



Abstinence-Only Program Successful in Delaying Sexual Activity Among Young Teens

A Statement from The National Campaign to Prevent Teen and Unplanned Pregnancy
about a New Study Published in the American Medical Association's
Archives of Pediatrics and Adolescent Medicine
*Jemmott JB, Jemmott LS and Fong GT: Efficacy of a Theory-Based
Abstinence-Only Intervention Over 24 Months*

In the battle between abstinence-only and comprehensive sex education, The National Campaign has long been on the side of science. This new study is game-changing. For the first time, there is strong evidence that an abstinence-only intervention can help very young teens delay sex and reduce their recent sexual activity as well. Importantly, the study also shows that this particular abstinence-only program did not reduce condom use among the young teens who did have sex.

Americans have long supported abstinence as a *message*—for example, surveys consistently show that adults and teens think that young people should be encouraged to delay sexual activity. With the publication of this new study, we now have a well done, strong evaluation showing that a particular abstinence-only *program* can help young teens do just that.

It is also true that Americans support providing teens with full and accurate information about contraception—that is, they hold a common sense view that encouraging delay and also offering good contraceptive information are complimentary, not conflicting approaches.

One important consequence of this new study is that an abstinence-only program for very young teens can now be added to the list of well evaluated interventions that reduce risky sexual behavior among adolescents. The vast majority of these proven interventions are comprehensive in scope—that is, they urge teens to delay sexual activity and also directly encourage sexually active teens to use contraception.

As noted, the abstinence-only program described in this new study centered on very young teens—the average age was 12 years. The authors also report that the program did not advocate abstinence until marriage, did not portray sex in a negative

light or suggest that condoms are ineffective, and contained only medically accurate information.

With these new findings, communities now have a somewhat larger and more diverse list of effective programs to choose from in their efforts to help teens make better decisions about sex and contraception, and when and under what circumstances to have children. Even so, caution is warranted. It is unreasonable to expect *any* single intervention, curriculum, or program to solve the teen pregnancy problem. True and lasting progress requires not only good programs in schools and communities, but also supportive social norms and values, informed and active parents, good health services, a positive media culture, and more. Given the recent rise in teen pregnancy announced last week—the first since 1990—efforts in all these areas need to be more creative, more focused, and more intense.