



New and Emerging Information about Abstinence

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This e-Update highlights some recent research and resources on teen abstinence. Topics include why teens may choose to abstain from sexual activity, how teens' attitudes and perceptions affect their intentions and sexual behavior, how religiosity and alcohol use relate to teens' attitudes about abstinence, and how media-focused interventions impact abstinence and related factors. Collectively, this information is meaningful for practitioners because it can inform development or enhancement of abstinence education interventions—including innovative strategies such as media advertisements and using the Internet, text messaging, and social networking sites—and integration of information about their target population's needs into programming.

Understanding Reasons for Teens' Abstinence

An article by Long-Middleton and colleagues discusses teens' reasons for abstinence and offers useful insight into broad topic categories that may guide the development of interventions to delay intercourse. The study asked 70 teen girls from various racial and ethnic groups about their reasons for remaining abstinent. Teens' reasons for remaining abstinent were categorized into 5 main themes: personal readiness, fear, beliefs and values, partner worthiness, and lack of opportunity. The most frequently cited reason for remaining abstinent was not yet feeling ready to have sex. As one 17-year-old black teen stated, "I feel I am not ready emotionally, mentally, or physically." Teens also indicated that they were worried about the negative consequences of sex, such as sexually transmitted infections (STIs) or pregnancy. Several teens mentioned personal or religious beliefs as a reason for abstaining. Some teens responded that they had not yet met a partner with whom they wanted to have sex, and others mentioned that they had not yet had the opportunity to have sex. Many of the teens gave more than one reason for remaining abstinent. As one 15-year-old white teen mentioned, "I don't think I'm ready, and I have not found anyone I care about enough to want to have sex."

Implications: The findings from this study show that teens who choose abstinence have multiple reasons for doing so. Projects interested in promoting and encouraging abstinence should recognize these multiple reasons as they develop and enhance interventions to delay intercourse.

Why This Is Meaningful to Practitioners: Program facilitators should think about how they might address one or more of these themes in their work with youth to bolster teens' motivation to remain abstinent. Facilitators could consider incorporating a personal journal activity so that teens have the opportunity to reflect on their personal readiness for having sex, the characteristics they are seeking in a partner, and their beliefs and values about sex. Programs might also consider incorporating activities pertaining to healthy relationships to encourage teens to share their beliefs and values with friends and romantic partners.

An article by researchers at Emory University describes characteristics of teens interested in abstaining from sex after initiation and offers information to target health education by identifying teens who may be more responsive to abstinence-promoting messages. This study explored the idea of *secondary abstinence*, which is the practice of abstaining from sex for a period of time after becoming sexually active. This study examined which teens might be most interested in secondary abstinence. One in five sexually active African American teens in the study was very interested in practicing abstinence. Teens who were interested in secondary abstinence were more likely to have a history of STIs, were more likely to have experienced negative feelings about sex because of their religious beliefs, and were more likely to report lower levels of stress and more social support in general. Teens were also much more likely to be interested in secondary abstinence if they thought their partner was interested in it.



Implications: These findings show that secondary abstinence is a good option for some teens who want to reduce their risk of STIs and unintended pregnancy. There are particular individual and relationship factors that were distinct among teens who were interested in secondary abstinence.

Why this is Meaningful to Practitioners: Projects might consider these factors to target teens who are likely to be interested in secondary abstinence and to increase success in reaching and supporting those teens. For example, programs could consider recruiting from STI clinics or could ensure that abstinence is included in discussions with teens about STIs.

Projects could also incorporate activities to reduce teens' stress, such as offering tutoring or homework help, offering an informal space for teens to gather and connect with their friends, or linking teens with caring adults in the community.

Testing an Integrative Theory for Abstinence

An article by Buhi and colleagues tests a theoretical framework to explain teens' sexual abstinence and intentions to remain abstinent and identifies which elements are powerful influences on behavior. This study looked at eight factors from leading theorists about why people deliberately change their health behaviors:

- personal *intention* to perform the behavior;
- lack of *environmental constraints* preventing the behavior;
- personal *skills* to perform the behavior;
- positive *attitudes* about the behavior;
- perception of *normative pressure* to perform the behavior (i.e., social support for the behavior);
- *personal standards* that are consistent with performance of the behavior;
- *emotional reaction* to the behavior that is more positive than negative; and
- perceived *self-efficacy* to perform the behavior.

These factors are part of other health behavior change theories, but the integrative theory attempts to bring them together in a new way in order to understand how the factors might interact and influence each other. This study tested the utility of the integrative theory in predicting abstinence. Overall, teens with pro-abstinence personal standards also had more positive beliefs about staying abstinent along with stronger perceptions that

others had pro-abstinence norms and a greater self-efficacy to remain abstinent until marriage (**Table 1**). These beliefs, perceptions of norms, and self-efficacy increased teens' intentions to remain abstinent, which in turn made teens more likely to remain abstinent. The study also found that, compared to girls, boys had weaker endorsements of pro-abstinence standards and lower levels of self-efficacy to remain abstinent.

Table 1. Constructs Associated with Pro-Abstinence Personal Standards

Positive beliefs about sexual abstinence
Self-efficacy to remain abstinent
Lowered intentions to have sex
Negative emotions regarding sex before marriage
Positive emotions regarding abstinence

Implications: According to this integrative theory, there are a number of areas on which projects can focus in order to increase teens' success with remaining abstinent. These areas include personal standards related to abstinence, self-efficacy for remaining abstinent, and positive beliefs about sexual abstinence.

Why This Is Meaningful to Practitioners: Educational programs and curricula may need to focus on promoting self-standards and beliefs regarding sexual abstinence in addition to information about the benefits of abstinence. Projects could focus on increasing self-efficacy through activities that improve communication skills, including refusal skills. Educators may also need to target or provide booster activities for boys that increase their self-efficacy to remain abstinent and increase their positive beliefs about abstinence.

The Roles of Religiosity and Alcohol Use

An article by Winter and colleagues discusses how attitudes endorsing sexual abstinence ideals from late adolescence into early adulthood are linked with religiosity and avoiding alcohol use and offers useful insight into how attitudes toward sexual abstinence ideals are intertwined with other conservative attitudes and behaviors. This study explored the associations between teens' religious beliefs, alcohol use, and attitudes about abstinence. This study followed a large group of Finnish twins from adolescence to early adulthood and found that the more religious an individual was at age 16, the more likely they were to maintain the stable belief (at ages 17 and 24) that married couples should have their first sexual experiences with each other. Religiosity was also related to the link between abstinence attitudes and behavior. Among all individuals who held stable pro-abstinence beliefs, those who were religious were more likely than those who were not religious to report having had only one sexual partner or no sexual partners by age 24.



One advantage of studying twins is that they typically have a lot in common. They usually live in the same home and attend the same school. If they are identical twins, they also share the same genes. When twins believe different things or behave in different ways, it allows researchers to make a strong argument that factors other than genes, families, neighborhoods, or schools are at work. This study looked at twin pairs in which one twin drank alcohol at age 16 and one did not, and one twin endorsed sexual abstinence at age 17 and one did not.

The researchers found that in the majority of these pairs the twin who did not drink alcohol was also the twin who valued sexual abstinence.

Implications: These results suggest that religious teens may have minimal need for abstinence education. Teens who are already engaging in other risk behaviors, such as alcohol use, may be more appropriate targets. These findings also imply that there is value in targeting at least some risk factors outside of families, neighborhoods, and schools.

Why This Is Meaningful to Practitioners: Teen pregnancy prevention programs could consider partnering with programs targeting adolescent substance use to add lessons or activities related to sexual health. Programs should also consider identifying and incorporating lessons or activities related to non-familial risk and protective factors that are important for their target population.

The Impacts of Media-Focused Interventions



An article by researchers at RTI International describes the reach and effectiveness of a media campaign to promote parent-child communication about waiting to have sex and offers insights into the powerful influence of television advertisements, particularly for mother-child communication. This study built on a previous evaluation of the *Parents Speak Up National Campaign* (PSUNC), a nationwide communications campaign sponsored by the federal government that aimed at increasing parent-child communication about sex. PSUNC encouraged parents to talk to their children “early and often” with a focus on helping teens to delay sexual initiation. The public

service announcements (PSAs) produced through the campaign also directed parents to a campaign-specific Website for more information. This study determined how many parents were exposed to PSUNC and whether exposure to PSUNC in a real-world setting had an impact on parent-child communication about sex. The study found that 59% of parents in the United States were exposed to at least one PSUNC ad (the average parent in the target audience received 22 total ad exposures, or approximately 1 per month, during the campaign). The more times a parent was exposed to the campaign, the more often they talked to their child about sex. These findings were consistent with previous studies that found that the campaign was effective after about 5 exposures to the PSUNC ads within a 6-month period. The results were stronger for mothers than for fathers, suggesting that messages about parent-child communication about sex might need to be tailored differently for mothers and fathers.

Implications: The results of this study show that a relatively brief intervention can be used to encourage parents to talk to their children about sex.

Why This Is Meaningful to Practitioners: Projects interested in increasing parent-child communication about sex could consider using marketing materials such as television PSAs to reach parents with messages about talking to children about waiting to have sex. Modest levels of exposure can be sufficient to increase parent-child communication.



An article by Guse and colleagues reviews the impact of digital media-based interventions (using the Internet, text messaging, and social networking sites) on teens' sexual health knowledge, attitudes, and behaviors and provides insight into the potential of new digital media for sexuality education. This study reviewed evaluation results from interventions that used digital media to improve adolescent sexual health. Four of the evaluations showed significant (or near-significant) impact on abstinence-related outcomes, including permissiveness toward premarital sex, perceived importance of abstinence, and self-efficacy to remain abstinent. The evaluated interventions all included an educational

Website; additional intervention components included professional counseling by e-mail, forums for online discussion, and a CD-ROM. One intervention, *It's Your Game: Keep It Real*, also offered tailored content based on the gender and sexual experience of the user.

Implications: Effective abstinence education does not have to be confined to a classroom. Projects can consider incorporating digital media into teen pregnancy prevention efforts as a way to engage teens, reach them in locations and times outside of school, and customize intervention content to accommodate diverse backgrounds and needs.

Why This Is Meaningful to Practitioners: Projects could consider developing a project-specific Website or a Facebook page that will allow them to connect with teens and offer information outside of normal programming hours. There are many different methods that program delivery staff can use to reach teens, including mobile phones, online video, bulletin boards, discussions, e-mail, and gaming. Projects might benefit from exploring existing digital media resources that are already available and recommending these resources to teens when appropriate.

An Implementation Study with Minority Youth

An article by Smith and colleagues explores the experiences and perceived benefits of students who participated in a sex education program emphasizing abstinence and providing information about condoms and contraception. The article provides understanding of the knowledge needs likely to be identified by inner-city Hispanic youth. It also describes the results of an implementation evaluation of Big Decisions, a 10-session curriculum that emphasizes the health benefits of abstinence. The curriculum is available for free online at www.bigdecisions.org/curriculum/. Students most wanted to learn about STIs, general sex information, how to reduce the risks associated with having sex, pregnancy, relationships, and male/female anatomy. Students most liked the quality of course delivery, which involved fun games and activities and effective, nonjudgmental facilitators. Students also liked the information that they learned, and a few students reported disliking unanswered questions, curriculum format/activities, infrequency of the class, graphic curriculum material, and issues with peers.

Implications: These results suggest that urban, minority high school students may enter teen pregnancy prevention programs with specific informational needs that are important to address. It is also important for curriculum activities to be interactive and fun, and for facilitators to be engaging and respectful of students.

Why This Is Meaningful to Practitioners: Providing information that allows students to identify various infections; their symptoms (or lack thereof); and methods of STI prevention, detection, and treatment would

likely be viewed as highly valuable by this target population. Programs should include basic information about sexuality, including responsibility and relationships, as well as basic anatomy and biology of sex. It is also important to be conscientious about selecting, training, and supervising facilitators, with the goal of creating a fun and respectful learning environment.

New Tool for Program Providers

The SMARTool (Systematic Method for Assessing Risk Avoidance Curriculum) is available for free download from the Center for Relationship Education. The tool helps program educators 1) determine what should be included in sexual risk avoidance programming and 2) assess whether their current efforts meet criteria identified in the adolescent health literature. Specifically, the objectives of the SMARTool are to:

- help schools and youth-serving organizations identify and implement programs that inform youth about sexual risks and support youth to delay sexual involvement,
- serve as a resource to developers of sexual risk avoidance curricula,
- increase the confidence and proficiency of educators, and
- improve the effectiveness of community programs promoting sexual risk avoidance.

The SMARTool, along with more information about the tool, can be found online at <http://www.myrelationshipcenter.org/SMARTool>.

Summary

New information and resources about abstinence education can help program delivery staff develop or enhance abstinence education interventions. Eliciting teens' thoughts, feelings, and concerns about sexual intimacy and sharing why other teens have decided to abstain from intercourse may help promote abstinence. Educational programs and curricula can easily supplement the provision of information by focusing on self-standards, self-efficacy, and beliefs regarding sexual abstinence, as well as complementary conservative attitudes and behaviors, to affect sexual health. Program elements that teens find valuable include providing students with an opportunity to ask questions, having expert facilitators employ nonjudgmental program delivery, and using games and role-play activities to promote active learning. Others have demonstrated success with innovative strategies such as media advertisements and using the Internet, text messaging, and social networking sites.

RESOURCES

Bradley, E. L. P., Sales, J. M., Murray, C. C., & DiClemente, R. J. (2012). Examining interest in secondary abstinence among young African American females at risk for HIV or STIs. *Health Education Research, 27*(6), 1120–1128.

Buhi, E. R., Goodson, P., Neilands, T. B., & Blunt, H. (2011). Adolescent sexual abstinence: A test of an integrative theoretical framework. *Health Education & Behavior, 38*(1), 63–79.

Davis, K. C., Evans, W. D., & Kamyab, K. (2012). Effectiveness of a national media campaign to promote parent-child communication about sex. *Health Education & Behavior, 40*(1), 97–106.

Guse, K., Levine, D., Martins, S., Lira, A., Gaarde, J., Westmorland, W., & Gilliam, M. (2012). Interventions using new digital media to improve adolescent sexual health: A systematic review. *Journal of Adolescent Health, 51*, 535–543.

Long-Middleton, E. R., Burke, P. J., Cahill Lawrence, C. A., Blanchard, L. B., Amudala, N. H., & Rankin, S. H. (in press). Understanding motivations for abstinence among adolescent young women: Insights into effective sexual risk reduction strategies. *Journal of Pediatric Health Care*.

Smith, P. B., Realini, J. P., Buzi, R. S., & Martinez, M. (2011). Students' experiences and perceived benefits of a sex education curriculum: A qualitative analysis. *Journal of Sex & Marital Therapy*, 37, 270-285.

Tortolero, S. R., Markham, C. M., Peskin, M. F., Shegog, R., Addy, R. C., Escobar-Chaves, S. L., & Baumler, E. R. (2010). It's your game: Keep it real: Delaying sexual behavior with an effective middle school program. *Journal of Adolescent Health*, 46(2), 169–179.

Winter, T., Karvonen, S., & Rose, R. J. (2013). Associations between sexual abstinence ideals, religiosity, and alcohol abstinence: A longitudinal study of Finnish twins. *Journal of Sex Research*. DOI: 10.1080/00224499.2012.721098

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