

Sexual Risk Avoidance (SRA) Education and the Gay Teen

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All youth deserve the opportunity to achieve optimal sexual health. An objective look at the holistic topics included in SRA programs shows their relevance for all students. SRA educators deliver medically accurate, age-appropriate information on primary prevention strategies applicable to every student without regard of sexual orientation or gender identity.

Critics contend that SRA programs have no relevance for gay teens. The charge is that SRA programs are harmful because they lack inclusivity toward these youth. However, when we look at the evidence, we see just the opposite to be true. An objective look at the holistic topics included in an SRA program reveals their relevance for all students. SRA educators are sensitive and trained to deliver information that achieves optimal health for every student in the program, regardless of sexual orientation. Therefore, SRA programs have universally transferable principles that are designed to help all students avoid sexual risk.

Universally Transferable Principles

The universal topics from which all students can benefit include:

- Sexual delay is a protective factor for sexual health.
- The fewer lifetime partners a person has, the healthier the sexual outcomes.
- Teen sex is high-risk but certain behaviors are especially risky, even with a condom.
- Healthy relationships have a greater opportunity to develop when they are not complicated with sexual activity.
- Setting boundaries, learning refusal skills, and acquiring date rape prevention strategies help to prevent victimization.

- Reserving sex for a lifetime, sexually faithful, monogamous, relationship with an uninfected partner is the best protection against contracting STDs or sexually transmitted HIV.

Gay Teens At Increased Risk

A 2016 CDC report announced that, compared to heterosexual youth, homosexual and bisexual teens are at greatly increased risk for a variety of risk behaviors, including:

- More than twice as likely to be victims of dating violence,
- More than three times more likely to be forced to have sexual intercourse,
- More than five times more likely to use the drug ecstasy,
- Almost half as likely to use a condom at last sex,
- Nearly three times more likely to have had 4 or more lifetime partners, and
- More than four times more likely to have initiated sex before age 13.

Conclusion

This data clearly demonstrates that the skills-building lessons that are intrinsic to an SRA education program, are the very skills desperately needed by students who identify as gay. Encouraging young people, irrespective of their sexual orientation, to delay sexual behavior promotes equality in health for all. To do otherwise, exhibits an unacceptable form of advantage discrimination to those at greatest sexual risk.