

Sexual Risk Avoidance Programs are Not Sex Education

Sexual Risk Avoidance Programs are Abstinence-Only, Rebranded

Sex education is the provision of information about bodily development, sex, sexuality, and relationships, along with skills-building to help young people make informed decisions regarding sex and sexual health. One of the main goals of instituting sex education in schools is to help young people reduce sexual risk behaviors (e.g., early initiation of sex, multiple sexual partners, sex without contraception or condoms, substance use before or during intercourse).

Young people's right to honest, complete, and accurate sex education remains under debate in many communities. Some argue for abstinence-only-until-marriage (AOUM) programs, which only instruct young people about abstinence. Others argue for comprehensive sex education that provides medically accurate, age appropriate information about safer sex, abstinence, healthy relationships, consent, human development, and more.¹ The science and research support proponents of comprehensive sex education. In fact, 30 years of public health research demonstrates that comprehensive sex education can help young people delay sexual initiation, reduce their risk for unintended pregnancy and sexually transmitted infections (STIs), including HIV, improve their communication skills, understand the difference between healthy and unhealthy relationships, and support the concepts of mutual respect and bodily autonomy.²

AOUM programs have recently been rebranded as 'sexual risk avoidance' (SRA) programs. Regardless of their name, these programs continue to educate young people only about abstinence, use fear and shame to control young people's behavior, often include medically inaccurate

information, perpetuate harmful gender stereotypes, and stigmatize LGBTQ+ youth. Importantly, public health research demonstrates that AOUM and SRA programs are ineffective. They do not delay sexual initiation nor assist young people to use condoms or contraception when they do become sexually active.³ In addition, the leading medical institutions, including the American Academy of Pediatrics, the Society for Adolescent Health and Medicine and the American Medical Association, among many others, support the implementation of comprehensive sex education in schools.

Sexual Risk Avoidance Funding

The federal government funds SRA programs through two main avenues. First, Title V of the Social Securities Act contains guidelines for a grant program called the State Sexual Risk Avoidance Education Grant Program. The second revenue stream is the Sexual Risk Avoidance Education Program. This is a separate program, focused directly on education for youth in schools with its own funding and set of guidelines that are similar, but not identical, to those in Title V.⁴ Previously, both grants explicitly supported AOUM before being renamed in 2016 and 2018.⁵

Sexual Risk Avoidance Has No Positive Effect on Sexual Behavior

SRA markets itself as the most effective way to limit sexual risk behaviors, especially early ages of initiation, but this claim is inaccurate. There are multiple studies illustrating that **SRA has no impact on sexual risk behaviors or age of initiation.**⁶ Comprehensive sexuality education, on the other hand, has been found to limit sexual risk behavior and delay age of initiation.⁷

¹ Kaiser Family Foundation. (2018, June 1). Abstinence Education Programs: Definition, Funding, and Impact on Teen Sexual Behavior. Kaiser Family Foundation. <https://www.kff.org/womens-health-policy/fact-sheet/abstinence-education-programs-definition-funding-and-impact-on-teen-sexual-behavior/>.

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² Goldfarb, E. S., & Lieberman, L. D. (2020, July 22). Three Decades of Research: The Case for Comprehensive Sex Education. Montclair, New Jersey; Department of Public Health, Montclair State University.

³ Trenholm, C., Devaney, B., Fortson, K., Quay, L., Wheeler, J., & Clark, M. (2007, April 13). Impacts of Four Title V, Section 510 Abstinence Education Programs. Office of the Assistant Secretary for Planning and Evaluation. <https://aspe.hhs.gov/report/impacts-four-title-v-section-510-abstinence-education-programs>.

⁴ Kaiser Family Foundation; June 1st, 2018

⁵ J. Boyer; March 4th, 2020

Sexuality Information and Education Council of the United States; August, 2018

⁶ C. Trenholm, B. Devaney, K. Fortson, L. Quay, J. Wheeler, & M. Clark; April 13th, 2007

Denford, S., Abraham, C., Campbell, R., & Busse, H. (2016, November 7). A comprehensive review of reviews of school-based interventions to improve sexual-health. Taylor & Francis. <https://www.tandfonline.com/doi/abs/10.1080/17437199.2016.1240625?journalCode=rhpr20>.

⁷ McCammon, S. (2017, August 23). Abstinence-Only Education Is Ineffective And Unethical, Report Argues. NPR. <https://www.npr.org/sections/health-shots/2017/08/23/545289168/abstinence-education-is-ineffective-and-unethical-report-argues>
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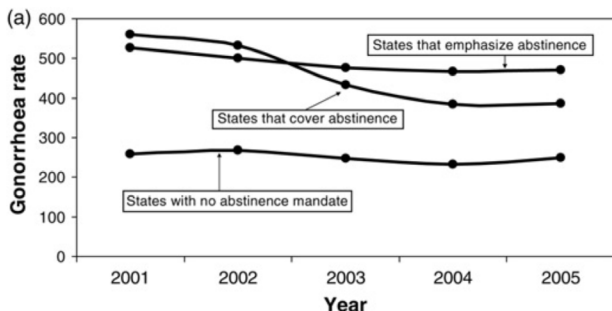
Sexual Risk Avoidance Programs Fail to Prepare Students

The next metric SRA programs must be measured on is its efficacy as an educational program. Sadly, it falls short of even the most basic requirements to qualify as an educational program as it fails to provide accurate information about the topics it is meant to cover. Many programs funded by Title V contain incomplete, misleading, or fabricated information, particularly surrounding contraception and condoms. For example, programs that cover contraceptives must emphasize that they limit but do not eliminate physical risk and are not allowed to include demonstrations or simulations.⁸

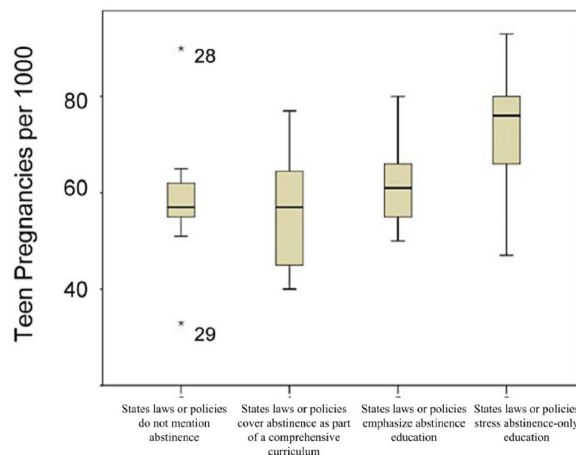
Because they fail to provide complete and accurate information, SRA programs cannot properly prepare their students or give them the tools necessary to protect themselves from sexual risks. For example, studies have shown that while comprehensive sexuality education lowers teen STI and pregnancy rates, SRA programs do not. As such there is a measurable difference in these rates based on how heavily state policy emphasizes abstinence.⁹

- The first graph, from a 2010 study from the International Journal of STD & AIDS, shows the rate of gonorrhea infections per hundred thousand among teens ages 15-19 based on state policy on covering abstinence.
- The second graph, from a 2011 study published by the US National Library of Medicine, shows the pregnancy rates of girls ages 15-19 based on state policy on covering abstinence. Covering abstinence in the context of a comprehensive sex education program seems optimal, but emphasizing and stressing abstinence both result in higher teen pregnancy rates.¹⁰
- The pregnancy rates for girls ages 15-19 in SRA programs was not significantly different from the rate for girls who received no sex education. Girls in CSE programs, on the other hand, had a significantly reduced pregnancy rate, at around a 50 percent decrease.¹¹

Graph 1



Graph 2



⁸ Kosciw, J. G., Greytak, E. A., Bartkiewicz, M. J., Boesen, M. J., & Palmer, N. A. (2011). The 2011 National School Climate Survey: The Experiences of Lesbian, Gay, Bisexual and Transgender Youth in Our Nation's Schools. New York, NY; Gay, Lesbian & Straight Education Network. M. A. Ott & J. S. Santelli; October, 2007

The United States Department of Health and Human Services. (2020). Title V State Sexual Risk Avoidance Education: Fact Sheet. The Office of the Administration for Children & Families. <https://www.acf.hhs.gov/fysb/fact-sheet/title-v-state-sexual-risk-avoidance-education-fact-sheet>.

⁹ S. McCammon; 2017

¹⁰ Stanger-Hall, K. F., & Hall, D. W. (2011). Abstinence-only education and teen pregnancy rates: why we need comprehensive sex education in the U.S. PLoS one, 6(10), e24658. <https://doi.org/10.1371/journal.pone.0024658>

¹¹ Stanger-Hall, K. F., & Hall, D. W. (2011). Abstinence-only education and teen pregnancy rates: why we need comprehensive sex education in the U.S. PLoS one, 6(10), e24658. <https://doi.org/10.1371/journal.pone.0024658>

Sexual Risk Avoidance Programs Perpetuate Harmful Gender Stereotypes

Gender roles and stereotypes are shown to have adverse effects on sexual and relational health. For example, studies have shown that traditional gender ideology amongst men is linked to intimate partner violence and rates of condomless sex.¹² This makes the perpetuation of these stereotypes in schools troubling, especially in a class meant to combat these and similar issues. Unfortunately, many SRA programs treat oppositional gender stereotypes as fact, teaching students that women are compassionate, non-confrontational, and relational while men are logical, combative, and detached.¹³

Sexual Risk Avoidance Programs Stigmatize Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ+) Youth

SRA programs often contain subtle messaging that praises heteronormativity and normalizes homophobia. These programs treat heterosexuality as universal and avoid mentioning homosexuality except through negative half-truths and lies, (e.g. results of childhood trauma and HIV rates). Some programs even disparage LGBTQ+ people directly.¹⁴

It is unsurprising that the lack of information on LGBTQ+ issues harms LGBTQ+ students. SRA programs, as defined by Title V, likely contribute to hostile school environments for LGBTQ+ students as more homophobic remarks and harassment, less acceptance from peers, and less connection to school communities are all reported in schools with programs with SRA n programs.¹⁵ This is particularly disturbing as studies have shown that acceptance from their communities, especially from authority figures and in school environments, is incredibly beneficial for the mental health of LGBTQ+ students.¹⁶

Sexual Risk Avoidance Programs 101

- Abstinence-Only Until Marriage Programs with a new name
- No positive effect on sexual behavior
- Ineffective and harmful to young people
- STI and pregnancy rates are higher in states with policies stressing abstinence than states without such policies
- Perpetuate harmful gender roles
- Stigmatize and isolate LGBTQ+ youth
- Should not receive federal funding

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¹² Santana, M. C., Raj, A., Decker, M. R., La Marche, A., & Silverman, J. G. (2006). Masculine gender roles associated with increased sexual risk and intimate partner violence perpetration among young adult men. *Journal of urban health : bulletin of the New York Academy of Medicine*, 83(4), 575–585. <https://doi.org/10.1007/s11524-006-9061-6>

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¹³ Beechey, S. N., & Moon, L. C. (2015, July 15). Gender in the Adoption and Implementation of Sex Education Policy. *Open Journal of Social Sciences*. https://file.scirp.org/Html/3-1760520_57973.htm
M. A. Ott & J. S. Santelli; October, 2007

¹⁴ Beechey, S. N., & Moon, L. C. (2015, July 15). Gender in the Adoption and Implementation of Sex Education Policy. *Open Journal of Social Sciences*. https://file.scirp.org/Html/3-1760520_57973.htm

¹⁵ J. G. Kosciw, E. A. Greytak, M. J. Bartkiewicz, M. J. Boesen, & N.A. Palmer, 2011

¹⁶ Green, A. E., Price-Feeny, M., & Dorison, S. H. (2021, January 12). Association of Sexual Orientation Acceptance with Reduced Suicide Attempts Among Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning Youth. *LGBT Health*. <https://www.liebertpub.com/doi/10.1089/lgbt.2020.0248>.
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