Promoting Health Among Teens! Abstinence-Only Intervention

Evidence of Effectiveness is Conditional

Promoting Health Among Teens! Abstinence-Only Intervention	**Jemmott, et al., 2010[1]**
Study conducted by independent evaluators?	**NO**, the study was by the program authors
Follow-up at least 12 months after the program to show duration of effect?	**YES**, measures were taken at 3, 6, 12, 18, and 24 months post-program
OUTCOMES:	
Pregnancy	Not measured
STDs	Not measured
Sexual Initiation	**Reduced at 24-month follow-up**
Consistent Condom Use	**NO EFFECT**
Condom Use Frequency/At Last Sex	Not measured
Unprotected Sex	**NO EFFECT**
Number of Sex Partners	**NO EFFECT**
Recent Sex	**Reduced at 24-month follow-up**
Dual Effect: Condom Use & Abstinence	**NO EFFECT**

Key Findings

Promoting Health Among Teens! Abstinence-Only Intervention (PHAT-AO) is self-described as an "abstinence-only" curriculum, which is generally understood to mean that it only teaches abstinence as the protective mechanism and does not teach or promote condom or contraceptive use. One impact study has been conducted, and it was done by the program's developers/ authors.[1] At the time of the study, the program recruited participants from the school population and conducted program sessions at the school on Saturdays. A published research review by *The Institute for Research & Evaluation*[2] found that **this study *does* produce sufficient evidence to label PHAT-AO an effective school-based program, <u>as it was implemented for the study</u>**. At the 24-month follow-up, the program had reduced sexual initiation and recent sex (by sexually experienced students), which is a robust and highly protective program impact. There was no program effect on condom use or unprotected sex (not goals of the program) and the study did not measure impact on pregnancy or STDs.

<u>Important Note</u>: The most recent version of PHAT-AO, the Second Edition,[3] includes optional lessons on birth control and condoms (including a "Birth Control Methods Demonstration" activity[4]), as well as a school-day classroom version which ostensibly would target the entire school population, not a self-selected group of program participants as was done in the study. Either of these changes to the original curriculum or study sample would invalidate the findings of the original study, leaving no evidence of effectiveness for these versions of PHAT-AO. It should also be noted that a replication study of PHAT-AO conducted in 2016 was determined to

be inconclusive because of the low overall rates of sexual activity in the study sample of 6th and 7th graders.[5] More replication is needed to certify the effectiveness of this program.

Summary. *Promoting Health Among Teens! Abstinence-Only Intervention*, as implemented for the impact study, has shown evidence of effectiveness in school populations—the increase in rates of abstinence by both sexually inexperienced and experienced teens after 24 months is a strong program effect. However, if either of the adaptations offered in the Second Edition were to be implemented—teaching/demonstrating birth control methods or implementing the program in a school-wide population—this evidence of effectiveness would not be valid, and the effectiveness of the program would be unknown. (PHAT-AO is marketed by ETR, an offshoot of Planned Parenthood.)

1. Jemmott JB III, Jemmott LS, & Fong GT. (2010). Efficacy of a theory-based abstinence-only intervention over 24 months: A randomized controlled trial with young adolescents. *Archives of Pediatrics & Adolescent Medicine, 164*(2), 152-159.
2. Ericksen IH, Weed SE. (2019). "Re-Examining the Evidence for School-based Comprehensive Sex Education: A Global Research Review." *Issues in Law and Medicine, 34*(2):161-182.
3. See: https://www.etr.org/ebi/programs/promoting-health-among-teens-abstinence-only/
4. https://www.etr.org/ebi/assets/File/PHAT-AB-TOC.pdf
5. Farb A, Margolis A. (2016). The Teen Pregnancy Prevention Program (2010–2015): Synthesis of Impact Findings. *American Journal of Public Health, v. 106* (Suppl 1).