Ascend

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Sexual Risk Avoidance Education: What You Need to Know

What is Sexual Risk Avoidance (SRA) Education?

SRA is a sex education approach based on a recognized and often-used public health model known as "risk avoidance" or "primary prevention." It is the standard approach used to address risk behaviors such as underage drinking and smoking and is entirely appropriate and beneficial in addressing the risk of teen sex. It differs from a "risk reduction" model in that it seeks to help individuals eliminate all risk as opposed to simply reducing risk. Sexual Risk Reduction (SRR), often called "Comprehensive" sex education is primarily focused on increasing contraceptive use among teens. SRR approach normalizes teen sex and is considered a "secondary prevention" strategy.

How does SRA education differ from Sexual Risk Reduction (SRR) or so-called "comprehensive sex education" (CSE)?

There are vast differences between SRA education and SRR comprehensive sex education. The major distinction is how each approach regards teens. SRA education believes teens can avoid sex and CDC trend data shows, in increasing numbers, they are doing so. Discussions empower teens to make the healthy decision to wait for sex regardless of their previous sexual experience. By contrast, SRR assumes that teens can't or won't avoid sexual experimentation; so the majority of their time is spent talking about sex - using condoms and other forms of contraception with a view to simply reduce, rather than eliminate, sexual risk among teens.[1]

Is there evidence that SRA programs are effective?

Yes. There are currently 25 peer-reviewed studies showing that students in SRA classes are: a) more likely to delay sexual initiation, and b) if sexually active, more likely to discontinue or decrease sexual activity and no less likely to use a condom.[2] In addition, the latest CDC research on youth and sex shows that most teens have not had sex - and that percent has improved 32% in the past 26 years.[3]

Do SRA programs present information on contraception?

Yes. The most widely used SRA programs in the US share medically accurate information on contraception without demonstrating or distributing various methods.[4] SRA programs always give this information within a broader conversation that strongly emphasizes the value of waiting for sex in order to avoid all sexual risk. SRA programs do not normalize teen sex, especially important, since CDC data shows that nearly 70% of 15-17 year olds are NOT having sex.[5] In addition, CDC data reveals that the longer a person delays sex, the more likely they are to use condoms when they become sexually active.[6]

Why is SRA education a superior approach that all youth deserve to receive?

Sexual Risk Avoidance education is science-based and focused on helping youth achieve optimal health outcomes. In an increasingly sexualized culture ALL youth, regardless of orientation or past sexual experience, need and deserve the information and skills that can help them make choices that can eliminate risk. Those who promote programs that normalize teen sex as an expected adolescent behavior sell our youth short to the soft bigotry of low expectations. In addition, a recent Barna survey revealed that about 40% of teens say that sex education makes them feel pressured to have sex, contradicting the claim by "comprehensive" sex education advocates that they prioritize "waiting." [7]

Does the Sexual Risk Avoidance (SRA) approach have a valid place as an instructional model alongside other public health approaches?

In public health, a risk avoidance approach is always given primacy when addressing health risk behaviors. For example, the message regarding smoking is: "Don't begin smoking, but if you are already smoking, it is important to stop."[8] This model should be applied to sex education as well. In addition, it is important that schools, parents and communities are given a choice in sex education approaches. Respecting local control and community standards is an important consideration in how sex education is taught.

Is SRA education relevant to gay teens?

Absolutely. Encouraging young people, irrespective of their sexual orientation, to delay sex promotes equality in health for all. SRA programs share universally transferable principles from which all students can benefit including:

- Sexual delay[9]
- Fewer lifetime partners[10]
- Developing healthy relationships[11]
- Setting boundaries[12]
- Reserving sex for a lifetime, faithful, monogamous, and uninfected partner are protective factors that help all teens avoid risk[13]

In addition, the holistic nature of SRA programs address broader, generalized topics regarding adolescent development relevant to all teens.

Is the SRA message relevant to sexually active teens?

Sexually experienced teens receive the skills and positive empowerment to make healthier choices in the future as a result of SRA education. A published study demonstrated that those enrolled in an SRA program were much more likely to choose to abstain than their sexually experienced peers who did not receive SRA education.[14]

And further, about one half of sexually active 18- and19-year olds wish they had waited longer before becoming sexually active.[15] The SRA message is important to all teens regardless of orientation or sexual experience. Every teen deserves to receive the knowledge and skills needed to achieve optimal health. To do otherwise exhibits an unacceptable form of "advantage discrimination" to those at greatest risk.[16]

Do SRA programs address issues involving consent, sexual assault and dating violence?

SRA education employs a holistic approach to sex and healthy relationship-building, focusing on the well-being of the whole person. Therefore, discussions regarding consent, sexual assault and dating violence are not new topics to SRA programs. Each of these issues seriously impacts an understanding of the components of healthy relationship development and thus the need to recognize, escape and prevent assault and violence is important. On the issue of consent, SRA programs have routinely shared age of consent laws that apprise teens of the laws that impact sexual behavior in their state. SRA programs are also careful to guide teens beyond mere consent as the arbiter for sexual activity to a broader understanding of the importance of delaying sex, preferably until marriage with mutual respect, healthy relating, and a focus on future goals.

Why does SRA education focus on sexual delay instead of simply giving teens Long Acting Reversible Contraception (LARC)?

The age of sexual initiation matters to the health of a teen and merely prescribing LARC cannot eliminate the inherent risks of teen sex. LARC advocates offer a simplistic response that ignores the potential long-term risks associated with teen sex. In addition, many teens do not realize that LARC offers no protection against STDs.

There is little research on teens and LARC and a majority of teens report that knowing about LARC makes it more likely they will have sex.[17] Those who claim that teen sexual activity is healthy - so long as each partner consents and no pregnancy ensues - are on the wrong side of science and are promoting a strategy that could compromise the future health and success of youth. As noted by researcher Brianna Magnusson (2015): "age of sexual debut is an important distal factor which sets a trajectory of risky sexual behavior."[18] Waiting for sex, preferably until marriage, improves the prospect for positive future outcomes. The research is compelling – and continues to grow – that delaying the age of sexual debut is associated with a variety of protective benefits that every teen deserves to be empowered to achieve.

Why are SRA programs important to helping teens become successful adults?

SRA programs focus on the whole person by sharing the importance of healthy decision-making to future life outcomes. Programs teach the skills of the Success Sequence, which dramatically reduce the chance that youth will live in poverty as adults, if they implement, in sequence, these things: finish school, get a job, and then have children after marriage. If teens adopt these behaviors, they risk only a 2% chance of living in poverty as adults. In addition, SRA programs discuss the components of healthy relationships, future family formation, and the impact that waiting for sex can have on academic success.

Research shows that teens who wait to have sex increase their chances for a happier marriage, healthier future family, a life of personal responsibility, and productive citizenship. The research also reveals that when teens have sex, besides the risk of pregnancy and STDs, the following negative life outcomes are more likely to occur, often persisting into adulthood:

- Less academic achievement (not necessarily linked to pregnancy)[19]
- Decreased general physical and psychological health, including depression20
- More involvement in other risky behaviors such as smoking, drinking, and drugs[21]
- More likely to participate in anti-social behavior or delinquent behavior[22]
- Less likely to exercise self-efficacy and self-regulation[23]
- Less financial net worth and more likely to live in poverty[24]

Conclusion: In light of the overwhelming evidence supporting the benefits of the SRA message to the health and well-being of teens, Ascend is committed to championing SRA education as the best approach to help teens thrive now and enter adulthood prepared to achieve optimal health and life success.

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