



NAEA Response to
Patient Teenagers? A Comparison of the Sexual Behavior of
Virginity Pledgers and Matched Nonpledgers

Janet Elise Rosenbaum, PhD, AM,

This study provides another look at the same ADD Health data related to virginity pledges but a number of fatal flaws exist in this research:

1. The author's premise for the study is on shaky foundational footing as she erroneously equates virginity pledges to federally funded abstinence programs
2. The author's objectivity and commitment to accuracy is seriously questioned. The author makes assertions and draws conclusions based on misinformation, which could be easily corrected through careful fact checking.

Of particular note:

- The author notes that the comparative and pledge group were almost identical in terms of predisposed life skills. The only difference is that one group pledged and one did not. These life skills tend to predict abstinence and did indeed do so in this study, with the mean age of sexual debut at 21, making this group completely non-representative of the general population. The mean age for sexual debut for the general population is about 4 years before this age.
 - **NAEA comment:** "The author missed the major finding of the study: There are factors that tend to predict abstinent behaviors and these are the very skills that abstinence programs build and reinforce, including parent-child communication, self efficacy, good decision making skills, and other assets."

The author begins and ends the discussion with many inaccuracies.

- **NAEA Comment:** "The numerous and serious inaccuracies and deliberate mischaracterizations made by the author regarding abstinence education call into question her objectivity as a researcher and throws suspicion on the entire research she has conducted"

1. The stated objective of the research is misguided: OBJECTIVE. The US government spends more than \$200 million annually on abstinence promotion programs, including virginity pledges. This study compares the sexual activity of adolescent virginity pledgers with matched nonpledgers by using more robust methods than past research.

- Correction:

- About 176M is spent per year on abstinence education, as opposed to more than 3x that for other approaches. (HHS Report, 12-08)
- Key points: A virginity pledge is not equal to an abstinence program. Typically a virginity pledge is a single event without follow up or reinforcement. A typical abstinence program is holistic in nature and provides reinforcement throughout the difficult adolescent years with skill building across a variety of topics.
- We do not know if the pledgers or non pledgers received any abstinence education, as funded by Congress
- Most sex education in American is contraceptive education, not abstinence education, with the latest research showing fewer than 1 in 4 students receiving abstinence education, but about 68% receiving contraceptive education.
<http://www.thefreelibrary.com/Changes+in+formal+sex+education:+1995-2002-a0156003770>
- **NAEA Comment:** “With traditional contraceptive education continuing to be the predominant sex education approach implemented in schools, an honest researcher should ask why not even one school-based “ comprehensive “sex education program has ever produced significant changes in consistent condom usage, despite decades of implementation and billions of dollars in taxpayer investment.”

Other errors abound in the study. A few are noted in the chart below:

NAEA Comment: “It is remarkable that an author who employs rigorous research methodology would then compromise those standards by making wild, ideologically-tainted and inaccurate analysis regarding the content of abstinence education programs”

Author’s Misstatement	Correction
<p>The author’s statement is completely false: More than 90% of abstinence funding does not require that curricula be scientifically accurate,</p>	<p>The GAO stated during the OGR committee hearing called by Waxman earlier this year, that the process that ACF at HHS has in place to assure medical accuracy of funded abstinence programs meets their requirements and they are satisfied. That process is currently being implemented at HHS for abstinence programs.</p> <p>Moreover, the 2008 RFP for funding says this : “ <i>Medical Accuracy and Section 317P(c)(2) of the Public Health Service Act</i> Applicants are required to ensure that all data in their applications and proposed programs are true and correct. This applies to medical information and related statistics presented in all curricula funded under this program announcement.</p> <p>.....Mass produced educational materials that are specifically designed to address STDs, including human papillomavirus (HPV), are required by Section 317P(c)(2) of the Public Health Service Act to contain medically accurate information regarding the effectiveness or lack of effectiveness of condoms in preventing the sexually transmitted disease the materials are designed to address. This requirement applies to materials mass produced by grantees or subgrantees for the</p>

	<p>public and health care providers, including curriculum, but not to routine communications. Should ACF find medically inaccurate information during the review process, or at any time during the grant project period, grantees will be required to correct the inaccuracies.”</p>
<p>Author’s misstatement: p. 3 (Virginity pledges are also now used to measure AOSE program effectiveness, which the US government considers successful if they produce many virginity pledgers, irrespective of participants’ sexual behavior)</p>	<p>Abstinence programs have never been deemed successful based on the number of virginity pledges they collect. On the contrary, the most recent 2008 CBAE grant RFP says this about program success: Successful applicants are required to measure the following two outcomes:</p> <ul style="list-style-type: none"> • The number of youth who have never had sexual intercourse and remain abstinent following the abstinence education program. • The number of youth who have had sexual intercourse but have discontinued having sex following the abstinence education program.
<p>Author inaccuracy: Virginity pledgers may be less likely to use condoms and contraception because many abstinence programs cause participants to develop negative attitudes about their effectiveness.</p>	<p>Abstinence education programs provide accurate information on the level of protection offered through the typical-use of condoms and contraception. Students understand that while condoms may reduce the risk of infection and/or pregnancy, they do not remove the risk. Students also learn that contraception may significantly reduce the chance of pregnancy but they do not reduce any risk of contracting an STD.</p> <p>Two recent studies (Kirby and Mathematica) both concluded that students who are a part of an abstinence program are no less likely to use a condom if they become sexually active than their peers.</p> <p>And – virginity pledges are not the same as an abstinence program</p>