

# **Abstinence Education: What Works?**

## **Oregon Department of Education**

There is much discussion about what works and what does not work in sexuality education. It is important to note that research has shown that effective sexuality education programs need to incorporate the following elements (Douglas Kirby, PhD, *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy*, May 2001)<sup>1</sup>:

- Focus on reducing one or more sexual behaviors that lead to HIV-STD infection or unintended pregnancy.
- Are based on theoretical approaches that have been demonstrated to influence other health-related behavior and identify specific important sexual antecedents to be targeted.
- Deliver and consistently reinforce a clear message about abstaining from sexual activity and/or using condoms or other forms of contraception. This appears to be one of the most important characteristics that distinguish effective from ineffective programs.
- Provide basic, accurate information about the risks of teen sexual activity and about ways to avoid intercourse or use methods of protection against pregnancy and STDs.
- Include activities that address social pressures that influence sexual behavior.
- Provide examples of and practice with communication, negotiation, and refusal skills.
- Employ teaching methods designed to involve participants and have them personalize the information.
- Incorporate behavioral goals, teaching methods, and materials that are appropriate to the age, sexual experience, and culture of the students.
- Last a sufficient length of time (i.e. hours in a classroom setting).
- Select teachers or peer leaders who believe in the program and then provide them with adequate training.

Oregon law (ORS 336.455, OAR 581-022-1210 and 581-022-1440, encl.) requires that human sexuality education courses:

- Be comprehensive
- Be an integral part of the health education curriculum
- Promote abstinence, but not to the exclusion of information on contraceptives and disease prevention
- Discuss the possible emotional, physical and psychological consequences of adolescent sexual intercourse and teen pregnancy
- Advise students of the laws pertaining to financial responsibility for their children
- Advise students of the law pertaining persons 18 years of age or older having sexual relations with persons under the age of 18

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<sup>1</sup> Douglas Kirby, PhD., *Emerging Answers*, The National Campaign To Prevent Pregnancy, May 2001.

- Teaches students that no form of sexual expression is acceptable when it physically or emotionally harms oneself or others
- Validates honesty with oneself and others
- Develops and practices communication skills to resist peer pressure and develop self-esteem
- Encourages family communication
- Includes material and instruction on contraceptives and disease reduction measures
- Be medically and scientifically accurate

Programs that are promoted as “abstinence-only” or “abstinence-only until marriage” do not meet the requirements of Oregon sexuality education laws (Oregon Revised Statute 336.455, Oregon Administrative Rule 581-022-1440) nor do they contain all of the elements of research-based effective programs (1). These programs should be carefully reviewed before implementation within a school district as a “stand alone” program.

The Oregon Department of Education recommends that all human sexuality and HIV/AIDS curriculums be reviewed; abstinence-only until marriage, abstinence only and abstinence based, to ensure they contain accurate medical information, are not ethnic and culturally biased or gender biased. Also, at the present time, there is no peer-reviewed research that supports the effectiveness of “abstinence-only until marriage” or “abstinence-only” programs (1). Peer-reviewed research does support the effectiveness of “abstinence-based” programs (1).

In order to reduce unintended teen pregnancies, HIV/STD infections, and the incidence of teen sexual activity risk taking, then, as educators, we must present to our students sexuality programs that are reliant upon using proven, research-based effective strategies.

Listed below are the universally excepted definitions of different types of sexuality education “abstinence” programs:

- **Abstinence-based\*** programs emphasize that abstinence is the 100% effective way to prevent unintended pregnancy, STDs, and HIV/AIDS. Also, medically accurate information about condom use and other forms of contraception is included in these programs.
- **Abstinence-only** programs emphasize that abstinence is the only responsible choice. Medically accurate information about condom use and other forms of contraception is usually not included in these programs.
- **Abstinence-only, until marriage** programs emphasize that abstinence is the only choice outside the context of a heterosexual marriage. Medically accurate information about condom use and other forms of contraception is rarely included in these programs.

“Abstinence-based” programs are also supported by the Center for Disease Control (CDC), Division of Adolescent School Health (DASH), American Medical Association (AMA), American Psychiatric Association (APA), American Red Cross, The Gutmacher Institute, Advocates for Youth, Sexuality Information and Education

Council of the United States, National Association of State Boards of Education, The Kaiser Family Foundation, Child Trends, UCSF Center for AIDS Prevention Studies, Harvard AIDS Institute, The National Commission on Adolescent Sexual Health.

For more information about effective sexuality education programs and available curriculum trainings, please contact Brad Victor at [brad.victor@state.or.us](mailto:brad.victor@state.or.us).