evaluation Finds Abstinence-Only-Until-Marriage Programs Ineffective

In April 2007, a federally funded evaluation of Title V abstinence-only-until-marriage programs was released. The study, conducted by Mathematica Policy Research Inc. on behalf of the U.S. Department of Health and Human Services, found that abstinence-only-until-marriage programs are ineffective. Of the more than 700 federally funded abstinence-only-until-marriage programs, the evaluation looked at only four programs. These programs were handpicked to show positive results and they still failed.¹

- Mathematica's evaluation found no evidence that abstinence-only-until-marriage programs increased rates of sexual abstinence—the entire supposed purpose of the programs.
- Students in the abstinence-only-until-marriage programs had a similar age of first sex and similar numbers of sexual partners as their peers who were not in the programs.
- The average age of sexual debut was the same for the abstinence-only-until-marriage participants and control groups (14 years, 9 months).

Abstinence-Only Programs Do Not Affect Rates of HIV Infection or Sexual Behavior

A July 2007 "meta-study" published in the British Medical Journal reviewed the most recently available data examining the results of 13 abstinence-only trials including almost 16,000 students.²

- Abstinence-only-until-marriage programs were ineffective in changing any of the behaviors that were examined including the rate of vaginal sex, number of sexual partners, and condom use.
- The rates of pregnancy and sexually transmitted diseases (STDs) among participants in abstinence-only-until-marriage programs were unaffected.
- As a result of this meta-study, the researchers concluded that recent declines in the U.S. rate of teen pregnancy are most likely the result of improved use of contraception rather than a decrease in sexual activity.

Abstinence-Only-Until-Marriage Programs Negatively Impact Young People's Sexual Health

Virginity pledges—promises that young people make to remain abstinent until marriage—are becoming increasingly popular in schools and communities across the country. While not a program in and of themselves, virginity pledges are so common in abstinence-only-until-marriage interventions that having taken such a pledge is often an indication that a young person has been involved in an abstinence-only-until-marriage program.

- Research on virginity pledges found that for a select group of young people, pledges did delay the onset of sexual intercourse for an average of 18 months (a goal still far short of the average age of marriage).³ However, the same study also found **that young people who took a pledge were one-third less likely to use contraception when they did become sexually active** than their peers who had not pledged.⁴ In other words, pledges can cause harm by undermining contraceptive use when the young people who take them become sexually active.

- The researchers also found that **pledgers have the same rate of sexually transmitted diseases (STDs) as their peers** who had not pledged. Not only were pledgers less likely to use condoms to prevent STDs, they were less likely to seek medical testing and treatment, thereby increasing the possibility of transmission.⁵
- Further research found that, among those young people who have not had vaginal intercourse, **pledgers were more likely to have engaged in both oral and anal sex than their non-pledging peers.** In fact, among virgins, **male and female pledgers were six times more likely to have had oral sex than non-pledgers, and male pledgers were four times more likely to have had anal sex than those who had not pledged.**
- According to the researchers, in communities where there are a higher proportion of pledgers, overall STD rates were significantly higher than in other settings. Specifically, in communities where more than 20% of young adults had taken virginity pledges, STD rates were 8.9% compared to 5.5% in communities with few pledgers.⁶

Numerous State Evaluations Fail to Find Abstinence-Only-Until-Marriage Programs Effective

Since 1996, the federal government has spent over half a billion dollars on Title V abstinence-only-until-marriage programs despite the fact that numerous evaluations prove these programs to be, at best, ineffective.

- In 2003, **Pennsylvania's** evaluation found that, **“taken as a whole, this initiative was largely ineffective in reducing sexual onset and promoting attitudes and skills consistent with sexual abstinence.”**⁷
The report also states that “overall, the evidence indicates that abstinence-only programs should be focused on early adolescence (grade seven). Programs for urban youth, especially females, should begin in grade six. Beyond the eighth grade, abstinence-only programs can continue to play a valuable role in reinforcing and supporting youth who choose to remain sexually abstinent. **For those youth who do not remain abstinent, however, the reduction of teenage pregnancies, STDs, and HIV/AIDS requires an alternative strategy.**”⁸
- **Texas' 2004** evaluation included five self-selected “abstinence education” contractors who participated in a study conducted by researchers at Texas A&M University. Analysis found that there were **“no significant changes”** in the percentages of students who “pledg[ed] not to have sex until marriage.”⁹ In addition, the analysis revealed that **the percentage of students reporting having ever engaged in sexual intercourse increased for nearly all ages between 13 and 17.**
One of the study's investigators said, **“we didn't see any strong indications these programs were having an impact in the direction desired...these programs seem to be much more concerned about politics than kids, and we need to get over that.”**¹⁰
- **Arizona's** evaluation states that “sexual behavior rates do not appear to be changing.” Despite claiming some success with short-term outcomes and “abstinence success rate” among virgins, the final report, released in 2003, recognizes that “abstinence-only programs work best for sexually inexperienced youth” and that young people's **“intent to pursue abstinence...showed significant decline from post-test to follow-up.”**¹¹
- **Kansas' 2004** evaluation revealed that there were **“no changes noted for participants' actual or intended behavior; such as whether they planned to wait until marriage to have sex.”**¹² The evaluation also revealed negative changes in attitudes. After participating in abstinence-only-until-marriage programs, students surveyed were less likely to respond that the teachers and staff cared about them and significantly fewer students felt they “have the right to refuse to have sex with someone.”¹³
Researchers concluded, **“rather than focusing on Abstinence-Only-Until-Marriage, data suggests that including information on contraceptive use may be more effective at decreasing teen pregnancies.”**¹⁴

- An independent study commissioned by the **Minnesota** Department of Health found that **sexual activity doubled among junior high school participants in the state's *Education Now and Babies Later (ENABL)* program at three schools between 2001 and 2002**. The number of participants who said they would “probably” have sex during high school almost doubled as well. Although it found some positive effects on parent-teen communication, the study found no positive impact of the *ENABL* program on teen sexual behavior.¹⁵ Almost a decade earlier, the state of California also found no impact after state-wide use of the *ENABL* program.¹⁶
- The **Maryland** Center for Maternal and Child Health evaluated its Title V abstinence-only-until-marriage program in 2002. Although the report was not made public, it was possible to determine from the information available that participants’ pre- and post-test scores showed no significant change in attitudes or practices regarding abstinence. In addition, the **proportion of youth who reported that they would remain abstinent until the completion of high school and the proportion of youth who reported abstinent behavior in the year prior to the survey both declined** between pre- and post-test.¹⁷

¹ Christopher Trenholm, et. al., “Impacts of Four Title V, Section 510 Abstinence Education Programs: Final Report,” (Trenton, NJ: Mathematica Policy Research, Inc., April 2007), accessed 6 September 2007, <www.mathematica-mpr.com/publications/pdfs/impactabstinence.pdf>.

² Kristin Underhill, Paul Montgomery, Don Operario, “Sexual abstinence only programmes to prevent HIV infection in high income countries: systematic review,” *British Medical Journal Online* (July 2007), accessed 13 August 2007, <<http://bmj.com/cgi/content/full/335/7613/248>>.

³ Peter Bearman and Hanah Brückner, “Promising the Future: Virginity Pledges and the Transition to First Intercourse,” *American Journal of Sociology* 106.4 (2001): 859-912.

⁴ Ibid.

⁵ Peter Bearman and Hanah Brückner, “After the promise: The STD consequences of adolescent virginity pledges,” *Journal of Adolescent Health* 36.4 (2005): 271-278.

⁶ Peter Bearman and Hanah Brückner, “The Relationship Between Virginity Pledges in Adolescence and STD Acquisition in Young Adulthood.” Portions of study were presented at the *National STD Prevention Conference*, Philadelphia, PA, 9 March 2004, 10.

⁷ Edward Smith, Jacinda Dariotis, Susan Potter, *Evaluation of the Pennsylvania Abstinence Education and Related Services Initiative: 1998-2002* (Philadelphia, PA: Maternal and Child Health Bureau of Family Health, Pennsylvania Department of Health, January 2003) 10, accessed 15 April 2005, <<http://www.dsf.health.state.pa.us/health/lib/health/familyhealth/evaluationpaabstinence1998-20021.pdf>>.

⁸ Ibid., 21.

⁹ Patricia Goodson, et al., *Abstinence Education Evaluation Phase 5: Technical Report* (College Station, TX: Department of Health & Kinesiology–Texas A&M University, 2004), 170-172. Emphasis included in original document.

¹⁰ “Texas Teens Increased Sex After Abstinence Program,” *Reuters*, 2 February 2005, accessed 17 February 2005, <http://news.yahoo.com/news?tmpl=story&u=/nm/20050131/hl_nm/health_abstinence_texas_dc>.

¹¹ LeCroy & Milligan Associates, *Final Report Arizona Abstinence Only Education Program 1998-2003*, (Phoenix, AZ: June 2003).

¹² Ted Carter, *Evaluation Report for The Kansas Abstinence Education Program* (Topeka, KS: Kansas Department of Health and Environment, November 2004), 19.

¹³ Ibid.

¹⁴ Ibid.

¹⁵ Professional Data Analysts, Inc. and Professional Evaluation Services, *Minnesota Education Now and Babies Later Evaluation Report 1998-2002* (Minneapolis: Minnesota Department of Health, January 2004).

¹⁶ Douglas Kirby, Meg Korpi, P. Barth Barth, Helen H.Cagampang, “The impact of the Postponing Sexual Involvement curriculum among youths in California,” *Family Planning Perspectives* 29 (1997): 100-108, accessed 15 April 2005, <<http://www.guttmacher.org/pubs/journals/2910097.pdf>>

¹⁷ L.K. Olsen and D. Agle, “Analysis of Four Years of Abstinence-Only Human Sexuality Programs in Maryland,” abstract of paper presented at 130 the Annual Meeting of the American Public Health Association, 13 November 2002.