



Addendum for “Sex Ed Documentary” in Session 2: Confronting the Past

Staying current with the terminology related to sex education is a constant challenge for parents. This is why Session 2 of *The Whole Sex Talk*® includes a nine-minute documentary on the history of sex education in America. However, the landscape of sex education has continued to evolve.

This addendum is a resource for parents as they work with their children’s schools to provide sex education. In the State of Michigan, and many other areas around the country, parents have the opportunity to serve on their school’s Sex Education Advisory Board (SEAB) and help shape the sexuality education their children will receive at school (in addition to using *The Whole Sex Talk*® at home).

The terms, “abstinence-only” and “comprehensive,” as used in the documentary can be misleading in the context of a SEAB. There are no sex education programs that employ a simplistic “just say ‘no’” approach sometimes associated with “abstinence-only” education. Likewise, the mere inclusion of contraception in a course does not mean it will be more “comprehensive” than other programs. In many cases, the phrases “Sexual Risk Avoidance (SRA)” and “Sexual Risk Reduction (SRR)” are more helpful to describe the content and focus of the programs being offered in your child’s school. “SRA is a sex education approach based on a recognized and often used public health model known as ‘risk avoidance’ or ‘primary prevention.’”¹ In other words, SRA education encourages total avoidance of all sexual behaviors posing any risk of pregnancy, STDs, or psychological harm. “Sexual Risk Reduction (SRR), often called Teen Pregnancy Prevention or ‘Comprehensive’ sex education programs are primarily focused on increasing contraceptive use among teens, while normalizing teen sex and are considered a ‘secondary prevention’ strategy.”²

While the terms “abstinence-only” and “comprehensive” often signal which approach the program uses, here are three important questions you can ask to provide additional clarification.

Important Questions:

- 1. How does the program define success?** SRA programs are successful when participants cease sexual activity and delay sexual initiation, ideally until marriage. SRR programs are considered successful when participants reduce their number of sexual partners and increase their use of contraception.
- 2. What percentage of time is spent on risk reduction strategies compared to risk avoidance strategies?** Most SRA programs include some discussion of contraception “within a broader conversation that strongly emphasizes the value of waiting for sex in order to avoid all sexual risk.”³ On the other hand, most SRR programs will identify abstinence as the best method to avoid risk, while spending significantly more time demonstrating how to use contraceptive methods and how to negotiate their use within a relationship.
- 3. Who is providing the instruction and do they disclose any conflicts of interest?** If a school is using an SRR program, does the agency providing instruction profit from the sale of contraceptive methods encouraged in the course? If the program is successful (as described in the first question), is the agency providing the instruction more likely to see an increased or decreased client load as a result?



Important Terms:

Abstinence-based: Can be applied to any program that encourages abstinence. Media outlets often describe SRA programs as “abstinence-based” while SRR will also market themselves as “abstinence-based” because they do encourage abstinence, even if that is not their focus.

Abstinence-only: Only accurately describe programs which omit any mention of contraception. This is sometimes inappropriately used to describe SRA programs, which while strongly encouraging risk avoidance may explain the function and effectiveness of various contraceptive methods. Programs advertising an “abstinence-only” approach should always be evaluated to ensure medical accuracy and verify that shame-based terminology is not used.

Age-appropriate: Virtually all SRR and SRA programs claim to only include age-appropriate content. Parents should review materials to ensure they are appropriate for their own children. **In the Sex Ed Documentary, the narrator mentions that according to SEICUS guidelines, “Children ages five to eight are taught that boys and girls have different body parts...” The Whole Sex Talk® agrees that children should be taught correct anatomical terms for male and female reproductive organs. However, parents should always confirm that such instruction is not presented in a way that violates their child’s innocence or natural sense of modesty.*

Comprehensive: Normally used to describe programs which include detailed discussions of contraception, how to access and use it, and embrace a wide range of sexual behaviors outside of the context of marriage. All expressions of sexuality are considered safe and morally neutral if contraception is used and both partners consent to the experience.

Evidence-based: A technical term for a program which has been reviewed by a third-party agency and that review has been published in a peer-reviewed journal. This phrase is often confused with “fact-based.”

Fact-based: A program which limits instruction to medical, psychiatric, psychological, empirical, and statistical information. This would be in contrast to values-based education where the subject is taught from a specific moral or religious bias.

Medically-accurate: “Means verified or supported by research conducted in compliance with scientific methods and published in peer-reviewed journals, where appropriate, and recognized as accurate and objective by professional organizations and agencies with expertise in the relevant field.”⁴

Sexual Risk Avoidance Programming: Emphasizes avoiding risk behaviors and the elimination of all associated risks of those behaviors by spending the majority of verbal and written messaging on abstaining.

Sexual Risk Reduction Programming: Emphasizes reducing the risk of pregnancy and STDs by spending the majority of verbal and written messaging on accessing and using condoms and contraception.

Notes:

¹ Ascend, “Understanding Sexual Risk Avoidance (SRA) and Correcting Misinformation” (Washington D.C.: Ascend, 2016).

² Ibid.

³ Ibid.

⁴ Thomas D. Watkins, “Memorandum on Approval of School Health State Board Policies” (Michigan Department of Education, September 19, 2003), https://www.michigan.gov/documents/ITEM_I_73714_7.pdf.