It is recognized that traditional poverty-prevention strategies have met with minimal success. Sexual Risk Avoidance (SRA) programs focus on preventing the well-documented factors that lead to poverty and offer practical and effective solutions for addressing this persistent societal concern. The SRA approach focuses on prevention, with solution-oriented approaches that address causes rather than effects.⁷

**The Success Sequence: A Positive Formula for Youth**

If youth adopt these behaviors, in sequence, they risk only a 2% chance of living in poverty as adults:²

- Graduate
- Get a full-time job
- Wait until 21 and married before having children

**SRA Programs Encourage the Success Sequence Paradigm**

Two federally funded SRA programs focus on empowering youth with skills that lead to achieving future goals, avoiding risk and achieving the benefits of the success sequence. Beginning early with skill-based programs that set high expectations, these programs increase the opportunity for healthier outcomes that can impact poverty prevention efforts. Unfortunately, to date, these programs have received minimal funding.

- Title V Abstinence Education Program within the Welfare Reform Act of 1996
  - Preventing poverty by teaching self-regulation skills to youth and focusing on education, self-sufficiency and delaying sex until marriage.
- FY 2016 Omnibus Bill: Sexual Risk Avoidance (SRA) Program
  - “…teach the benefits associated with self-regulation, success sequencing for poverty prevention, healthy relationships, goal setting, and resisting sexual coercion, dating violence, and other youth risk behaviors such as underage drinking or illicit drug use without normalizing teen sexual activity.”

**Reserving Sex for Marriage Improves Outcomes for Children and Adults**

- Bearing children within marriage is associated with a variety of improved physical, social, educational, and economic outcomes.
- Regarding poverty, children living with never married mothers are 143% more likely to be poor than those living with married parents.³

**Youth are Better Able to Thrive When They Avoid Sex, Rather Than When Long Acting Reversible Contraception (LARC) is Stressed as a Solution.**

A proposed strategy to help youth avoid pregnancy until marriage is to supply LARC to them, rather than to place a meaningful emphasis on waiting for sex.

While LARC is highly effective in preventing pregnancy, it offers no protection against the many other possible consequences of teen sexual activity including healthy family formation and reaching future goals. Specifically, research reveals that early sexual initiation increases the likelihood of these negative life outcomes, often persisting into adulthood:

- Early sexual behaviors set a pattern for later ones.⁴
- More likely to experience an STD.⁵
- Increased number of lifetime partners.⁶
- Decreased educational attainment the earlier a person begins having sex (whether or not a pregnancy ensues).⁷
- Increased sexual abuse and victimization.⁸
- Decreased general physical and psychological health, including depression.⁹
- Poorer ability to form healthy, stable relationships, or more likely to divorce.¹⁰
- Decreased contraceptive usage.¹¹
- More frequent engagement in other risk behaviors, such as smoking, drinking, and drugs.¹²
- More likely to participate in anti-social and delinquent behavior.¹³
- Less likely to exercise self efficacy and self control.¹⁴
- Less attachment to parents, school and faith.¹⁵
- Less financial net worth and more likely to live in poverty.¹⁶

**SRA is a Realistic Goal for Youth**

- Most teens have not had sex, and about half of those who have, wish they had waited.¹⁷
- The percentage of teens who have had sex has decreased more than 28% over the past 25 years, showing that the SRA approach is realistic and increasingly resonates with youth.¹⁸
- Nearly 70% of 15-17 year olds (the age typically targeted for sex education) have never had sex.¹⁹

Formerly the National Abstinence Education Association

© 2016 Ascend
31. McLeod, J., Knight, S. (2010), Perspectives on Sexual and Reproductive Health. 42(2):93
34. McLeod, J., Knight, S. (2010), Perspectives on Sexual and Reproductive Health. 42(2):93