

# Abstinence education; rhetoric, research and rights

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plan

rhetoric  
research  
rights

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# definitions and clarifications

abstinence only  
abstinence plus  
abstinence centred  
comprehensive programmes

# definitions and clarifications

need to be very clear of the difference  
between **abstinence-only** education and  
encouraging **delay** (if necessary and desired)

# rhetoric

life is often a compromise

but need to consider the anchor points for  
different positions

can consider the criteria for abstinence-only  
federal funding in USA

# title V funding in USA

- eight criteria, including exclusive purpose to teach ...
- .. gains to be realised by abstaining from sexual activity;*
- .. sex outside marriage likely to have harmful psychological and physical effects;*
- provide 'honest' (sic) information on contraception (to remove escape route)
- current moves to enforce parental notification for contraception prescription for minors (in addition to abortion in many states)
- funding around 200 \$million per year

# USAID directions

stress abstinence

insistence on NGOs signing up to the approach  
condoms only for high risk groups

but ...

NGOs to disapprove of prostitution

# implicit discourses

(heterosexual) marriage is universal and the only 'expected' option

all young people are able to exercise choice (ignoring impact of poverty, coercion, etc.)

high risks of contraceptive failure

levels of will-power and control (over hormones and desires) are infinite

shame, fear and guilt are effective behaviour control mechanisms

# comprehensive approach

a number of aspects, including

information

skills

values

acceptance of diversity

# implicit discourses

hormones do exist

diversity exists

better to treat young people in a positive  
manner than a negative manner

skills training can assist in delaying early sex as  
well as improving incidence and efficiency of  
contraceptive use

there are many value systems other than narrow  
religious moralities

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# research evidence

extremely difficult to do given the wide range of factors that influence sexual activity

two main manifestations of abstinence approach in USA:

*school-based programmes*

*independent organisations (virginity pledges)*

# school involvement

of districts with a sex education policy:

35% abstinence only

51% abstinence as preferred option but  
contraception effective

14% abstinence as one available option

# independent organisations

a number to choose from:

*love matters*  
*new sound concerts*  
*true love waits*  
*friends first*  
*ac green*  
*passion and principles*  
*great to wait*  
*sex can wait*  
*project SOS*  
*not me not now*  
*choosing the best*  
*sex and young america*  
*heritage services (and keepers club)*  
*the silver ring thing*  
*etc.*

# srt - accessories available

pullovers

hoodies

t-shirts

caps

water bottle

key ring

lanyard

visor

stickers

buttons

gum

pens

balloons

tattoos

suckers

mints

neck cords

etc.

# assessing impact

major approaches are

RCTs

statistical analyses

longitudinal studies

# RCTs

randomised at school level

BUT must be agreement to be included

so, atmosphere in school and community may differ in  
other important respects

various 'trials' conducted

quality of research varies widely

Doug Kirby best known for very careful assessment of  
studies using strict criteria for inclusion

# RCTs

*'... the evidence is not conclusive about the impact of abstinence-only programs ... there do not currently exist any abstinence-only programs with reasonably strong evidence that they actually delay the initiation of sex or reduce its frequency ... [but] one should not conclude that all abstinence-only programs either do or do not delay sex' (Kirby, Emerging Answers, 2001)*

(.. and interesting changes in CDC website recently)

# statistical analyses

alan guttmacher institute  
(Darroch and Singh, 1999)

explored reasons for declining US teenage birth rate  
re-calculated to rates *per sexually active teenager* as  
opposed to *per population* rates  
conclude that 24% of overall reduction is due to  
lowered rates of sexual activity  
much of rest due to changes in contraception use  
(and some reduction amongst second births to  
teenagers due to changes in benefit systems and  
increases in long-lasting contraception)

# cohort study

Adolescent Health Survey (ADD Health)  
now in third wave with cohort aged 18-24  
about 12000 young people, covers many areas of health  
relevant longitudinal data analysed at waves two and  
three

major analyses carried out by Peter Bearman and  
Hannah Brückner

# cohort study

*results from wave two (2001):*

identified those more likely to be pledgers  
(religiosity, bodily less mature, less cognitively able,  
more 'normative values' on romantic love and gender  
relations)

apparent delay in transition, even after controlling  
for many other factors, but age dependent (mid-  
teens)

regarded as a minority identity movement and, as  
such, is restricted in potential (an intended universal  
approach will only work if it fails)

# cohort study

*results from wave two (continued):*

transition (to sex) affected by complex relation  
between type of college (open v closed) and  
prevalence of pledging

basically, too few or too many lead to lower 'success'  
contraceptive use at first intercourse about one-  
third lower amongst 'failing' pledgers

# cohort study

*results from wave three (2004):*

older sample (six years on from start), so more opportunity to have transitioned  
indeed, majority has done so prior to marriage, albeit with delay compared with non-pledgers  
pledgers marry younger (but this is not explanation for transition)

STI rates (biologically identified) are similar in pledgers and non-pledgers - *but why?*

some catching up on partners but not enough to account for rates

# cohort study

*results from wave three (continued):*

differ in condom-use in past year (lower in pledgers)  
pledgers are less likely to have been tested for  
STIs,

so less likely to know they have one even though the  
chances are as high

higher density of pledgers is associated with higher  
prevalence of STIs (communities with +20% pledgers  
have rates of 9% compared with 5.5% in others)

impact of the combination of sex being more hidden  
and more unsafe

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# rights

## UN Convention on the Rights of the Child

*the best interests of the child*

*the views of the child to be given due weight*

*full access to education*

*full access to health care and services*

# and, finally ...

need range of options to cater for range of choices and preferences amongst young people and that reflect diversity of contexts and vulnerabilities so, encouragement and support for those who choose abstinence (or delay) is required but, the discourses of narrow morality that some are attempting to impose on *all* young people is an abuse of their rights, ignores the research evidence (such as it is) and is likely to lead to poorer sexual health outcomes, both physical and psychological