COMPARING TYPES OF SEXEDUCATION



Risk reduction via contraceptive use, especially condoms

FOCUS

Risk elimination through information and skills to achieve optimal health



Contraception and consent make teen sex acceptable.

Negative emotional and physical consequences and life impact are minimized or ignored.

Teens are going to have sex anyways. Teen sex is normalized as an expectation.

PHILOSOPHY

Teen sex is a risk behavior, even with contraception and consent.

Negative emotional and physical consequences are addressed in the context of life impact.

Teens can and do choose to refrain from sexual activity. CDC data: the majority of teens have not had sex.

Mixed. Either abstinence or "protected" sex are equally good choices. "Sex when you're ready" is encouraged.

MESSAGE

Clear. For optimal sexual health, sexual delay is the only 100% effective way to avoid pregnancy, STIs/STDs, and other negative consequences of teen sex.

Promotes use as the primary message.

Curricula spends less more content promoting contraceptive use.

Contraceptive contraceptive than 5% of page content information is medically on risk avoidance and 6x inaccurate by portraying contraception use as making sex "safe."

EMPHASIS

Prioritizes sexual delay until mutually monogamous relationship such as marriage.

Curricula spends 50% of page content promoting sexual risk avoidance.

Medically accurate info on contraception, ensuring teens know that contraception reduces, but does not eliminate, risk.

Normalizes teen sex.

Increased contraceptive use, especially condoms. BEHAVIORAL GOAL

Delayed sexual initiation, preferably until mutually monogamous lifelong relationship such as marriage.

Sex cessation for the sexually experienced teen to return to a risk-free status.