ISSUE BRIEF

Sexual Risk-Avoidance Education

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What is Sexual Risk-Avoidance Education?

Sexual Risk-Avoidance (SRA) education is an approach to sex education that focuses on risk-avoidance instead of Sexual Risk-Reduction (SRR) or "comprehensive sex education" when it comes to sexual activity. The term "Sexual Risk-Avoidance" is now used more commonly than the older term "abstinence." It communicates how this approach mirrors other public health models designed to encourage avoidance instead of reduction of risky behavior, such as underage drinking or the use of illegal drugs. SRA education teaches that avoiding sexual activity before marriage is the surest way to avoid its risks. It also encourages youth to pursue good decision-making skills.

What are the Risks of Sexual Activity?

1. **Out-of-wedlock pregnancy:** Single mothers, especially teenaged single mothers, are much less likely to complete their education or achieve their career goals. They (and their children) are also much more likely to live in poverty.[1] More than 6 in 7 teen births are to single girls, a circumstance which is a well-documented predictor for poverty.[2] Just as condoms cannot provide complete protection against sexually transmitted diseases (STDs), no contraceptive device or method can provide complete protection against unplanned pregnancies.[3]
2. **Sexually transmitted diseases:** The effects of STDs can range from bacterial infections[4] to death. The human papillomavirus (HPV) has been identified as the main cause of cervical cancer,[5] which kills thousands of women each year. Other STDs like chlamydia can lead to infertility.[6] The human immunodeficiency virus (HIV) can cause AIDS (acquired immune deficiency syndrome), which can kill by weakening the body's ability to fight other illnesses. Despite improved treatments which have extended the lifespans of many people with HIV or AIDS, thousands of Americans still die from HIV and AIDS every year.[7]
3. **Detrimental psychological effects:** Sexually active teenagers are more likely to be depressed and attempt suicide.[8] One 2013 study found that overall, adolescent females with no sexual partners were significantly less likely to report measures of poor mental health than those who have had one, two, or three or more sexual partners. Similarly, girls who reported three or more partners were significantly more likely to report sadness, suicide ideation, suicide plans, and attempts than those with fewer partners.[9]
4. **Lower academic achievement:** Generally, sexually active teens have lower GPAs, more disciplinary problems, and were less likely to attend college. Compared with virgins, teens who have casual sex had lower GPAs, cared less about school and experienced more problems in school. Teens who have sex were at higher risk of being truant and dropping out compared with teens who don't have sex.[10] A number of studies have shown that teenagers who abstain from sex are more likely to graduate from high school and attend college than their sexually active peers.[11]

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What are the Incidence, Prevalence, and Medical Costs of STDs in the U.S.?
The Centers for Disease Control estimates that there are 20 million new annual STDs, 110 million total infections with a total of $16 billion in medical costs.[12] STDs among teens incur $4.5 billion in tax-payer funded expenses annually.[13]

Taxpayers save up to $19,000 every time a teen chooses abstinence and avoids pregnancy and STDs, with the potential of a cumulative savings of $11 billion per year.[14]

Prevalence estimates suggest that young people aged 15–24 years acquire half of all new STDs[15] and that 1 in 4 sexually active adolescent females has an STD.[16]

The following are some statistics on the incidence and rate of STDs from the 2012 Sexually Transmitted Disease Surveillance:[17]

- In 2012, a total of 1,422,976 cases of chlamydia were reported to the Center for Disease Control and Prevention (CDC). This is the largest number of cases ever reported to CDC for any condition. In 2012, 1,002,692 cases of chlamydial infection were reported among persons under 25 years of age, representing 70% of all reported chlamydia cases. Chlamydia rates are highest among adolescents and young adults aged 15–24 years.
- In 2012, there were 334,826 cases of gonorrhea reported in the United States. Since 2009, the gonorrhea rate has increased slightly each year to 107.5 cases per 100,000 population in 2012, a 9.6% increase overall. In 2012, gonorrhea rates were highest among adolescents and young adults. In 2012, the highest rates were observed among women aged 20–24 years (578.5) and 15–19 years (521.2). Among men, the rate was highest among those aged 20–24 years (462.8).
- In 2012, a total of 15,667 cases of primary and secondary (P&S) syphilis were reported to CDC, 1,697 more cases than were reported in 2011. In 2012, the rate of P&S syphilis increased 11.1% from that in 2011. In 2012, the rate of P&S syphilis was highest among persons aged 20–24 years and 25–29 years.

The only 100% effective way to avoid an STD is by avoiding the risk. The CDC says, "The most reliable ways to avoid transmission of sexually transmitted diseases (STDs), including human immunodeficiency virus (HIV), are to abstain from sexual activity or to be in a long-term mutually monogamous relationship with an uninfected partner."[18]

Does Sexual Risk-Avoidance Education Work?
SRA education reduces teen sexual activity by approximately 50%.[19] SRA education decreases sexual initiation, increases abstinent behavior among sexually experienced teens, and/or decreases the number of partners among sexually experienced teens.[20]

A 2010 study demonstrated that SRA education intervention among sixth and seventh graders was by far the most effective type of sex education in reducing sexual initiation among young teens, had no deterrence on the use of condoms, and reduced numbers of sexual partners in contrast to other sex-ed interventions in the same study:[21]

> Only 33% of those in the SRA education self-reported to have initiated sexual activity in the 24 month follow-up period. In contrast, about 47% in the general health intervention, 51.8% in the "safer sex" intervention, and about 42% in the "comprehensive sex ed"

interventions self-reported to have initiated sexual activity in the 24 month follow-up period.

A majority of young people aged 15 to 17 have *not* had sex—and the percentage of teens who are abstinent has been growing for at least two decades. Between 1988 and 2010, the percentage of girls in that age group who had *never* had sexual intercourse rose from 63% to 73%, while the percentage of boys who were abstinent rose from 50% to 72%.[22] Additionally, about 70 percent of parents agreed that it is "against [their] values for [their] adolescents to have sexual intercourse before marriage" and over 60 percent of adolescents believe that sex should be reserved for marriage.[23]

What's the President's FY 2015 Proposed Budget for Sex Education?

In 2014, only 18% of funds were designated for SRA education and 82% for SRR education. In 2015, *no* funds are designated for SRA education. Instead, 100% of funds are designated for SRR education.

The following provisions for sex education policy and funding were proposed in the President's FY 2015 budget:

- Proposed eliminating all funding for SRA programs including:
    1. $5 million Competitive Abstinence Education (CAE) program.[24]
    2. $50 million Title V Abstinence Education state block grant, signed into law under President Clinton, as a part of the Welfare Reform Act.[25]
- Proposed continuing funding for all SRR contraceptive-focused programs:
    1. Proposed funding for the Teen Pregnancy Prevention (TPP) program at $101 million.[26]
    2. Requested 5-year reauthorization of Personal Responsibility Education Program (PREP) mandatory sex education state block grant for $75 million per year.[27]

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