

FAMILY FINDINGS

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Abstinence Programs Are Effective in Reducing Teen Sexual Behavior, Pregnancy

EXECUTIVE SUMMARY

1. Abstinence education works. Peer-reviewed research has shown that it persuades teens who have not yet engaged in sexual activity to remain abstinent and helps those who are sexually active to make the choice to become abstinent.

In 2002, the Heritage Foundation, a Washington, D.C.-based research and public policy organization, published a report highlighting 10 studies that have shown teenagers in abstinence-education programs are significantly less likely to be sexually active than their peers.¹ This *Family Findings* report highlights three scientifically evaluated studies of successful programs.

2. Teen sexual activity is a high-risk behavior, and as such, it warrants a preventative approach—not merely the risk-reduction approach of so-called contraceptive education. Parents overwhelmingly support the preventative, abstinence-based approach. A December 2003 Zogby poll found that the vast majority of parents—91 percent—want schools to teach that adolescents should be expected to abstain from sexual activity during the high school years.

3. True abstinence programs not only effectively reduce teen sexual behavior and pregnancy, these programs also stress that abstinence from teenage sexual activity is an attainable goal and teach the skills needed to maintain it. The programs teach refusal skills, harms of casual sexual activity, how to have healthy relationships, and stress commitment and the benefits of marriage. They also teach that teens should not be sexually active until at least they have finished high school and explain why abstinence until monogamous marriage is the safest, healthiest choice, yielding the best life outcomes. (See p. 2, Chart 1 and p. 4, Table 2.)

4. Effective abstinence programs also address the fact that if you do not heed the best advice, contraception is available, yet at the same time teach young people the real risks and true failure rates involved. (For example, condoms are theoretically 85 percent effective in preventing pregnancy. However, the actual pregnancy rate for teens who use condoms is 24 percent.)

5. Abstinence programs have also been shown to reduce the spread of AIDS and sexually transmitted diseases. One of

the few success stories of AIDS control internationally is Uganda (on the African continent). Uganda's abstinence-based program reduced HIV prevalence from 15 percent in 1991 to only 5 percent in 2001.

6. Abstinence education has contributed significantly (between 53 to 67 percent) to the drop in teen pregnancy rates in the United States from 1991-2001. Two separate research reports, one by the Center for Disease Control in 2004 and an April 2003 study printed in *Adolescent and Family Health Journal*, determined through statistical analyses that abstinence education from 1990-2001 was responsible for a 53 percent and perhaps even a 67 percent drop in teen pregnancy, respectively. (See p. 3, bottom right column.)

7. Although abstinence education is responsible for a greater drop in teen pregnancy, it is seriously under funded compared with the entrenched, government-supported, “comprehensive” approach. In 2002, contraception education, family planning and condom-based HIV/AIDS prevention were funded \$12 to every \$1 for abstinence education; 1.73 billion, versus only \$144 million.² In 2005 Congress approved a comparatively meager increase bringing abstinence funding to \$168 million.³ If we wish to see a continuation of these trends in teen behavior, reach more teens with the safest message and help more teens to make the healthiest choice for their well-being and future, we need to *increase* funding for abstinence programs on both the state and federal levels.

ABSTRACT: This report makes the case that true abstinence programs are effective in reducing both teen sexual behavior and pregnancy. It examines the outcome evidence of three scientifically evaluated successful programs, the contribution abstinence education has made to the drop in pregnancy rates across the country and discusses what is really being taught in so-called comprehensive sex education programs. It also discusses the inadequacies of the latter approach. Last but not least, the report provides important information on the future social outcomes of teens who remain sexually abstinent versus those who do not, as well as the funding disparity between comprehensive sex education versus abstinence education and the need for more abstinence funding.



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The harmful effects of early sexual activity are well documented: sexually transmitted diseases, teen pregnancy, out-of-wedlock childbearing, as well as emotional problems such as depression and the increased risk of suicide. Thirty-four percent of young women become pregnant at least once before they reach the age of 20—approximately 820,000 per year,⁴ and each year there are approximately 19 million new STD infections in the United States, with almost one-half of them among youth ages 15 to 24.⁵ Teens (particularly females) are more susceptible to contracting sexually transmitted diseases (See chart below), and they are also less likely, by nature of their age, to use contraception consistently. It is no wonder that the CDC has categorized teen sex as a high-risk activity. In light of these facts, the vast majority agree that abstinence is the healthiest and safest choice and should also be the strongest emphasis in sex education classes.⁶

Effectiveness of Abstinence Education

The question some still have, however, is “Does abstinence education really work?” Does it persuade both teens who have not yet engaged in sexual activity to remain abstinent and help

those who are sexually active to make the choice to become abstinent? Valid research shows that the answer to both questions is a resounding “yes.” In 2002, the Heritage Foundation released a report showing that at least 10 studies have shown that teenagers in abstinence-education programs are significantly less likely to be sexually active than their peers.⁷ Four of those studies also were published in peer-reviewed journals.⁸ Since those 10 studies were reviewed, several more studies have been completed, which demonstrate the effectiveness of abstinence education. In 2004, a peer-reviewed study published in the Institute for Youth Development's *Adolescent & Family Health* found significant results with the Best Friends abstinence program. The following year in May 2005 at the Medical Institute for Sexual Health conference, favorable research also was presented on five more abstinence programs. Those programs were: Choosing the Best, Teen STAR, Worth the Wait, the Choice Game Curriculum and Peers Educating Peers about Positive Values.

Below are the results of just a few scientifically evaluated abstinence programs, which demonstrate the effectiveness of abstinence education:

1. BEST FRIENDS: The most recent study of their Washington, D.C., program, published in



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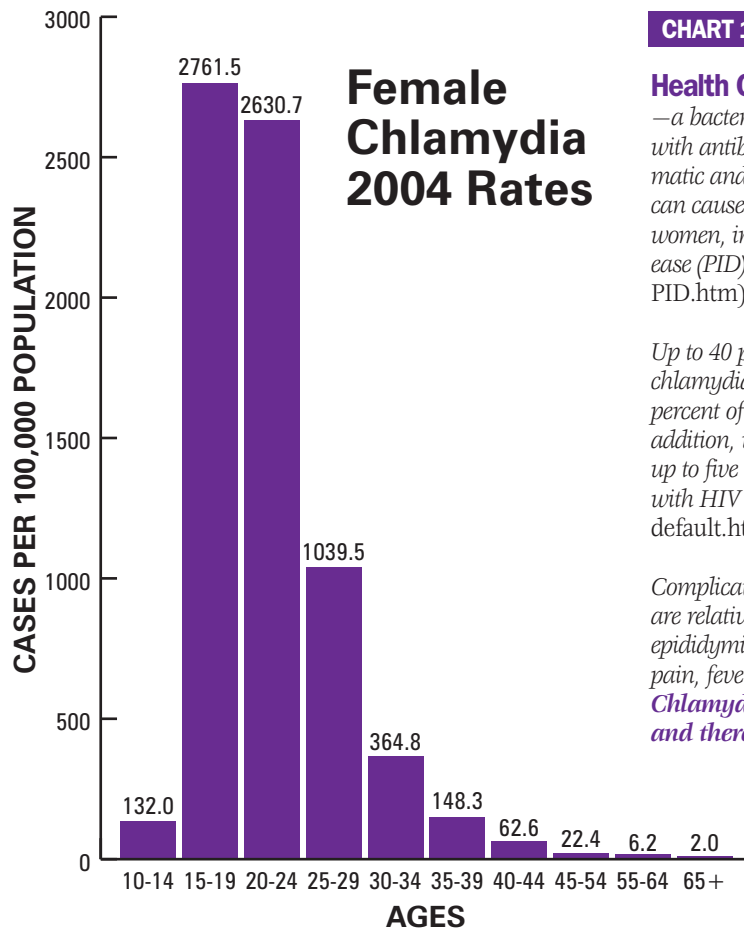


CHART 1

Health Consequences of Chlamydia

—a bacterial infection that can easily be cured with antibiotics, but it is usually asymptomatic and often undiagnosed. Untreated, it can cause severe health consequences for women, including pelvic inflammatory disease (PID) (www.cdc.gov/std/PID/STDFact-PID.htm), ectopic pregnancy and infertility.

Up to 40 percent of females with untreated chlamydia infections develop PID, and 20 percent of those may become infertile. In addition, women infected with chlamydia are up to five times more likely to become infected with HIV (www.cdc.gov/std/HIV/default.htm), if exposed.

Complications from chlamydia among men are relatively uncommon, but may include epididymitis and urethritis, which can cause pain, fever and in rare cases, sterility. **NOTE: Chlamydia is transmitted skin to skin, and therefore, condoms do not protect.**

2004 in *Adolescent & Family Health*, found middle school girls in the program were 65 percent less likely to have sex, and high school participants who remained in the program were 119 percent less likely to have sex.⁹ Also, out of a national sample of 3,500 girls who participated in the program during 1999-2000, the post-test, year-end survey showed that of those participants who had had sex previously, 46.3 percent of them discontinued their sexual activity.¹⁰ Best friends is a mentoring program utilized in lower income, high risk areas and focuses on teen self-control and reducing multiple risk behaviors (sex, drugs, smoking, alcohol). It was founded in 1987, has consistently shown success and now operates in more than 100 schools across the country including a few in Newark, N.J. There is also a comparable program for boys called Best Men. Despite the fact that Best Friends (BF) schools have reading scores similar to and math scores lower than the District of Columbia as a whole, and despite the fact that they are located in wards that have higher rates of out-of-wedlock births, girls who attended this program were substantially less likely to have sex than a comparable sample of area students from the *Youth Risk Behavior (YRBS) Study*. These findings were analyzed using multiple logistic regression techniques controlling for grade, age, race and year of survey. (See Table 1, below.)

2. CHOOSING THE BEST: Several short- and long-term studies conducted by respected research institutions provide statistical and attitudinal evidence of Choosing the Best's effectiveness in yielding both short- and long-term results. The most recent study was funded by a Federal SPRANS grant (2005 U.S. Department of Health & Human Services—Longitudinal/Behavior Outcome Study). It began in 2002 and ended in 2004 and was evaluated by independent researcher Dr. Stan Weed. Using a quasi-experimental design, seventh, eighth and ninth grade students in a south metro Atlanta high school and its feeder middle school received either *Choosing the Best* (CTB) or the health textbook abstinence education curriculum that complies with state guidelines. The students were administered a 58-item survey prior to the study, immediately after receiving CTB or the health textbook material and again 12 months later. Some 318 students were able to be tracked and matched at the pre-test and 12-month follow-up and had usable sexual activity status data. **After one year, results among those students receiving Choosing the Best instruction (treatment group) versus those receiving the health textbook (comparison group) indicated a: statistically significant decrease in the initiation of teen sex of 47 percent; compared with the control group, and b: statistically significant improvements in five of the six inter-**

vening attitudinal variables associated with delaying sexual intercourse.¹¹

3. ABSTINENCE BY CHOICE: The program reduced the sexual activity rates of girls by approximately 40 percent and the rate for boys by approximately 30 percent when compared with similar students who had not been exposed to the program. The sexual activity rate of students in the program was compared with the rate of students in the same grade (different classes) in the same schools prior to commencement of the program. The effects of the program in reducing the onset of sexual activity were statistically significant at the 98 percent confidence level. It involved a sample of nearly 1,000 students and was completed in 2001. Abstinence by Choice operates in 20 schools in the Little Rock area of Arkansas, targets seventh-, eighth- and ninth-grade students and reaches about 4,000 youths each year.¹²

Abstinence Education Contributed Significantly to the Drop in Teen Pregnancy Rates

The CDC's own 2004 report (put together by reliable researchers, some of whom have been in the CDC through many administrations and at least one statistician with Planned Parenthood) determined through statistical analyses that abstinence education from 1990-2001 was responsible for 53 percent of the drop in teen pregnancy. Some 47 percent of the decrease was attributed to increased contraceptive use. There is another important factor that supports the greater contribution abstinence has had in lowering the rates of teenage sexual activity. The reduction in teenage pregnancy and sexual activity correlates with the years funded for the first time with abstinence dollars rather than the previous decades, which were exclusively funded with family planning grants (contraceptive education).

A second study released in April 2003 by the *Adolescent and Family Health Journal* also shows that increased abstinence is the major cause of the decline in teenage birth and pregnancy rates among single teenage girls. Most striking among the findings is that among unmarried teenage girls, ages 15-19, increased abstinence accounted for 67 percent of the decrease in the pregnancy rate. By contrast, roughly one-third of

TABLE 1

Risk Indicators for Sixth, Seventh, and Eighth Graders (n=3,419)

Had Sex (% No)	Youth Risk Behavior Survey	Best Friends	Odds Ratio
6th Grade	90.0%	94.8%	1.84*
7th Grade	82.0%	88.7%	1.72*
8th Grade	66.8%	91.5%	5.32*

2004 Results—* BF girls and YRBS middle school girls in the same grade are compared for the risk of sexual activity using odds ratios. The effectiveness of the BF program is evaluated by comparing pre- and post-program data with non-participants. **At every grade level, BF girls are far less likely to have had sex after completion of the BF program, and the difference is greatest in the eighth grade. Individual risk differences between BF and YRBS girls are statistically significant for each grade, as is the growth in the difference between BF and YRBS girls.**



True, quality abstinence programs stress that abstinence from teenage sexual activity is an attainable goal. They teach refusal skills, harms of casual sexual activity, and healthy relationships, and they stress commitment and the benefits of marriage. They also teach that teens should not be sexually active until at least they have finished high school, but further explain why abstinence until monogamous marriage is the safest, healthiest choice, yielding the best life outcomes.



the decline in teen pregnancy occurred among sexually active teens, which could be attributed to either the use of contraception or a decrease in the frequency of sexual activity. This study shows a greater effect of abstinence than some other studies because it distinguishes between married and single teens and because it utilizes a more accurate measure of sexual activity. Other studies define teens as sexually active if they had “ever” had sex, whereas this study defines girls as sexually active if

they had engaged in sexual activity during the previous year which is a more precise measure in determining the effect on variations in sexual activity on pregnancy.¹³

The Debate Goes On: Abstinence-based versus Contraceptive-based (aka “Comprehensive”) Sex Education

In recent years, the level of debate has escalated over the effectiveness of abstinence education versus contraceptive education, especially as Congress is slowly granting additional money to abstinence education. In 2004, Congressman Henry Waxman, D-Calif., attempted to stop Congress from increasing abstinence monies by releasing a report (now widely discredited) criticizing abstinence programs. The report cited less than 0.2 percent of sentences in more than 3,300 pages of abstinence curricula as having erroneous information.¹⁴ While some of the selections the report cites are errors that really should be corrected, many contraceptive-based sex education programs also contain errors that need to be corrected, as cited in a 2002 Physicians Consortium report. Sometimes—on both sides of the debate—zeal overcomes objectivity. But most importantly, this discredited report does not warrant wholesale criticism of the quality abstinence programs around the country, such as the ones cited above.

I. Abstinence ed programs: True, quality abstinence programs stress that abstinence from teenage sexual activity is an attainable goal. They teach refusal skills, harms of casual sexual activity, and healthy relationships, and they stress commitment and the benefits of marriage. They also teach that teens should not be sexually active until at least they have finished high school, but further explain why abstinence until monogamous marriage is the safest, healthiest choice, yielding the best life outcomes. Programs address the fact that if you do not heed the best advice, contraception is available, while at the same time explaining to young people the real risks and true failure rates involved. For example, condoms are theoretically 85 percent effective in preventing pregnancy,¹⁵ but the actual pregnancy rate for teens who use condoms is 24 percent.¹⁶

As evidenced by the peer-reviewed studies above, abstinence programs are not only effective in reducing teen sexual behavior and reducing teen pregnancy, but they have also been shown to reduce the spread of AIDS and sexually transmitted diseases. One of the few success stories of AIDS control internationally is Uganda (on the African continent). Uganda’s abstinence-based program reduced HIV prevalence from 15 percent in 1991 to only 5 percent in 2001. Based on these results, Harvard research scientist Edward Green says that promoting the values of fidelity and absti-

TABLE 2

Relationship to Virginity at Age 18 to Life Outcomes at Age 36 to 43²⁵

	Years of Education Completed	Per Capita Income	Receiving Welfare Benefits	Divorce Ratio	Health Problems	Emotional Illness
Women Virgins at Age 18	14.18	\$23,037	18.4%	0.0404	50.6%	13.2%
Women Non-Virgins at Age 18	13.09	\$18,729	39.3%	0.0778	61.2%	23.3%
Men Virgins at Age 18	14.26	\$27,507	16.9%	0.0389	50.0%	6.5%
Men Non-Virgins at Age 18	12.92	\$24,777	27.5%	0.0643	50.7%	8.9%

- Overall this study found the consequences of teen sexual involvement to fall more heavily on women than men. Because the disparity was especially evident in the economic domain, one might have suspected that most of the differences were due to the economic strains of teen motherhood. However, the findings persisted in those who were not early mothers.
- As in men, those women not virgins at 18 were almost twice as likely to experience divorce if they married. This relationship also held up in women who did not have an early pregnancy.
- In contrast to men, women went on to experience measurably different health and emotional outcomes. The difference in percentage for experiencing emotional illness was especially striking. And once again, health and emotional illness findings persist when those with early pregnancy were removed.

nence is far more effective than just promoting correct condom use. In Uganda's successful ABC model program, "A" stands for abstinence from sex or delayed debut, "B" stands for Being faithful and "C" stands for correct and consistent condom use. Green previously advocated the use of condoms and clean needles for AIDS prevention, saying in a 2003 Congressional testimony, "Many of us in the AIDS public health community didn't think abstinence and fidelity were realistic goals." Now, Green supports Uganda's program, which he says most critically, increased fidelity among all, as well as abstinence among youth.¹⁷

In addition, studies show the advantages people have who remain abstinent until marriage over those who don't: they earn greater incomes, have greater levels of education, (See p. 4, Table 2.) are less likely to be depressed or to attempt suicide and are more likely to be happy about their sex lives as married adults.¹⁸

II. Comprehensive sex ed programs:

The philosophy behind contraceptive education is that *all* sex is good and that teens should be able to indulge. As a result of this position, advocates focus on proposing various methods of contraception as the answer to curbing the unwanted outcomes of such activity. Typically these programs (sometimes erroneously called "abstinence-plus") place little or no emphasis on encouraging young people to abstain from early sexual activity. Instead, detailed "safer" sex information is provided, including explicit directions on how to use contraception, as well as how to pleasure themselves without having intercourse.¹⁹ A recent Heritage Foundation study of "comprehensive" sex-ed programs reveals that these curricula devote only about 4 percent of their content to abstinence. (See Chart 2 this page.) Out of 942 pages of total curriculum text from nine different programs, *not a single sentence was found urging teens to abstain from sexual activity, even through high school.* The overwhelming focus of these curricula (28 percent of content, which is seven times the amount of emphasis versus abstinence education), is devoted to promoting contraception among teens.

Unfortunately there are serious drawbacks to promoting contraception among teens. Condoms and the birth control pill do not guard the hearts of teens whose first sexual relationships on average will

The bottom line is this: There should be no dispute that teen sexual activity is high-risk behavior, and as such, it warrants a preventative approach—not merely the risk-reduction approach of contraceptive education. Not surprisingly, parents overwhelmingly support the preventative, abstinence-based approach.

not last more than one to five months.²⁰ The pill provides no protection from sexually transmitted diseases, and according to the National Institutes of Health Study on condom effectiveness (June 2000), condoms do not prevent a stunning 98 percent of STD transmissions.²¹ With regard to HIV/AIDS, a review of scientific literature reveals that on average condoms fail to prevent the transmission of the HIV virus between 15 to 30 percent of the time. It is no wonder, therefore, that while condom use has increased during the past 25 years, the spread of STDs has likewise continued to rise.²²

Outcomes of teenage sexual activity include: increased risk of depression and suicide, 40 percent of sexually active teens becoming pregnant out-of-wedlock²³ and a higher likelihood of contracting an STD. Those who engage in premarital sexual activity are also 50 percent more likely to divorce than those who do not; leading to sharp reductions in adult happiness and child well-being,²⁴ and in addition, they will experience economic and educational disadvantages. (See p. 4, Table 2.)

The Bottom Line

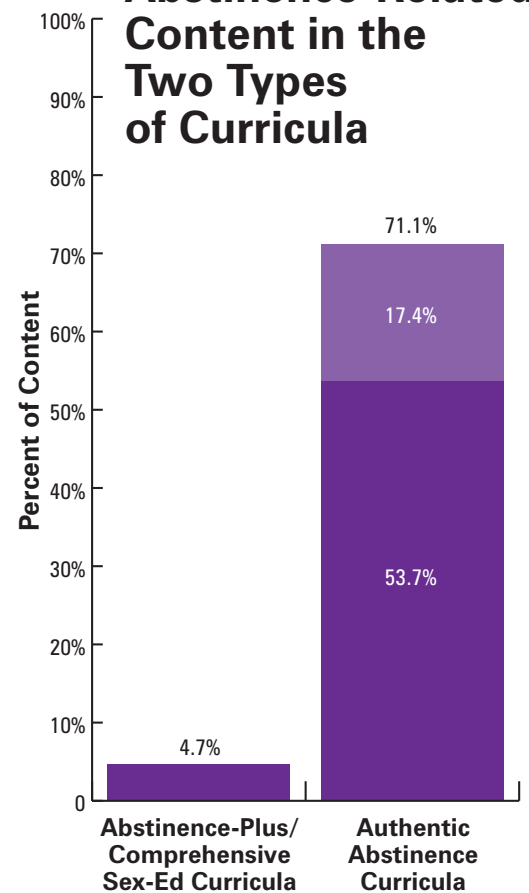
The bottom line is this: There should be no dispute that teen sexual activity is high-risk behavior, and as such, it warrants a preventative approach—not merely the risk-reduction approach of contraceptive education. Not surprisingly, parents overwhelmingly support the preventative, abstinence-based approach. A December 2003 Zogby poll found that the vast

majority of parents—91 percent—want schools to teach that adolescents should be expected to abstain from sexual activity during the high school years. Only 7 percent of parents believe that it is OK for teens to engage in sexual intercourse as long as they use condoms, which is the predominate theme of "comprehensive" sex education.

Secondly, the Heritage Foundation study mentioned above, which evaluated nine major comprehensive sex-ed programs, revealed that many of them contained graphic condom demonstrations and additional explicit and offensive material such as: discussions of anal sex, homosexual role-playing, language encouraging mutual masturbation and encouragement for teens to watch erotic movies. While the amount of shocking and explicit content varied, all of the curricula were found to

CHART 2

Comparison of Abstinence-Related Content in the Two Types of Curricula



Abstinence-Related Material
Healthy Relationships and Marriage

contain at least some material that would be disturbing to parents. A February 13, 2003, Zogby Study analysis titled *Deception Uncovered* revealed that when parents are confronted with the actual statements of comprehensive sex-ed curriculum, 61 percent are opposed to having their children exposed to such information. The curricula promoted by the Centers for Disease Control tallied a whopping 75 percent opposition.²⁶

Lastly, young people are increasingly seeing the benefits of abstinence. From 1991 to 2003 the percentage of high school students who reported never having sex increased from 46 percent to 53 percent, and the teen pregnancy rate has dropped 28 percent between 1990-2000. At the same time, abortions for 15- to 19-year-olds decreased 43 percent from 1988-2000.²⁷ A new Harris poll released in 2006 shows that 56 percent of people ages 18 to 24 think abstinence programs effectively reduce or prevent the occurrence of HIV, and 50.5 percent of adults under 30 believe the programs reduce or prevent unwanted pregnancy.²⁸

More Abstinence Funding Needed, Not Less

If we wish to see a continuation of these trends in teen behavior and help more teens to make the healthiest choice for their well-being and future, we need to *increase* funding for abstinence programs—not decrease.

“Abstinence until marriage offers social, psychological and physical health benefits that condoms and contraception cannot match,” says Leslie Unruh, president of the Abstinence Clearinghouse.

The vast majority of teenagers, 67 percent, admit regret over early sexual activity,²⁹ and no amount of contraception helps the emotional impact of a broken heart.

In 2002, contraception education, family planning and condom-based HIV/AIDS prevention were funded \$12 to every \$1 for abstinence education: 1.73 billion, versus only \$144 million.³⁰ In 2005 Congress approved a comparatively meager increase bringing abstinence funding to \$168 million.³¹ The effectiveness of abstinence programs is quite remarkable, given they typi-

cally provide no more than a few hours of instruction per year and obtain markedly less funding. In those few hours, these programs are seeking to counteract thousands of hours of annual exposure to sex-saturated teen media, which strongly push teens in the other direction. Therefore, funding for abstinence education should continue to increase on both the state and federal level, so that even more teens can be reached with the safest, healthiest message.

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ENDNOTES

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ABOUT US:

Organized in 1995, the New Jersey Family Policy Council is a nonpartisan, nonprofit research and education organization. Our goal is to serve as a voice for families and traditional family values in the public policy arena. We are supported solely by private contributions which are tax deductible as provided by law. Our mailing address is P.O. Box 6011, Parsippany, NJ 07054. Phone: (973) 781-1414. Fax: (973) 781-1419. **Family Findings** is a publication of the New Jersey Family Policy Council and is intended to communicate research findings and perspectives on public policy issues that affect the family. Nothing written here should be construed as an attempt to aid or hinder the passage of any bill before Congress or the New Jersey General Assembly. Printed October 2006.