

How effective are Abstinence Programs in counties with
High pregnancy rates among teenagers 13-16
(Research Proposal)

Introduction

Douglas County, like many other counties in Georgia, is experiencing a steady increase in teen pregnancies and teens engaging in premarital sexual activities. According to The Georgia Vital statistics report, in 2002, the population of females between the ages of 14-17 in Douglas County was approximately 7,346. Of that number, an estimated 1,673 gave birth to children out of wedlock. These statistics indicate that in Douglas County, approximately 234 out of every 1,000 unmarried teens between the ages of 14-17 became unwed mothers. Furthermore, the Pregnancy Resource Center of Douglas County reports, that in 2003, 1,150 pregnancy tests were administered by their organization. Teenagers received 336 of those tests. Increases of 273 additional tests were given to teens 14-17 in 2003 than the previous year.

This paper will serve to investigate if it is plausible that a countywide holistic abstinence education program, which collaborates with other agencies in the county to offer alternative activities as well as abstinence education, would have helped to reduce the pregnancy rate among teenaged girls in the county during that period.

Statement of the Research Problem

The purpose of this study is to determine if the lack of an abstinence program in Douglas County Georgia, accounted for the increase in pregnancy rate among teenaged girls between 14-17 years of age during 2002 and 2003.

Literature Review

The safe sex approach, which advocates contraceptive use, has led teenagers to believe that using contraceptives makes engaging in sexual intercourse a safe behavior ("Sexual Health Update," 2000). Medical evidence indicates that abstinence is the only reliable choice for avoiding pregnancy. In an article that compared the effectiveness of school-based health clinics that distributed birth control and schools that have abstinence programs, evidence showed that abstinence programs were the most effective technique for preventing adolescent sexual activity and pregnancies (Khouzem, 2003). Khouzem cited one study, in particular, that was funded by the U.S. Department of Health and Human Services and conducted by the Institute for Research and Evaluation. The study included almost 7,000 teenagers in grades 7 through 10 who were taught a values-based curriculum. Three Title XX programs were implemented in three school districts and later evaluated. These three curricula, Teen-Aid, Sex Respect, and Values and Choices, were written to follow the legislative parameters of abstinence as the preventative measure for teenage pregnancy and sexually transmitted diseases. Pre- and posttest data were collected. Participants in each of the programs were administered two scales: the Affirmation of Abstinence and the Rejection of Permissiveness scales. On the Affirmation of Abstinence scale for both junior and senior high students, each of these programs produced a change that was statistically significant at the .000 level for Sex Respect and Teen-Aid and at the .002 level for Values and Choices. Researchers found significant differences for the Values and Choices curriculum and for the Sex Respect and Teen-Aid curricula in positively affecting students' choices regarding abstinence (Khouzem, 2003; DeGaston, Olsen, Prigmore, & Weed, 2001).

The Teen-Aid abstinence education curriculum has been used in Edinburg, Washington, for 5 years. Each year, a report is published concerning the effectiveness of this curriculum in

reducing "risky behavior and attitudes." This program had a statistically significant impact ($p = .000$) on the likelihood that participants would not have sexual intercourse before marriage and that the non-virgin teenage participants would cease their sexual activity ($p = .001$). There was also a statistically significant change ($p = .019$) in the teenagers' views that waiting until marriage to engage in sexual intercourse was the best way to avoid unwanted pregnancies and sexually transmitted diseases (Tanas, 2000).

School officials in San Marcos, California, also implemented an abstinence-based program, Sexuality, Commitment, and Family (Teen-Aid; Richard, 2002) for their junior high school students. This district had one of the highest pregnancy rates in the United States: One in five teenage girls became pregnant during the 1983-1984 school year (Richard, 2002). San Marcos Junior High reported 147 pregnancies during the 1984-1985 school years, the year prior to the initiation of the curriculum. Two years later, only 20 pregnancies were reported (Richard, 2002).

Another school district where the pregnancy rate was significantly reduced was in Lamar, Missouri. Five hundred students completed the Sex Respect: The Option of True Sexual Freedom program (Mast, 2001). In 2 years, none of the students who completed the program became pregnant. Two years after the program ended, none of the participants had become pregnant. Project Research (see Kirby, 2002) conducted field tests on the Sex Respect curriculum for several years. More than 1,800 students participated in the Sex Respect pilot program, which was conducted in six states. Before participating in the program, 36% of the students condoned the practice of teenagers having sexual intercourse as long as the behavior did not result in pregnancy. After the course, only 18% agreed with that premise. Also after the course, 58% of the students agreed with the statement that there were many benefits in waiting

until marriage to have sex. Only 35% agreed with that statement before they completed the course (Kirby, 2002; Richard, 2002). Similar results were obtained in a program that used *Me, My World, My Fortune* (Kirby, 2002), another abstinence-based curriculum for junior high school students. The results of these findings of the impact of this curriculum and the *Sex Respect* curriculum on students' attitudes were statistically significant.

In an evaluation of another abstinence program that is literature based, the *Loving Well* curriculum, Lickona (2000) reported that students who were not sexually active at the beginning of this program maintained an abstinence rate of 92%. This was 20% higher than the abstinence rate of the control group (Lickona, 2000).

Best Friends is a youth development, abstinence-based curriculum that focuses on character building for adolescent girls. It was developed in 2001 by Elayne Bennett, a faculty member of the Georgetown University Development Center, and implemented in the public schools of the District of Columbia during the year of its development. Girls enter *Best Friends* at their schools in the fourth, fifth, or sixth grade and continue the curriculum until they graduate from high school. In 2003, an independent evaluation study was conducted in which participants in the *Best Friends* program were compared with their classmates who had not participated in the program. Results showed that 1% of the *Best Friends* participants were pregnant before they graduated from high school compared with 26% of their peers. Of the participants who engaged in sexual intercourse, 5% were *Best Friends* participants, compared with 63% of their female classmates (Charen, 2000).

Finally, the *Journal of the American Medical Association* published findings of two studies concerning abstinence education (Resnick et al., 2003; Vincent, Clearie, & Schluchter, 2001). The first study was conducted in an area of South Carolina where there was a high risk of

teenage pregnancy. Results of the study showed that students who received premarital abstinence education showed a decrease in the number of pregnancies in a population depicted as high risk for teenage pregnancy at the .01 level of significance (Vincent et al., 2001).

Resnick et al. (2003) reported that the findings from a major study supported the new \$50 million federal Title V abstinence-only education program. The study, called Add Health, was based on a written survey of more than 90,000 adolescents; 12,118 were followed up in home interviews. Add Health found that "adolescents who reported having taken a pledge to remain a virgin were at significantly lower risk of early age of sexual debut" (Resnick et al., 2003, p. 830). The study also confirmed that parent and family connectedness was a primary protective factor against risky teenage sexual behavior (Resnick et al., 2003).

Overall, the limited literature research conducted has confirmed that teenagers have rediscovered abstinence. The trend of a rise in promiscuity has halted. The percentage of teenagers who have ever engaged in sexual intercourse is declining, from 54% from 1990 through 2003 to 48% in 2003 (Centers for Disease Control, 2000).

The findings of these studies consistently indicated that abstinence-based sex education programs were effective in changing teenagers' attitudes, understanding, values, and future intentions regarding their involvement in sexual behavior. Family structure also influenced the onset and level of sexual activity. The curricula affected students of every socioeconomic level and family background.

In summary, our review of the literature indicated that abstinence-based sex education programs are effective in curtailing teenage sexual activity. Many school districts are concerned with reducing teenage pregnancies and sexual activity, and school personnel might have some uncertainty about choosing an appropriate sex education curriculum for adolescents. There is

currently no consensus within the education profession regarding such curricula. Research on the topic of abstinence-based programs assists in providing concordance among educators, therefore helping to ensure that appropriate programs are implemented in schools. We hope that this article assists educators and administrators nationwide in selecting effective curricula for students.

Methodological Plan

A quasi-experimental research methodology shall be used on the sample population of the middle school students, which would then be filtered out to maintain consistency in the data. The primary and secondary research methods shall be used in order to gain a complete insight into the issue. Primary research shall involve questionnaire and semi-formal interviews with teenagers in high schools. The secondary research shall utilize books, magazines and the internet to gain further knowledge and information about the discussed subject.

Ethical Issues

Several ethical issues might be encountered during the completion of this project. One of them includes the two risk factors that contribute to premarital sexual engagement among teenaged girls are lack of abstinence education and substantial amounts of unstructured leisure time. Although one agency in the county provides abstinence counseling, there is no countywide abstinence education program in Douglas County that works with the community and other agencies to address the increasing problems of premarital sexual engagement and pregnancy among teens between the ages of 14-17.

Included in the plethora of problems that occur due to teenaged pregnancy are; increased school drop out rate, single parenthood, increased welfare participation, grandparents raising

children, increased child abuse rate, low birth weight, increased burden to society, and a greater possibility that the cycle will be repeated because babies are raising babies.

Statement of limitations

As this study would be concluded using a limited sample from the entire population, therefore, we assume that the provided sample would provide us with an unbiased overview of the entire population and therefore our analysis and study conducted on the sample would be applicable on the entire population. The answers obtained from the target audience are assumed 100% correct (however, many teenagers tend to lie about their true feelings and effectiveness of abstinence programs).

References

- Centers for Disease Control. (2000). *Youth risk behavior surveillance*, 47, SS3.
- Charen, M. (2000, June 10). *Saying no to sex, yes to excellence*. The Washington Times, p. A20.
- DeGaston, J., Olsen, J. A., Prigmore, J., & Weed, S. E. (2001). *Predicting and changing teen sexual activity rates: A comparison of three Title XX programs* (Executive Summary). Washington, DC: U.S. Department of Health and Human Services, the Institute for Research and Evaluation.
- Khouzem, H. R. (2003). *Promotion of sexual abstinence: Reducing adolescent sexual activity and pregnancies*. Southern Medical Journal, 88, 709-711.
- Kirby, D. (2002). Sex education programs and their effects. *World & I*, 591-603.
- Lickona, T. (2000). *Where sex education went wrong*. Educational Leadership, 51, 84-89.
- Mast, C. K. (2001). *Sex respect: The option of true sexual freedom*. Golf, IL: Respect, Inc.
- Resnick, M. D., Bearman, P. S., Blum, R. W., Karl, E. B., Bauman, K. E., & Harris, K. M. (2003). *Protecting adolescents from harm*. Journal of the American Medical Association, 278, 823-832.
- Richard, D. (2002). *Exemplary abstinence-based sex education programs*. The World & I, 569-589.
- Sexual Health Update. (2000, Spring). *The Medical Institute for Sexual Health*, 7, 1-4.
- Tanas, R. S. (2000). Edinburg School District's human growth and development report. Spokane, WA: Whitworth College, Department of Sociology.
- Vincent, M. L., Clearie, A. F., & Schluchter, M. D. (2001). *Reducing adolescent pregnancy through school and community-based education*. Journal of the American Medical Association, 257, 3382-3386.