

THE PEERS PROJECT

An Indiana Program Encourages Teenagers to Abstain from Sex until They Are Married

BY EVE JACKSON



Ms. Jackson is director, the PEERS Project, Indianapolis.

Teenagers Eric and Marsha are in love, and they are proving it by *not* getting sexually involved with each other.

Unlike their grandparents—who may also have decided to abstain, but probably did so because of the social stigma attached to it in their era—Eric and Marsha are among the growing number of U.S. teenagers who are taking a countercultural stand against premarital sex. They are abstaining because they want to avoid what many sexually active teens experience: sexually transmitted diseases (STDs), single parenthood, poverty, a broken heart, and guilt.

But Eric and Marsha aren't thinking only of themselves. They are also helping their peers make healthy choices regarding sexual behavior. They are doing this by serving as "peer facilitators" in the PEERS Project, a preventive health model that was initiated by St. Vincent Hospitals and Health Services, Indianapolis.

THE PROJECT

The PEERS Project grew out of a program called A Promise to Keep: God's Gift of Human Sexuality (APTK). APTK was born in 1994, when St. Vincent provided a grant to the Office of Catholic Education of the Archdiocese of Indianapolis, enabling that office to hire an "abstinence educator." The educator would develop a youth-development model that would train and equip teenagers to educate other adolescents about the value of sexual abstinence. Because I had experience in peer-facilitated abstinence education, I was the person selected to create this program.

APTK originally focused on the nine Catholic high schools and 36 elementary schools in the archdiocese. My job was to recruit and train the peer facilitators to conduct sessions on sexual abstinence during religion classes for middle

school and high school pupils. To serve as a peer facilitator, a candidate must be recommended by teachers, youth ministers, leaders of organizations that serve young people, or peers. Once chosen, peer facilitators are trained in one of 10 educational sessions.

Peer facilitators work in teams of four, usually two girls and two boys. They conduct sessions in classes variously composed of sixth-, seventh-, and eighth-graders, and high school students— young people ranging in age from 12 to 18. In these sessions, the facilitators confidently share their personal testimony when discussing their reasons for abstaining from premarital sex. Topics in these sessions include the advantages for saving sex for marriage, the negative consequences of not waiting, the true nature of love, ways to deal with peer and media pressure, teen pregnancy and parenthood, and STD.

APTK naturally makes use of Scripture and emphasizes Christian spirituality in its sexual abstinence sessions. However, in 1995 a curriculum called Peers Educating Peers about Positive Values (PEP) was created to identify and train teens to carry the abstinence message into secular schools and community settings. In other ways similar to APTK, PEP is secular rather than religious in content. PEP sessions are held in health classes in public schools and (after school and during summer months) in YMCAs and community centers.

PEP is today directed by an office called the PEERS Project, which is federally funded. The PEERS Project has, along with a full-time director, six full-time coordinators and 35 part-time ones. APTK has two coordinators, one full-time and one part-time.

SUCCESSFUL PROGRAMS

St. Vincent continues to endorse and help underwrite both the PEERS Project and APTK. It does



Indianapolis teenagers discuss sexual abstinence.

so because research has shown that promoting youth development and encouraging engagement through active participation enable adolescents to internalize positive values and acquire skills and competencies that equip them to make good choices and build healthy relationships.

Meanwhile, in 1998 APTK was also adopted by the Diocese of Evansville. St. Francis Hospital and Health Centers, Indianapolis, St. Mary's Health Care Services, Evansville, and Our Sunday Visitor Publishing Co., Huntington, have contributed grants to help underwrite the program.

Stephen Goldsmith, Indianapolis's mayor from 1992 to 2000 and one of the nation's earliest advocates of governmental support for such faith-based initiatives, championed APTK and aided the launching of PEP. He did this because, he said, he viewed teen parenthood as the most serious long-term issue facing his city.

Since 1994, more than 7,000 high school-age mentors have presented one of the PEERS Project's sessions to 75,000 adolescents in 22 counties in Indiana. Since 1998, PEERS Project leaders have collaborated with dozens of Indianapolis organizations that provide after-school and summer programs for disadvantaged youth. Beginning in 2002, organizations serving Hispanic adolescents have been hosting the PEERS Project's eight community-based sessions, all of which are led by Spanish-speaking teenagers. Meanwhile, school districts in Pennsylvania, Ohio, Kansas, New York, and Washington also have implemented the secular model.

Because adolescents and young adults with traumatic brain or spinal cord injuries are especially vulnerable to the health risks associated with sexual activity, the PEERS Project has worked with Chuck Dietzen, MD, a St. Vincent pediatrician who specializes in caring for young

people with these disabilities. The PEP program's print and video resources have been adapted to better educate this high-risk population.

In 2001 the PEERS Project received from the U.S. Department of Health and Human Services (HHS) a three-year Special Projects of Regional and National Significance (SPRANS) abstinence education grant for \$1.6 million to expand its peer-facilitated abstinence education model into other parts of Indiana. Part of this money was intended for an evaluation of the PEERS Project's school- and community-center-based programs. Ken Ferraro, PhD, a sociology professor at Purdue University, developed the survey instrument and is currently analyzing the data from it.

A NATIONAL CAMPAIGN

Is it realistic to expect young people to abstain from sexual activity until marriage? In October 2002, *Time* reported that abstinence education is earning the respect of more medical and educational professionals because national surveys have shown a resurgence in the popularity of virginity among youth.¹ Two months later, *Newsweek* featured a cover story, "The New Virginity," that included interviews with several teenagers who had decided to save sex for marriage.²

According to *Youth Risk Behavior Surveillance Survey*, a report issued by the Centers for Disease Control and Prevention (CDC) on sexual behavior among high school students in 2001, 54 percent of teens were not engaging in sexual intercourse.³ A decade earlier, the opposite was true—54 percent *were* sexually active. Birth, STD, and abortion rates among America's teenagers began to steadily climb in the 1970s, peaking in the early 1990s. A combined federal and state expenditure of \$3 billion on comprehensive "safer sex" education in those years—always in increasing incre-

ments—corresponded with a spike in the number of teen pregnancies, high school dropouts, and STD infections.

But today the tide seems to have turned.

What has caused the recent dramatic shift in sexual behavior? The only “new” variable in human sexuality education during the last 30 years has been the age-old concept of saving sex for marriage.

By the mid-1990s, hundreds of abstinence-until-marriage programs were in place nationwide. According to the authors of one study, “Among single 15-19-year-old females, the decline in the proportion engaging in sexual activity accounts for the entire decrease in birthrate and 67 percent of the decline in pregnancy rate.”⁴

Mathematica Policy Research, a consulting firm hired by HHS to evaluate programs funded under Title V of the Maternal and Child Health Block Grant program, recently collected survey data on thousands of adolescents who have participated in 11 programs since 1999.* Mathematica will release reports concerning this data in 2004 and 2005. An interim report notes that, in general, these programs address “a broad range of issues, from building self-esteem, to understanding and aspiring to healthy marriages and parenthood, to teaching skills that will help youth make and follow through on good decisions.”⁵ This fact refutes the perception that abstinence education programs have merely a “just say no” message.

Research shows that several programs similar to PEP and APTK—Abstinence by Choice, Operation Keepsake, and Sex Respect—have shown reductions in sexual activity among participants compared to such activity among control groups. On the other hand, programs that were formerly promoted on the CDC’s website (under the rubric “Programs that Work”) as the best comprehensive sex education curricula have since been removed from it because they failed to reduce the rate of sexual activity. These programs tended to focus narrowly on how to use and negotiate the use of condoms. What’s more, a

*Information concerning the survey is available at www.mathematica-mpr.com/3rdlevel/abstinenchot.htm.

The birthrate among U.S. teens has declined 26 percent since 1991.

national poll conducted by the Louis Harris organization for the Planned Parenthood Federation of America reported that “Teens who had comprehensive sex education at school were 65 percent more likely to have had sex than teens who had abstinence-focused education.”⁶

The 26 percent decline in America’s teenage birthrate since 1991—when abstinence education programs

began to challenge the monopoly that “safer sex” education programs then enjoyed in schools—is evidence of the change in adolescents’ sexual behavior. The CDC reported in 2001 that abstinence had increased 16 percent among high school students over the past decade.⁷

The evidence seems clearly to indicate that abstinence-until-marriage programs serve young people better than those that try to teach “safer sex.” □

Further information about abstinence education is available at www.peersproject.org.

NOTES

1. Jodie Morse, “An Rx for Teen Sex,” *Time*, October 7, 2002, pp. 64-65.
2. Lorraine Ali and Julie Scelfo, “Choosing Virginity,” *Newsweek*, December 9, 2002, pp. 60-66.
3. Centers for Disease Control and Prevention, *Youth Risk Behavior Surveillance Survey, 2001*, available at www.cdc.gov/mmwrhtml/ss5104a1.htm.
4. Joanna K. Mohn, Lynne R. Tingle, and Reginald Finger, “An Analysis of the Causes of the Decline in Non-marital Birth and Pregnancy Rates for Teens from 1991 to 1995,” *Adolescent & Family Health*, vol. 3, no. 1, 2003, pp. 39-47.
5. Rebecca Maynard, et al., *The Evaluation of Abstinence Education Programs Funded under Title V Section 510: Interim Report*, April 2002, available at www.mathematica-mpr.com/PDFs/evalabstinence.pdf.
6. Louis Harris and Associates, “American Teens Speak: Sex, Myths, TV and Birth Control,” *The Planned Parenthood Poll*, table 5-4, 1986.
7. “Births: Preliminary Data for 2000,” CDC National Center for Health Statistics, available at www.cdc.gov/nchs/releases/01news/newbirth.htm.

JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES

www.chausa.org

HEALTH PROGRESS®

Reprinted from *Health Progress*, September-October 2003
Copyright © 2003 by The Catholic Health Association of the United States
