

Letter to Editor of Pediatrics  
October 2014

## The AAP is Promoting the Myth of Safe Sex

The American Academy of Pediatrics (AAP), in its policy statement *Contraception for Adolescents*, promotes the myth of “safe sex” while ignoring the dire consequences that early sexual activity can have for young people. Even when contraception is used and teen pregnancy is avoided, early sexual debut has been associated with other negative consequences including multiple sexual partners, contributing to serial sexually transmitted infections (STI), increased likelihood of psychological injury (feelings of regret, depression, suicidal attempts), greater substance abuse, and lower academic achievement.<sup>i</sup> Delaying sexual activity, ideally until marriage, has been associated with improved emotional and physical health, higher achievement, and a more stable marriage.<sup>ii</sup>

The AAP erroneously conveys the impression that sexual activity is an expected recreational activity among most teens and that contraception is the answer. The authors state that contraception is a “pillar in reducing adolescent pregnancy rates.” Making contraception the central message of any pregnancy prevention message is ill-fated and, as history has shown, less effective than an abstinence message.<sup>iii</sup> While contraception can prevent pregnancy, it does not mitigate against the negative consequences noted above. Where is the AAP policy statement dedicated to sexual abstinence (i.e. risk-avoidance), the other “pillar” to reducing pregnancy rates. Such a policy statement could annotate the harms of promiscuous teenage sexual activity, while asserting the benefits of waiting until marriage.

The policy enthusiastically proclaims the greater effectiveness of pharmaceutical contraception over condom use, while blatantly ignoring the harms of promiscuous sexual activity to the individuals involved. The approach of the policy appears to subtly facilitate harmful behavior on the merits of reducing (but not eliminating) the risk of harm. The implied message in this contraception promotion is that early sexual activity is harmless as long as condoms and contraception are used.

Also, by emphasizing *risk reduction* (contraception), the statement marginalizes *risk avoidance* (abstinence). The statement instructs physicians to encourage adolescents to “delay sexual onset until they are ready.” No mention, however, is made of persuading them to delay until marriage, nor involving parents in this all important life-decision. The statement in fact goes to great lengths to emphasize the physician’s legal requirement to keep all sex history from the teen’s parents. Given the life-altering consequences of early sexual activity, it is a travesty to ban a parent from such a discussion. Research documents that teens benefit greatly from parental monitoring, oversight, and accountability. Teens with involved parents are actually more likely to delay their sexual debut.<sup>iv</sup>

The pediatrician's *primary* message to adolescent patients must not be contraception, but rather the tremendous physical, psychological and even future marital benefits in delaying all sexual activity until after marriage. Anything less is a compromise.

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## References

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<sup>i</sup> Hallfors DD, Waller MW, Ford CA, Halpern CT, and Brodish PH, Iritani B. "Adolescent Depression and Suicide Risk: Association with Sex and Drug Behavior. *American Journal of Preventative Medicine* 27 (2004): 224-230.

<sup>ii</sup> Heaton, T. (2002). Factors Contributing to Increasing Marital Stability in the United States. *Journal of Family Issues*, 23, 392-409.

<sup>iii</sup> Jemmott, J. B., Jemmott L. S., Fong G. T. (2010). Efficacy of a theory-based abstinence-only intervention over 24 months. *Arch Pediatr Adolesc Med.* 2010;164(2):152-159.

<sup>iv</sup> McNeely et.al. "Mothers Influence on Adolescent Sexual Debut." *Journal of Adolescent Health* 31.3 (2002). Sieving, R.E. et.al. "Maternal Expectations, Mother Child Connection, and Adolescent Sexual Debut." *Archives of Pediatric and Adolescent Medicine* 154.8 (2000): 809-816.