

Undergirding Abstinence Within a Sexuality Education Program

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The efficacy of the Teen STAR Program, a proactive educational program in human sexuality to undergird virginity and/or facilitate a return to chastity has been reported previously. The 1999-2001 cohorts are similar to previously reported cohorts. The 8-month program joins experiential learning of fertility signs to a developmental didactic curriculum plus regular teacher-student interaction. Our U.S. study population from 5 sites consisted of 822 males aged 12-17 years; 71 were sexually active, 42 virgins (5.5%) transitioned to sexual activity, while 39 (35%) discontinued activity. Of 496 females aged 12-16 years 16 (3.2%) were sexually active, before the program, 14 (2.9%) transitioned while 16 (53%) discontinued activity. The rate of discontinuation was approximately double of that among the general population: 53 vs. 26 % for females, 49 vs. 27% for males. Responses were stratified by early, middle and late adolescence and tabulated by virgin/non-virgin status. Both virgins and non-virgins identified chastity, the consequences of sex: unwanted pregnancy and STD's, and self-knowledge as the most important thing(s) they learned and remembered about the program. A previously validated Likert scale measured behavioral parameters: speaking about the program with parents, with friends, greater control of emotions, greater empathy with others, overall helpfulness of the program and reasons for maintaining or returning to chastity. In middle and late adolescence non-virgins generally presented at the lower end of the scale in all parameters, lending support to Erikson's theory of identity foreclosure or at least delay as a result of participation in adult tasks before emotional maturity has been reached, while early adolescents were equally enthusiastic, and predominantly returned to chastity. The fact that at least half of locus of control responses indicated an internal locus may indicate progress toward growing up. Failure to discontinue intercourse was associated with contraceptive use by 72% of the males and 43% of the females. Conclusion: Tracking of fertility patterns joined to discussion of their meaning correlates positively with maintaining virginity as well as a return to chastity. The overall 50% discontinuation rate exceeds that of the general population and can be an important tool for prevention of STD and premarital pregnancy.

Introduction

Despite recent declining rates in adolescent pregnancy in this country, more than four in ten teenage girls still get pregnant at least once before age 20. About two-thirds of all students have sex before graduating from high school, potentially exposing themselves to STDs. And one in four sexually experienced teens do contract an STD each year, some of which are incurable, including HIV, which is terminal or at least life-threatening (Kirby, 2001).

Yet the percentage of adolescents primarily or secondarily abstinent may be increased at least in the short term by well-designed programs adeptly implemented in a community of receptive

teens. Parental involvement, solid theoretical grounding, reinforcement of appropriate social norms, as well as teaching the interpersonal skills necessary to remain abstinent appear promising for program success (Thomas, 2000).

The concept of abstinence embraces both primary abstinence; that is, refraining from sexual intercourse by an individual who has never experienced it, and secondary abstinence, the discontinuation of sexual intercourse by those already experienced (Thomas, 2000).

It is believed that abstinence provides buffering from the psychosocial and emotional harm resulting from premature sexual relationships (Orr et al, 1991; Billy et al, 1988).

A University of Minnesota statewide survey of adolescent health that included 26,023 students in Grades 7 through 12 in 1988 found some interesting emotional correlates to delayed sexual intercourse. Among adolescent females aged 13-14 years, those with lower symptoms of depression were less likely to have initiated intercourse. Male youth who were concerned about issues within their communities (alcohol, drugs, violence, and hunger) were less likely than peers to initiate early sexual intercourse. Females who likewise expressed social concerns were also less likely to have early intercourse than peers. The same was true, but less strong, for those who reported themselves as more religious. The likelihood that females or males with higher school performance would have initiated sexual intercourse was less than half that of peers with lower school performance (Lammers et al, 2000).

Several abstinence-based programs, as well as my own experience, suggest that adolescents are not able to understand fully the implications of their sexual experimentation, nor to deal with the consequences of such activity. According to the work of Marion Howard at Grady Memorial Hospital in Atlanta, Georgia, the needs that teenagers seek to meet through sexual intercourse could best be met in other ways. Moreover, teens are often pressured into sexual behaviors in which they do not want to engage. They require preparatory awareness of sexual pressures and the skills needed to resist them (Howard & McCabe, 1990).

In one poll, 12 to 17 year olds identified the pressure to have sex as the number one threat to their well being (Worldwide, 1994). A poll of 1000 adolescent girls in an adolescent clinic in Atlanta found the topic most desired to have discussed, 84% of those polled, was how to say no to a boyfriend's request to have sex without losing the boyfriend or hurting his feelings (Howard & McCabe, 1990).

Implications can also be found in a number of studies for consideration in developing prevention of high-risk behaviors among adolescents. For example, if peers are a significant influence, efforts to reduce adolescent pregnancy, AIDS, and other STDs should account for peers in prevention strategies. Providing adolescents with roles in prevention efforts may increase the likelihood that peer reinforcement will work in prosocial ways (DiBlasio & Benda, 1990).

Increasing education, awareness, and involvement of parents in sexual issues of their children may be effective, as adolescents considered positive and negative consequences of their actions in the light of parental reactions. For example, high school students in the DiBlasio and Benda study (1990) reported that greater supervision and discipline by parents would reduce their sexual frequency. Additionally, creation of a normative climate by youths and adults that makes it popular to postpone sexual intercourse until adulthood may influence adolescents in the direction of attitudes and beliefs against early sexual involvement.

Reduction or prevention of teenage pregnancies is a high priority due to the high risk of physical, emotional, and social problems for mother and child. The more prevalent approach is the provision of contraception. The continuing high rates of both teen pregnancy and abortion, however, testify to the less than universal efficacy of the contraceptive approach. The effectiveness of an oral contraceptive is high, but it appears that in spite of powerful public information campaigns, teenagers do not accept them, or fail to use them consistently (Klaus et

al, 1987).

My seven year experience of teaching prenatal and parenting education to a group of pregnant and/or parenting teens at an alternate school for low income high school drop outs or truants conducted by CORA SERVICES, Inc., a children and family resource center in Philadelphia, the agency where I am employed, (MND) gave me personal experience of this. Most of the young women in these classes had experienced physical and/or emotional side effects or failure from various contraceptives, with little understanding or patience from the medical community or their partners.

Neither the provision of contraception nor the exhortation to preserve chastity serves adolescents' need to integrate their now-present biological capacity to procreate into their operational self-concepts. The Teen STAR program utilizing experiential learning about fertility to facilitate the integration of biologic maturity with adolescent emotions, cognition, capacity, life goals and behavior was developed to address this need (Klaus et al, 1988).

Contraception dichotomizes sex and procreation, thus facilitating fragmented, often solely or largely genital, relationships, which do not lead to growth. While teens are often exposed to exhortation to moral (chaste) behavior, many have not yet reached the level of personal integration to accept this teaching, even when disposed to do so, because they are immersed in the adolescent personality task of establishing their ego identity. This requires at least a theoretical distancing from the "parental ego" in order to discover which values are their own, and which are passively incorporated from their parent(s). These adolescents cannot "hear" adults when they say that genital union can only have its full meaning within marriage, because they still need to master the preliminary adolescent personality tasks. A high priority for teens is to understand their sexuality as well as their procreative capacity. It seems that until youth can "own" their fertility more than just intellectually they cannot integrate their sexuality and become more mature. Only after coming to terms with the fact that one is now biologically capable of becoming a mother or a father, can awareness of this capacity be integrated into choices about present behavior which are consistent with future life goals (Klaus, 1988).

The original Teen STAR pilot program was designed to discover whether young women could be taught to recognize their fertility patterns by mucus self-detection, to monitor the effect of understanding their fertility on their sexual behavior in the context of gender-specific value-oriented curricula, and to monitor the effect of parental involvement on client continuation and behavior (Klaus, 1988).

It has been my experience in working with adolescent girls most of my professional life that even those who intellectually accept sexual abstinence as a value, without further instruction, they are less likely to maintain this stance under pressure. A knowledge and experience of charting their own fertility patterns, the cyclic rise and fall of hormones with their effect on one's moods, plus concrete ways of responding to these emotional changes and pressures is empowering to the adolescent girl and reinforcing of abstinence outside of a totally committed relationship. I have also learned that instruction in fertility awareness enables the adolescent to come to a new and deeper understanding of what it means to be a woman. Developing a healthy feminine identity and full acceptance of ones' sexuality is part of adolescent development.

Estrogens release endorphins, making us feel good, even tempered and outgoing. After ovulation the metabolite of progesterone, allopregnanolone. (Rapkin et al. 1997) is anxiolytic, that is, releases anxiety. Women become more inward looking and introspective, arty. (How often do we hear from parents of adolescent girls complaints about how much time their daughters spend in their room, more than likely during the progesterone phase of their cycle.) When both estrogen and progesterone drop, the low level of androgen in women can become

dominant. Ordinarily, the female level of testosterone is one-tenth of what it is in the male. Testosterone, generally associated with energy and aggression in the male, becomes apparent three or four days before the menstrual period in women. At this time she is more apt to become impatient or have a short fuse, as teens are likely to report. For example, the behavior of a younger sibling well tolerated during most of the cycle can become an irritant at this time. This phase can be expressed inwardly as depression or outwardly as aggression (Hanna Klaus, M.D., Personal communication 6/12/01.)

Does this mean that the adolescent girl or woman is a victim of her hormones? Not so if she is aware of her cycling hormones and their influence on her moods. She can be challenged to decide how they will effect her behavior, putting her in charge.

Likewise, many adolescent girls can feel a lack of control about menstruation and its' timing. With an appreciation of fertility awareness, she can learn when to predict it, giving her a feeling of being more in control.

Teens also learn the effect of hormones as well as other factors on their sexual desire. As one girl explained to me, "I almost went all the way but stopped as I remembered what you said, 'It's not true love; it's the hormones.'" I don't recall using those exact words, but the young woman got the message correctly.

Being as self invested as teens are, this knowledge of factors involved in their emotional state proves of great interest to adolescent girls, and boys I might add. Some girls may even be attracted to Teen STAR because of the psychological self-knowledge involved. Once into the program, however, they appreciate this information but experience and learn so much more in the process.

Other areas covered by the curriculum include:

1. Psychosexual differences between men and women.
2. Dating - boy/girl relationships - the purpose of dating, appropriate dating behavior, including assertive refusal techniques.
3. Evaluating sexual attitudes presented on TV & other media.
4. STDs.
5. Consequences of premarital sex.
6. The meaning of a totally committed relationship.

Methodology

In an effort to determine the effect of premature intercourse on the psychological maturation of adolescents, outcome data from the anonymous exit questionnaires from the 1998-2000 Teen STAR programs in the U.S. were analyzed comprising data obtained 1999-2001. Responses of 496 female and 822 male subjects were grouped by gender, virgin/non-virgin status, and level of psychosexual development. Early adolescence - 11 to 13 years of age, middle adolescence - 14 to 15 years of age, and late adolescence - 16 to 17 years of age. Non-virgins represented only 10-13% of the study groups. (Tables 1A and 1B)

Results

There were considerable differences in the responses of virgins and non-virgins across all three groups.

1. 1) Female and male virgins in middle adolescence anticipated future abstinence more frequently than non-virgins. In late adolescence, males had no expectations, while 2/3 of

- females were hopeful. (Tables 2 A&B)
2. 2) All early adolescents gained on the question of greater control of emotions, while the gain was higher among virgins than non-virgins. (Tables 3A&B)
 3. 3) Early adolescent non-virgin females and middle adolescent non-virgin males lagged behind other groups on empathy with others. (Tables 4A&B)
 4. 4) Early and middle virgin females rated the program higher for over-all helpfulness.(Tables 5A&B)
 5. 5) About half of early and mid-adolescent males, whether virgin or not, spoke with their parents about the program, other than to request permission to participate, while about one third of other male groups did so. More early and late adolescent female virgins talked with their parents about the program than did female non-virgins. A higher percentage of middle adolescent female non-virgins, although small in actual number, spoke with their parents about the program than did the percentage of middle adolescent female virgins.(Tables 6A&B)
 6. 6) A greater percentage of middle and late adolescent virgin males spoke with their friends about the program while a greater percentage of early adolescent male non-virgins spoke with their friends about the program than did early adolescent male virgins. The opposite was true for females, with more early adolescent virgins and a greater percentage, though small in actual number, in middle and late female non-virgins talked to their friends about the program. (Tables 7A&B)
 7. 7) Virgins of course had higher response rates for reasons for remaining, (or returning to) abstinence than non-virgins; they also had a much higher rate of responses which reflected an internal locus of control, indicating movement toward maturity. (Tables 8A&B) Table 9 identifies the questions and their loci. There was little difference between what students remembered most from the course (Tables 10 A&B) and what they considered most important. (Tables 11 A&B) All listed chastity, consequences of sex and self-knowledge. Girls added knowledge of their fertility cycle.

Non-virgins presented at the lower end of the scale in all parameters, lending support to Erikson's theory of identity foreclosure or at least delay, as a result of participation in adult tasks before emotional maturity has been reached. Failure to discontinue intercourse was linked to contraceptive use in all three age groups. This was more pronounced among males (72%) than females (43%). (Table 12.)

Conclusion

Tracking of fertility patterns joined to discussion of their meaning correlates positively with maintaining virginity as well as a return to chastity. The high level of continuing virginity, as well as the overall 46.7% discontinuation of sexual activity exceeds that of the general population and can be an important tool for prevention of STD's and premarital pregnancy. (Klaus, 2001)

Appendix

At an international meeting of Teen STAR held in Krakow, Poland, July 9-12, 2000, teachers from 17 countries were able to identify 22 program strengths. Among those related to the topic at hand were:

1. Students can be themselves, become more mature and self-directed.

2. Teen STAR demands self-discipline, which is counter-cultural.
3. Teen STAR moves girls from being victims of their hormones to being in control.
4. Teen STAR encourages students to think ahead and to make decisions ahead of crisis.
5. The program offers methods to reject peer as well as media pressure.
6. Teen STAR enhances movement from middle to late adolescence, thereby enhancing students' level of ego development.
7. Teen STAR affirms the youth's right to know about their own sexuality and helps them find answers (to their questions).

References

1. Billy J, Landale N, Grady W, Zimmerle D. Effects of sexual activity on adolescent social and psychological development. *Soc Psych Q* 1988, 51:190-212.
2. DiBlasio, F.A., Benda, B.B. Adolescent Sexual Behavior: Multivariate Analysis of a Social Learning Model. *J Adol Research* 1990;5:414-429. October.
3. Howard, M, McCabe JB. Helping teenagers postpone sexual involvement. *Fam Plann Perspectives*; 1990;20:21-6.
4. Kirby, D. Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy. National Campaign to Prevent Teen Pregnancy. Washington, DC. May, 2001.
5. Klaus H., Teen STAR News. July/August, 2001. Bethesda, MD.
6. Klaus H, Fagan MU., Bryant ML. Dausman S, Dennehy N, Begley M, Monmonier H, Martin JL, Teen STAR: Sexuality Teaching in the Context of Adult Responsibility. Regier G, Ed., *Values and Public Policy*.1988. Family Research Council, Washington, D.C.,
7. Klaus H, Bryan, LM, Bryant ML, Fagan MU, Harrigan MB, Kearns F. Fertility Awareness/Natural Family Planning for Adolescents and their Families: Report of Multisite Pilot Project. *Internat J Adol Med & Health*.1987;3:2:101-119. Listed in Kirby, D. see above
8. Lammers C, Ireland M, Resnick, M, Blum, R. Influences on Adolescents' Decision to Postpone Onset of Sexual Intercourse: A survival Analysis of Virginity among Youths Aged 13 to 18 Years. *J Adol Health*. 2000; 26:42-48. January.
9. Orr D, Bexter M, Ingersoll G. Premature sexual activity as an indicator of psychosocial risk. *Pediatrics*, 1991; 87: 41-7.
10. Thomas, MH. Abstinence-Based Programs for Prevention of Adolescent Pregnancies: A Review. *J Adol Health*, 2000; 26:5-17.
11. Worldwide, Roper Starch. *Teens Talk About Sex: Adolescent Sexuality in the 90's*. New York: Sexuality Information and Education Council of the United States, 1994.
12. Youth Risk Behavior Survey, United States, 1999. Centers for Disease Control, DHHS.

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