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Contraception and Sexual Risk Avoidance (SRA) Education

Introduction

Opponents assert that SRA education classes withhold information about condoms and other forms on contraception from students. These same critics say that students from SRA programs are ill-informed if they become sexually active. A thorough examination of the facts, however, shows these charges to be baseless and must be emphatically corrected.

How SRA Programs Discuss Contraception

In 2011, the CDC commissioned the Institute for Youth Development (IYD) to survey how the most widely used SRA education curricula in the nation address the topic of contraception. The study found that each of the curriculum provided information about contraception. It summarized by stating: "All topics that are incorporated into an SRA curriculum are provided to enrich the understanding that waiting for sex (or regaining an abstinent lifestyle) is the healthiest choice for teens. Information about contraception is provided to assure that youth have adequate information for optimal sexual decision-making." The study also confirmed that the context, accuracy, and nature of the discussion fit within established public health protocols as indicated below:

- **Context:** SRA education programs inform students that although contraception can reduce the risk of pregnancy or STD transmission, refraining from sexual activity is the only way to avoid all the possible risks associated with sexual activity. The discussion always encourages the prevention of risk, believing that teens deserve medically accurate information on contraception so they can make informed choices for optimal sexual health.
    - *What does in mean to teach a topic within the context of risk avoidance?* This means that the discussion of contraception always draws a clear distinction between waiting for sex and using contraception by emphasizing that waiting for sex eliminates all risk and is always the best and healthiest option.
- **Accuracy:** SRA curricula cite the CDC for the information shared about contraception. The content differs by curriculum, but it typically discusses the use and effectiveness of the various methods available, especially condoms. By contrast, Sexual Risk Reduction (SRR) "comprehensive" sex education programs often omit providing teens information on the limits of contraceptive effectiveness and give teens the false impression that sex with a condom assures "Safety." [1]
    - *Doesn't the use of a condom make sex "safe"?* The CDC studied the most prevalent STDs among teens, with special emphasis on teen girls.[2] Two of the four STDs most commonly transmitted among teens can still be passed from teen to teen even if a condom is used. [3] While a condom reduces the risk, its usage does not make sex *safe enough.*
- **Information vs. Advocacy:** SRA education programs share medically accurate information about contraception but do not demonstrate or distribute condoms to their students. As the IYD report aptly summarizes: "They make a distinction between giving factual information and advocacy of use. SRA programs choose to inform teens with facts and avoid turning sex education classes into condom advocacy sessions." [4]

How Parents Want Contraception Discussed In Their Teens' Sex Ed Classes

In 2012, parents of teens were asked their views on sex education for their children. Overwhelmingly, parents supported the SRA education approach, regardless of race or political party. But they especially favored the SRA approach of teaching about contraception. In fact, 90% of all parents wanted their children to be instructed on the limitations of condoms in preventing certain STDs.[5] This is not a surprise given the fact that parents want their children to thrive and achieve the healthiest and most promising future, free from worry or negative consequences.

Are SRA Students Less Likely to Use a Condom If They Are Sexually Active?

Not surprisingly, students who are part of an SRA education class are no less likely to use a condom than their peers [6] and there is some indication that SRA students are even *more likely to use a condom*. [7] This research confirms that students are receiving information in their SRA education classes that condoms can reduce the risk. And while significant research shows that SRA students delay sex longer, if they do become sexually active, they use contraception. Parents don't want their children lulled into the false security that sex is "safe" and appropriate as long as a condom is used.

The Importance of Delay

The longer a person delays sex, the less his or her risk for pregnancy and STDs [8] and the fewer lifetime partners that person will have. Early sexual initiation even with a condom does not offer the same physical protection against pregnancy or disease, as does sexual delay. [9] In addition, recent research by the CDC confirms that the longer a teen waits to have sex, the more likely s/he is to use contraception if s/he becomes sexually active. Therefore, the SRA message is invaluable both for the student who remains abstinent throughout high school or until marriage - as well as for the student who delays initiation longer than s/he would have without the encouragement from the SRA programs. The following graph [10] shows how sexual delay is important to eventual contraceptive usage:

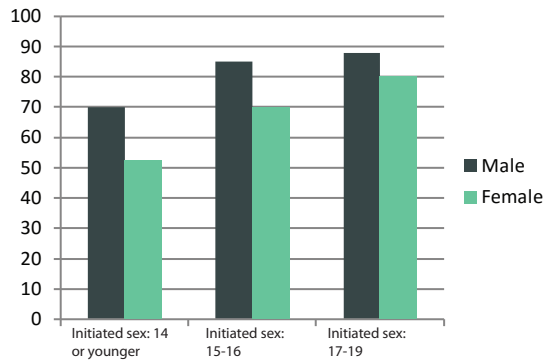

Figure 1: Condom use increases as age of sexual initiation increases

Is An Increase in Condom & Contraceptive Usage The Answer?

Contraceptive use by teens has increased over the past decades.[11] Unfortunately, STD rates among young adults have also increased so that today nearly 50% of all STDs are among this age group, despite the fact that they only comprise about 20% of the sexually active population.[12] In addition, while teen pregnancy rates and birth rates have dropped, pregnancy rates among the sexually active have not decreased. What the data shows is that while more teens are waiting for sex, those that are sexually active are at increased risk for pregnancy and STDs. A Guttmacher study revealed that more than 50% of women seeking abortions used contraception in the month they became pregnant and among those who did not want to become pregnant, most said they used contraception in the past.[13]For whatever reason, easy access to contraception is not a "good enough" solution to the physical consequences of sex - and does nothing to ameliorate the non-physical consequences. Sexual risk avoidance remains the best and only reliable strategy that protects teens from all the consequences of teen sex.

Conclusion

An honest conversation about the best sex education approach for teens must first begin with an accurate portrayal of SRA education. While SRA programs teach student about contraception in a medically accurate manner that is strongly supported by parents, the primary information and skills taught encourage teens to attain or regain a risk-free sexual lifestyle by avoiding sexual activity. Teens are best served when the healthiest outcomes are prioritized and when they are empowered to avoid risk. Teens are more likely to achieve these goals when adults believe the futures of youth are so important that they are willing to encourage youth engaged in unhealthy and risky behaviors to consider a healthier choice in the future. Sex education classes that are primarily condom-centric (as is true for most SRR "comprehensive" approaches) do not and cannot adequately address the physical or the possible emotional consequences of teen sex. However, the holistic SRA education approach provides all the information teens need to achieve optimal sexual health - making it best suited to resonate and inspire teens for sound decision-making today and success in their futures.

For more information, contact Ascend at info@WeAscend.org or call 202-248-5420

1 For example, the SRR "comprehensive" curriculum Reducing the Risk, equates condom use and abstinence as equally protective. The SRR curriculum, Making Proud Choices, sends teens the unmistakable message that sex with a condom equates to "safety."

2 Centers for Disease Control Press Release, (March 11, 2008). Nationally Representative CDC Study Finds 1 in 4 Teenage Girls Has a Sexually Transmitted Disease. Retrieved August 29, 2011 from http://www.cdc.gov/stdconference/2008/press/release-11march2008.htm

3 Centers for Disease Control (2015). Genital Herpes – CDC Fact Sheet. Atlanta: CDC. Accessed Feb. 3, 2016 at http://www.cdc.gov/std/herpes/stdfact-herpes.htm

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4 Institute for Youth Development (2011). A consultation report on sexual risk avoidance programs and contraceptive information. Washington D.C.: IYD. Page 3.

5 For the entire survey, please visit www.WhatTheyToldUs.org

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9 Martinez G et al., Teenagers in the United States: sexual activity, contraceptive use, and childbearing, 2006–2010, Vital and Health Statistics, (2011). Series 23, No. 31, Accessed at: http://www.cdc.gov/nchs/data/series/sr_23/sr23_031.pdf

10 Ibid, Table 11, p 22.

11 Martinez G et al.

12 CDC: (2013) Incidence, prevalence, & cost of STIs in the United States. Atlanta: CDC. Accessed at http://www.cdc.gov/std/stats/STI-Estimates-Fact-Sheet-Feb-2013.pdf

13 Jones RK, Darroch JE and Henshaw SK, Contraceptive use among U.S. women having abortions in 2000–2001, Perspectives on Sexual and Reproductive Health, 2002, 34(6):294–303.

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