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**Impacts of Four Title V,  
Section 510 Abstinence  
Education Programs**

*Final Report*

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## CHAPTER VII

### CONCLUSIONS

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This report examines the impacts of four selected Title V, Section 510 abstinence education programs on adolescent sexual activity and related knowledge and behavioral outcomes. The impact findings show no overall impact on teen sexual activity, no differences in rates of unprotected sex, and some impacts on knowledge of STDs and perceived effectiveness of condoms and birth control pills. This chapter summarizes these main impact results, considers some important lessons learned from the evaluation, and ends with a look ahead.

#### SUMMARY OF IMPACT RESULTS

The main objective of Title V, Section 510 abstinence education programs is to teach abstinence from sexual activity outside of marriage. The impact results from the four selected programs show no impacts on rates of sexual abstinence. About half of all study youth had remained abstinent at the time of the final follow-up survey, and program and control group youth had similar rates of sexual abstinence. Moreover, the average age at first sexual intercourse and the number of sexual partners were almost identical for program and control youth.

Some policymakers and health educators have questioned the Title V, Section 510 abstinence education programs, believing that the focus on abstinence may put teens at risk of having unprotected sex. The evaluation findings suggest that this is not the case. Program and control group youth did not differ in their rates of unprotected sex, either at first intercourse or over the last 12 months. Less than 10 percent of all study youth (8 percent of control group youth and 7 percent of program group youth) reported having unprotected sex at first intercourse. Over the last 12 months, 21 percent of both program and control group youth reported having sex and not always using a condom.

Findings on behavioral outcomes for each of the four individual sites likewise indicate few statistically significant differences between program and control group youth. In each site, most differences between youth in the program and control groups were small and inconsistent in direction. *ReCapturing the Vision* displayed the largest positive differences with respect to abstinence from sex; 48 percent of program youth in this site reported being abstinent in the last 12 months compared with 43 percent of control group youth.

*ReCapturing the Vision* also displayed a positive difference of seven points in the proportion of youth who reported expecting to abstain from sex until marriage. Neither of these differences is statistically significant. Given the smaller sample sizes available for estimating impacts at the site level, however, the study cannot rule out modest site-specific impacts on these outcomes.

Many Title V, Section 510 abstinence education programs focus on the risks of STDs, and the evaluation results show some improvements in knowledge of STDs. Program group youth correctly identified a significantly higher proportion of STDs than control group youth, and program group youth were significantly more likely than control group youth to report (correctly) that birth control pills are never effective at preventing STDs (including HIV, chlamydia and gonorrhea, and herpes and human papillomavirus [HPV]). For both outcomes, *My Choice, My Future!* is the main source of the differences seen overall.

Program group youth, however, were less likely than control group youth to perceive condoms as effective at preventing STDs. Compared with control group youth, program group youth were less likely to report that condoms are usually effective at preventing HIV, chlamydia and gonorrhea, and herpes and HPV. Furthermore, program group youth were more likely than control group youth to report that condoms are never effective at preventing these STDs. As above, *My Choice, My Future!* is a main source of these overall impacts.

## **LESSONS LEARNED**

The national evaluation of Title V, Section 510 abstinence education programs has been conducted over a period of nine years. It started just after the funding authorization in 1998 and focused on the “first generation” of the A-H abstinence education programs. The evaluation has included both implementation and impact analyses, with multiple site visits to observe the programs and longitudinal follow-up of study youth over a period of four to six years. Several prior DHHS study reports document the implementation experiences of the schools and communities operating the programs and first year impacts of the programs on potential mediating outcomes (Devaney et al. 2002; Maynard et al. 2005; Clark and Devaney 2006). These reports, together with this final impact report, highlight several important considerations for addressing persistent concerns associated with teen sexual activity.

### **Teens Have Important Gaps in Knowledge of STDs**

Program and control group youth appear better informed about the risks of pregnancy than about the risks or consequences of contracting STDs. Although a high proportion of youth reported that having unprotected sex just once could result in an STD, 47 percent of sexually active youth had unprotected sex in the previous 12 months. Moreover, on a scale measuring their understanding of the health consequences of STDs, youth on average got only about half of the answers correct; on a scale measuring STD identification, youth were correct only about two-thirds of the time. In summary, there is a lack of knowledge of the consequences of STDs among both groups.

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### **Targeting Youth at Young Ages May Not Be Sufficient**

As with the four programs in this study, most Title V, Section 510 abstinence education programs have been implemented in upper elementary and middle schools. In addition, most Title V, Section 510 programs are completed before youth enter high school, when rates of sexual activity increase and many teens are either contemplating or having sex. Findings from this study provide no evidence that abstinence programs implemented in upper elementary and middle schools are effective at reducing the rate of teen sexual activity several years later. However, the findings provide no information on the effects programs might have if they were implemented for high school youth or began at earlier ages but served youth through high school.

### **Peer Support for Abstinence Erodes as Youth Move Through Adolescence**

At the time when most Title V, Section 510 abstinence education programs are completed and youth enter their adolescent years, support for abstinence among their friends falls dramatically. For example, survey data from the start of the impact study show that nearly all youth had friends who exhibited attitudes and behaviors supportive of abstinence. Four years later, however, the typical youth in the study reported that only two of his or her five closest friends remained supportive of abstinence.

Youth who participate in Title V, Section 510 programs may also find themselves unable to maintain their peer networks as they advance from elementary to middle school or from middle school up through high school. In some urban settings, for example, the parent(s) of a child attending a particular middle school might have the option of sending that child to potentially dozens of high schools in the school district. Alternatively, in many other communities, children from several elementary (or middle) schools might feed into a single middle (or high) school. To the extent that the Title V, Section 510 abstinence programs aim to influence peer networks, this dispersal or dilution of peer networks after youth complete the programs presents a significant challenge to sustaining positive change.

### **LOOKING AHEAD**

This evaluation highlights the challenges faced by programs aiming to reduce adolescent sexual activity. Nationally, about half of all high school youth report having had sex, and more than one in five students report having had four or more sexual partners by the time they complete high school. One-quarter of sexually active adolescents nationwide have an STD, and many STDs are lifelong viral infections with no cure. Findings from this study speak to the continued need for rigorous research on how to combat the high rate of teen sexual activity and its negative consequences.