# Implications for Social Policy

## Abstinence Education Programs

Researchers, academic experts and public health experts have sought to define abstinence because of the essence of this term to research, academic realms and also in terms of its importance to public health outcomes. The definition of abstinence has implications for social policy. Currently, the federal and state governments have allocated huge sums of funds to abstinence-promotion policies without considering the definitions of the behaviours that the target population should abstain from. For example, the “Abstinence Promotion and Teen Family Planning: The Misguided Drive for Equal Funding” (2002) article reveals that the federal government put aside approximately $140 million in the 2004 financial year to be used in education programs promoting “abstinence from sexual activity”. However, sexual activity has not been defined in law meaning that there is a gap between definition of such behaviours, funding and implementation of the policy.

The relationship between abstinence-promotion programs and prevalence of noncoital activities are not known and this presents implications for social policy because the outcome of such programs may not be the intended because of unclear links between policy and program implementation. The effect of this is that both health professionals and policy-makers cannot come up with clear and effective health intervention mechanisms that target risk-reduction because of lack of information.

In the United States, the relationship between increased abstinence (vaginal intercourse) and reduction of teen pregnancy and HIV rates in at least one developing country has been noted. For instance, a research conducted by Alan Guttmacher Institute (AGI) revealed that between 1988 and 1995, a 25 percent reduction in U.S. teen pregnancy was attributed to a decline in teenage sex while 75 percent reduction was attributed to contraceptive use. Another recent study by AGI revealed a decline of HIV infections in Uganda attributed to reduced number of sex engagement among young people, fewer sexual partners and increased contraceptive (condom use). While this information could have positive implications for social policy, it excludes accurate data regarding contraceptive use. As such, the effectiveness of such information is unknown and transferring this to other regions could have poor or negative social implications because of unclear or incomplete data. There is also a discrepancy in terms of the U.S. versus Ugandan perspectives. For instance, the declines in teen pregnancies in U.S. occurred before the implementation of government-sponsored programs showing the credence of abstinence-only education. However, observers of the Ugandan experience relate the reduction of HIV prevalence to factors other than abstinence-only education. Therefore, the divergence between the effectiveness of abstinence-only education and government-funded programs shows that reliance on these aspects are misleading and dangerous when used to formulate policies locally and abroad.

The key questions, therefore, focus on defining program success for abstinence-only programs in shaping the intentions and attitudes of young people regarding future sexual activity versus achieving desired behavioural outcomes, for instance delayed sexual activity. No education curriculum targeting abstinence has shown success in terms of helping teenagers delay sexual activity in the U.S. The specific aspect that leads teens to delayed sex in abstinence programs has not yet been indicated. Moreover, research has indicated that those who have delayed sexual activity could engage in dangerous sexual activity than their peers.

Such questions and concerns have to be addressed because they determine future social and public health policy and program initiatives. The lack of common understanding prevents public health experts and policymakers from fully assessing the viability and effectiveness of abstinence education to reducing unintended pregnancies and sexually transmitted diseases such as HIV.