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Original article

# Perceptions of Sexual Abstinence among High-Risk Early and Middle Adolescents

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**Abstract:**

**Purpose:** Sexual abstinence has become the primary response to adolescent pregnancy and sexually transmitted infection (STI) prevention. However, most abstinence programs are based on adult ideas of abstinence, and little is known about how adolescents themselves conceptualize sexual abstinence.

**Methods:** In this qualitative study, we conducted semi-structured exploratory interviews with 42 adolescents aged 11–17 years recruited from primary care clinics.

**Results:** We observed marked confusion over the term "abstinence." However, the concept of abstinence, or choosing not to have sex, was clear and relevant. Participants viewed sexual abstinence as part of a normal developmental continuum. All adolescents were abstinent for a period of time, and then transitioned to sexual activity when they were ready. Readiness was determined by (1) individual factors, such as age, life events, physical maturity and social maturity, (2) relationship factors such as being with the "right" person, or having a committed relationship, (3) moral and religious beliefs, and (4) the balance of health, social, and family risks and benefits. Sex was considered something powerful, and the transition to first sex a rite of passage in which adolescents took on what they perceived to be adult roles. We observed differences by age, gender, and sexual experience in how adolescents determined readiness.

**Conclusions:** Adolescents conceptualize sexual abstinence differently than adults, with differences by age, gender and sexual experience. Rather than a simple behavioral decision, our participants viewed abstinence as a broader part of normal development and viewed the transition to sex as an important rite of passage to adulthood. 

*Keywords:* Sexual abstinence; Adolescence; Decision-making; Qualitative research; Sexual behavior; Adolescent development

Sexual abstinence is an important component of adolescent sexually transmitted infection (STI) and pregnancy prevention [1,2]. However, controversy arises over whether to teach abstinence as the sole approach to STI and pregnancy prevention ("abstinence-only") or within the context of a comprehensive sexuality curricula [3–5]. To date, few data support an "abstinence-only" approach [6–8]. This lack of evidence may be due, in part, to deficiencies of abstinence *research*, including variable definitions of abstinence, and limited data on contextual issues [6,9,10].

No consensus exists about whether sexual abstinence defines a health protective behavior or something more inclusive. Some take a public health approach, defining abstinence as refraining from specific types of sexual contact [4]. Others adopt a more inclusive definition, incorporating attitudes, moral and religious beliefs, and lifestyle choices [11–13]. Both federal legislation funding "abstinence-only" programs, as well as commonly used abstinence curricula, frame abstinence in terms of responsibility, commitment, character development, and morality [11–13].

Adolescents may understand sexual abstinence differently than adults. Research on middle and late adolescents

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suggests that adolescents consider abstinence as more than just not having sex, and concepts such as commitment, virginity and "doing the right thing" are important [14,15]. In one program evaluation, adults defined abstinence in behavioral terms (no vaginal, anal or oral intercourse), while youth additionally listed use of alcohol, cigarettes, drugs and pornography as incongruent with an abstinent lifestyle [15]. Moreover, there is no consensus on specific sexual behaviors that define abstinence. Many adolescents and young adults do not define oral sex and other noncoital behaviors as "sex" [16,17].

Finally, contextual and developmental issues influencing abstinence are poorly understood. Research shows that adolescents differ in beliefs, attitudes, and sexual behaviors by age, gender, and sexual experience [18–21]. Studies of intervention to delay sexual onset have found differences in outcomes between males and females, and between sexually experienced and inexperienced participants [12,22,23]. However, while documented epidemiologically, little is known about why and how these differences arise.

Despite high levels of public investment in "abstinence-only" interventions, research is needed to more clearly define sexual abstinence, as well as the factors that influence adolescent decision-making around abstinence. The purposes of this study are (1) to examine how early and middle adolescents conceptualize abstinence; (2) to identify developmental and contextual issues influencing abstinence decisions; and (3) to explore the roles of gender and behavioral experience.

## Methods

### *Participants*

After institutional review board approval, we recruited participants during routine visits at a community hospital pediatric clinic. The clinic serves a low-income community with high rates of early sexual onset. Most patients attend schools in a large Midwestern urban district teaching an abstinence-focused curriculum. We chose this population so that participants would be actively making decisions about sexual abstinence.

We recruited by (1) inviting 11–17-year-olds and parents to participate during routine clinic visits, and (2) placing signs in waiting areas, directing those interested to call. We made a specific attempt to recruit males and early adolescents. After parental permission and adolescent consent, adolescents were interviewed in a private room. Participants received $10 gift cards and parents received $5 gift cards.

### *Interviews*

Because we did not wish to be limited to a priori assumptions about how participants conceptualized sexual abstinence, we used an exploratory ethnographic interview [24,25]. Two-stage face-to-face interviews (lasting about 30 minutes) were tape-recorded for transcription. In the first stage, participants were asked a series of open-ended questions, starting with their understanding of the term "abstinence," to explore concepts related to not having sex. Example questions included: (1) What is important about abstinence? (2) Why do teens decide to be abstinent? And (3) List some of the good (bad) things about abstinence. If participants were confused by the term, "abstinence," the interviewer clarified abstinence as not having sex.

In the second stage, participants were asked to explain their responses to the first stage questions. The interviewer listened for organization in the explanations, and tested hypotheses during the interview. For example, several participants answered, "Their attitude" in response to a question about how abstinent teens differ from sexually experienced teens. Given this response, the interviewer asked questions such as, "How does a person's attitude change when that person is no longer abstinent?" The interviewer wrote field notes after interviews.

We also collected information on demographics and sexual experience. We did not ask participants 13 years and younger directly about sexual experience because of state-mandated reporting laws.

### *Data analysis*

We analyzed textual data using a technique for identifying shared concepts and models of social cognition held by social groups [26,27]. Transcribed interviews and field notes were first indexed based on a literature review and topics arising in interviews. Through close reading of the transcripts by indexed topics, conceptual categories were developed. Once a category was provisionally defined, additional examples were sought during subsequent readings. Examples of categories included the use of moral arguments, pregnancy and STI prevention, social capital, and sex as a rite of passage. Based on repeated comparisons, we determined the consistency of each category and developed a list of its properties. When instances of a category were infrequent, a category was dropped or merged with a similar category. Remaining categories were organized around a core category into tentative models. Interviewing and analysis were intertwined in an iterative process; investigators met frequently to discuss emerging concepts, and used subsequent interviews to explore these concepts. We assessed validity and reliability by (1) testing hypotheses against analysis of subsequent data, (2) having two authors (M.O. and E.P.) analyze transcripts and field notes, resolving differences by discussion, and (3) assessing the theoretical consistency of results [28,29].