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## ADOLESCENT PREGNANCY AND ABSTINENCE: HOW FAR HAVE WE COME?

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Terrance D. Olson, PhD

Some of you know that when I first received an OAPP grant five years ago to “promote abstinence and other prudent approaches” to the problem of adolescent pregnancy, I was somewhat naive as to how politicized prevention efforts had become. At that time in the battle against teenage pregnancy, there were, on the one hand, those who dedicated themselves to solving the problem and, on the other hand, those who advocated abstinence.

There is evidence, however, that attempts to reduce adolescent pregnancy need not polarize and that abstinence may be the most thoughtful and reasonable option.

### Why Have We Had to Come So Far?

The following statement from the Surgeon General’s Office is relevant to our discussion today:

A recent release from the Office of the Surgeon General reports a remarkable drop in the incidence of venereal disease [in the military]. . . . For the Army as a whole, the decrease amounted to 40 per cent; for soldiers stationed in the United States, it was more than 50 per cent. This is an encouraging note in view of the trend toward increased rate in the civilian population as recently reported. The Surgeon General credits this accomplishment to a new approach on the part of the Army, based on “an intelligent appeal to the higher moral sense of the individual,” with “moral, spiritual, psychological, as well as objective factors.” In this program the reasons for good conduct are stressed through group and individual education and conferences. . . . This approach has supplanted prior concepts, which emphasized the aspects of prevention, with the implication that the soldier was not remiss so long as his illicit relations did not result in infection. Training films . . . have been replaced by new films reflecting the current trend, dramatizing “The rewards of good conduct as well as the effect of social diseases on an individual’s

future health and happiness.' ('Venereal disease control,' 1948, p. 784)

The philosophy of the Surgeon General's Office in 1947 is not incompatible with the philosophy of Title XX which has funded all of us to see how effective we can be in helping adolescents behave in ways which promote their own economic, educational, and familial futures. So what happened between 1947 and 1987 that we have seemingly sought ways to reinvent approaches which were showing promise even 40 years ago?

Kurt Back, a social psychologist at Duke University, sheds some light on this. He notes that rates of adolescent pregnancy result from two components—increased sexual activity and insufficient contraception. Now, a scientist guided by scientific principles might feel the need to address both components in any prevention efforts. But Back indicates that this is not what has happened: "We are struck by the preponderance of research and application on the second factor—the use of contraceptives, to the virtual exclusion of the first, the increase of teenage, nonmarital intercourse" (1983, p. 2).

Back's work reveals that a professional's decision on how to intervene regarding adolescent pregnancy has been a matter of ideology and of values, not of science. In other words, the values of the professional community have guided prevention strategies. Most of those strategies have neglected the idea of abstinence.

Some observers point out how difficult it might be to enforce prohibitions in teenage sexual activity. Back argues that such presumed difficulties ought not to deter the scientist, for just because a program might not reach everybody, it could still be of benefit. Back continues:

In the same way, one might argue that elimination of racism and sexism could not be effected by changes in social norms. After all, should one interfere in bigotry between consenting adults? The differences in these cases seem to be more a question of where one *wants* to interfere than where one *could* [emphasis added]. . . . If the problem of teenage pregnancy is serious, one should consider scientific evidence as well as values and acknowledge the justifications and consequences of self-imposed restraint. (1983, p. 4)

Only recently have we reached the point where a bare majority of students report sexual intercourse prior to graduating from high school, and in many communities the majority of students are still abstinent at graduation (Miller, 1981; Zelnik & Kantner, 1980). But programs promoting abstinence can still have an impact on even those students already "sexually active." Even the Army's approach 40 years

ago suggests that success is possible. It may be that we have had to come so far in considering abstinence as legitimate, not because of any data from empirical science, but because of philosophies which held abstinence as illegitimate.

### The Pragmatic Argument

There are those who argue that abstinence is a good idea in principle and that they would even prefer it philosophically, but "we've got to be pragmatic." But empirical evidence shows that promoting abstinence *is* the pragmatic approach and that promoting family involvement in any prevention program is the most pragmatic approach of all.

Here are a few examples of recent research which highlight why promoting abstinence might be not only philosophically defensible but also powerfully pragmatic.

1. Numerous studies have shown that the more involved parents are with their teenagers, the more likely the teenager will be insulated from the problems of teenage pregnancy (see Hanson, Myers & Ginsburg, 1987; Miller, 1981; Shah & Zelnik, 1977; Olson, Wallace, & Miller, 1984).

As a specific example, the impact of two factors—knowledge and attitudes—on teen out-of-wedlock childbearing was examined using a sample of 10,000 never-married females in the nationally representative High School and Beyond Survey. The results show "that knowledge, as measured by sex education courses and self-reported birth control knowledge, has no effect on the chances that a black or white female will experience an out-of-wedlock birth as a teenager. However, when adolescents and their parents hold values that stress responsibility, the adolescents' chances of experiencing an out-of-wedlock childbirth are significantly reduced" (Hanson, Myers, & Ginsburg, 1987).

2. The impact of adolescent family planning clinics on the goal of reducing the adolescent pregnancy rate was examined using data from across the United States. Regression analyses showed that while the availability of contraception was related to a decrease in the adolescent birthrate it was also associated with an increase in the adolescent pregnancy rate, with the decrease in the birthrate being due to the proportion of teen pregnancies not allowed to continue to a live birth, rather than to reduced teenage pregnancy (Weed & Olsen, 1986; Olsen & Weed, 1986; Weed, 1986).

Weed and Olsen summarize:

Our basic findings were clear and consistent, and have now been replicated and confirmed by other people doing work in this area, including researchers from the Alan Guttmacher Institute in New York. On the basis of this evidence, we would conclude that programs which rely on increased accessibility of contraceptive services as the major means of reducing teenage pregnancy are not likely to be effective. (Weed & Olsen, 1987, "Effectiveness of Sexuality")

3. The Ford Foundation sponsored a prevention project (Project Redirection) which emphasized the knowledge factor. This two-year study of sexually active adolescent females achieved a reduction in repeat pregnancy rates as long as monthly counseling meetings were held and contraceptive devices were distributed. Within a year after the monthly meetings (and distribution) ended, the repeat pregnancy rate of the target population had increased to match that of the control group (Polit & Kahn, 1985). Perhaps either family involvement or the promotion of an "attitude change" could have strengthened the impact of the study.

### **The Developmental Factor: What Can We Expect from the Immature?**

Professionals in child development and related fields have documented that adolescents are not yet fully accountable for their actions. Our legal system acknowledges this by having juvenile courts, by restricting teenagers from access to the full rights of citizenship, and in other ways. Legally, of course, most states still have laws on the books which define sexual intercourse with or between legal minors as illegal. Yet, in most states, pregnancy is a condition which renders a legal minor "emancipated." That is, she can be considered a "legal major" under the law, no matter what her developmental stature.

What is the purpose of the legal system "denying" adolescents their full "rights"? Actually, to require full culpability only from those capable of undertaking it is quite defensible. Adolescence is supposed to be a time in which the individual is protected from adult responsibilities while being taught how to take a responsible place in the adult world. As legal minors, adolescents are neither granted full rights, nor asked to bear the full responsibilities of citizenship. As they mature, they qualify to bear the full responsibility of their actions.

That students often behave irresponsibly, destructively, immaturely, and unwisely is nothing new. Nor do legal minors have a corner on irresponsible behavior. Legal majors behave irresponsibly too, but the difference is assumed to be that those who are adults must bear the

full legal burden of their irresponsibilities. (And this says little about the social and emotional consequences of such behavior.) But “children” are protected from the full weight of those consequences while they are yet being nurtured and educated into full citizenship.

Thus, sexual intercourse, by an unmarried legal minor, is by definition irresponsible behavior. How can an individual who is not deemed mature enough to bear full legal burdens be expected to comprehend the full responsibilities of sexual involvement? And, even if there is limited *ability* in teenagers to see the meaning of responsibility and of consequences, they may yet be willing to listen to the older generation, when taught with care and concern. After all, adolescents are at a major transition point in their lives. Involvement in sex affects them emotionally, physically, and, often, educationally and financially. It is hardly an area where the mature (parental) generation can afford to abandon teenagers to their “rights.” In other issues of emotional and familial well-being or personal health, parental involvement and interest are deemed fundamental.

With respect to adolescent pregnancy, the painful truth is that legal minors do bear the burden of consequences, regardless of their maturity or legal capability. And, of course, the burden is extended in both directions across generations. Especially since high school students are legal minors, it is appropriate that a family-centered approach be taken and that abstinence be given primary emphasis, not even to be undermined by the idea that all other prevention options are equally defensible.

On pragmatic, developmental or legal grounds, there may not be such a thing as “responsible sex” among the unmarried adolescent population. On all these counts, abstinence looks like the best way for the mature generation to introduce the next generation into adulthood. (After all, a future parent, at best, is a person trying to act in the best interests of the next generation.)

### **Aren't You Trading One Ideology for Another?**

There are those who think that abstinence ought not/cannot be taught in the public domain because it represents a value stance. But *every* program designed to address this problem will take a value stance. It is impossible to teach about family relationships in an ethical vacuum, because humans experience life in a moral context. Inasmuch as curricula cannot avoid a value base, the base ought to be one which takes into account students' status as legal minors, the family of the adolescent, and the behaviors and philosophies which will be in the

adolescents' best interests, both in the present moment and in the future. Even issues of pragmatics cannot be separated from ethical starting points, because even pragmatists will not consider "practical" those programs which violate their ethical sense. So of course an ideology guides our prevention efforts. The question is whether the ideology is defensible, given the problems and the audiences we are addressing.

### Abstinence and the Health Factor

If the concern is with AIDS rather than just with adolescent pregnancy (if we are talking about "premature" death rather than just "premature" pregnancy), there should be no quibble about protecting the next generation from the diseases of the present one. The concern about syphilis and gonorrhea a generation ago is more than matched by today's concern about AIDS. Solutions of 40 years ago may have more utility than some have been willing to admit, given the Army's report of a dramatic reduction in VD rates in 1947–1948 by implementing an education program which emphasized "an intelligent appeal to the higher moral sense of the individual" (U.S. Army, 1948).

### Summary: Ideology and Science and Prevention

That sex education or contraceptive availability is going to reduce the pregnancy rate among adolescents is clearly disputable. Such education may be equally ineffective in preventing AIDS. The option of abstinence is philosophically promising and defensible in the public arena, especially when adolescents are linked with their parents' using every avenue available. However, even the success of abstinence-based programs is limited, yet they deserve research attention. How much success is success will also be debatable.

There are some promising possibilities for prevention that have more to do with *family life* education than with sex education, that have more to do with philosophies of family life than with technologies and "health" issues, and that remember adolescents are designated legal minors for significant reasons. And family life education programs can be designed to provide solutions to real problems in any family, in the present *and* future. It would be ironic indeed if, in our efforts to prevent adolescent pregnancy, we were to develop programs designed to address the problem as if it were just an issue of behavior and consequences in "the present moment," when family relationships span a lifetime, and when the family is the best resource interveners have to promote success in prevention efforts.

Our experience with our AANCHOR curriculum (Olson & Wallace, 1982) has been that it is possible to deliver a program which promotes abstinence, while honoring what every culture does to promote quality family living. But our efforts are less effective when teenagers are taught elsewhere that sexual decision-making is a grab bag of equally defensible options. Students are more likely to avoid pregnancy when they—

1. are intertwined with their parents and discuss sexual values and beliefs with them.
2. report positive family strengths like loyalty, compassion, and emotional support.
3. believe that sexual intercourse by unmarried teens is wrong.
4. have educational plans past high school.
5. draw upon ethical commitments when making decisions.
6. come from intact or remarried homes.
7. have more than moderately strict parents.
8. have parents interested in their activities.
9. achieve in school, sports, music, etc.
10. avoid early and steady dating.
11. report an interest in their own future and in consequences of their choices.

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