

#### GROUP 4

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### **“Sexual Education: A Contemporary Social Problem”**

According to an article on CNN, “Officially -- from President Bush on down -- young people are being told to just say no to sex. Yet they are bombarded with images that, they say, make the mantra difficult to take seriously (2001, ¶3).”

“Frustrated with mixed messages, many teens say they would make better choices for themselves if they had more information about sex -- and less hype (2001, ¶4).” With this in mind, adolescences are finding ways to educate themselves and are searching desperately for accurate and honest information.

CNN claims that, “The survey of 12- to 17-year-olds by the Kaiser Family Foundation found that 48 percent wanted more information about sexual health from their doctor and 42 percent from their health class teachers. A third wanted more discussions about sex with their parents (2001, ¶20).”

The social dilemma of educating youngsters about sex is often a very sensitive matter. Traditionally, parents would teach their children about the birds and the bees. But with our ever-changing society, new dangers lurk in the miseducation and neglect to properly instruct adolescences about diseases and contraceptives. The question today is, “Are parents doing their part to inform their children about sex?” And if parents aren’t teaching them, then who is?

Should schools be responsible for sexual education? If kids aren’t being taught about the responsibilities and outcomes of sexual experimentation, the results could be devastating. Teen pregnancy and STD incidences could skyrocket. Diseases such as HIV/AIDS, Chlamydia, Gonorrhea,

Hepatitis, Herpes, and Syphilis might spread like wildfire throughout our nation claiming not only the lives, but also the happiness of our citizens.

The challenge in teaching sex education in schools comes mainly from the parents of the students. Sometimes parents want the schools to take the responsibility so they don't have to make an attempt at an awkward lecture. Other parents feel that it is their responsibility and want to censor what their children are being taught. Some teachers feel that it is not their responsibility to take on such a heavy burden such as teaching sex education. Religion also plays a major role in challenging schools. Exactly how far should schools go: Should they demonstrate how to use contraceptives? Should they use other resources like CD's, movies, and dolls such as Baby-Think-It-Over to explain the positives and negatives of sex? Or should schools simply preach abstinence?

The problem is that students are misinformed and often lack the appropriate knowledge needed for the decisions they are making. And thus the question remains: Who should be responsible for the education of our youth and what should they be teaching them?

“Changes in American culture, such as industrialization, urbanization, and modification of the traditional family, resulted in the need to expand societal educational responsibilities, including the development of sexuality education” (Yarber, 1994). No one questions whether or not sex education should begin in the home, but much contention over the subject of sex education began to arise as social institutions such as schools, the government, and health related agencies assumed roles in providing the instruction. Writings on sex education in the public school curriculum run the gamut through heated moral and religious stances, political platforms, and scientific investigations of their effectiveness. In efforts to discuss as many of these views as possible within such a limited assignment and time frame, we have chosen to look at individual samples that briefly examine one of the opposing moral views, the political issues of state mandates, research based arguments, or a more comprehensive view on the present and future implications of sex education.

One of the more avid opponents to sex education is Dr. F. J. Pirone, a neuropsychiatrist, who believes that seventy percent of children, “should not be exposed to any form of sex education, and are more hurt than helped by the information available to them in even the best existing programs” (Pirone, 1969). Dr. Pirone believes that sex education leads to early instances of youth coitus and thus leads to higher rates of teen pregnancy, increased sexually transmitted diseases, and a decrease in Christian morals or values. He adds to his argument that the remaining thirty percent of students need an intensive homosexual education to purge them of their basic sexual perversions and guide them away from their choice of homosexuality. In Dr. Pirone’s view, sex education should begin at home and be extended through the church where students can receive only the necessary information of how to become supportive heterosexual partners and good parents. Unfortunately, Dr. Pirone’s views on homosexuality are an argument to be set forth in a different paper, but his other views on sex education and their relationship to promiscuity and pregnancy are not backed by any solid research. He does not even attempt to cite any research, and merely backs his argument by pointing out the growing rates of teen pregnancy without offering any other possible societal changes that may also be affecting the growth of such problems.

In contrast with Dr. Pirone, Clint Bruess offers many poignant arguments for sex education in schools in his, “Sound Reasons for Contemporary Sexuality Education Programs.” He believes that schools are responsible for furthering the sex education of the home because it is part of the total personality adjustment. He feels that schools need to put sexual nature into its proper perspective and educate the children on the evolving sex roles of men and women in our society. He continues his argument for sex education in schools by pointing out that our media images in television, movies, and magazines are saturated with distorted views of sex, divorces, prostitution, and many other real life problems. Children need an outlet to receive positive and factual knowledge to put these images into perspective. Bruess also states that more children receive sex education from their peers than from any other source, and sex education in schools can help reduce many of the misconceptions that they pass on to one another. Bruess points to these arguments as he cites the changing structure of modern families as

the reason that most parents are unable or ill-prepared to teach their children about sex. He believes that; “No other aspect of life reaches all children as the schools do. They are the logical place to find trained teachers, teaching aids, and a favorable environment,” (Bruess, 1988). Although Bruess is moderately successful in providing some sound reasons for sex education, he consistently skirts the issue of how, when, what kind of sex education should be taught. Bruess seems to be very educated in his opponent’s views, and yet offers no consolations or compromises to their concerns.

In Helen Manley’s, “Sex Education: Where, When, and How Should It Be Taught?,” she discusses many of the same arguments for sex education as Clint Bruess. Manley’s article furthers Bruess’ points by adding an empirical basis with some older surveys and studies of sex education. Manley furthers Bruess’ information in many ways. She tells us that a recent study at the University of Purdue showed that fifty-three percent of boys and forty-two percent of girls acquired their knowledge of sex from their peers. The same study showed that eighty-eight percent of students said they would like access to more information. To combat Dr. Pirone’s argument of sex education increasing the rate of STD’s, Manley shows us that a study at the New York Venereal Disease Clinic showed that less than ten percent of teenagers treated in the facility knew the difference between gonorrhea and syphilis. A surprising sixty percent of them were unaware that they could be transmitted sexually. Manley believes that, “Young people are thrown into a society for which they are not prepared and are given freedoms for which they are unable to accept the responsibilities,” (Manley, pg. 1969). Manley’s arguments are not very thorough, but she does back them with research, and adds recommendations for a general sex education program. Her emphasis remains with the importance of well-trained sex education teachers.

Aside from moral stances on sex education, at the state level, debate about this topic has focused solely on political issues of whether mandated instruction would usurp the role of parents as sex educators or diminish the authority of the local school officials to determine the content of instruction. Lana Muraskin writes in her article, “Sex Education Mandates: Are They the Answer?,” that the opponents on both sides of the issue seem to take more time passing state and local mandates for sex education, than they spend improving the quality of sex education. Muraskin believes that committees and legislators are

too concerned with the symbolic political effect of their mandates, and do not care that any teacher holding one of nine different types of certifications can teach sex education. She feels that more research into the question is needed and that state level mandates are useless without work towards goals, a better curriculum, and trained teachers.

The last article that we looked at is William Yarber's, "Past, Present and Future Perspectives on Sexuality Education." Yarber presents some of the historical view on the legislative and emotional actions that have contributed to the debate of sex education in public schools. Yarber points out some of the sexist, religious, and misinformative content of many current approaches to sex education, like the Abstinence-Only approach. In Yarber's outline of his comprehensive approach to health education and his recommendations on reform, he presents the full argument that the other scholars from our readings fail to do. Yarber recommends an educational plan that prepares kids for healthy sexual expression, puberty, biology, reproduction, STD's, marriage, homosexuality, and values regardless of orientation or gender. Yarber gives six arguments for the improvement of the sex education program. He recommends that we work to focus the goals, solidify support, expand the research, improve teacher competency, improve the curriculum, and acknowledge the limits of what it can solve. He is able to back each argument with solid points and emphasizes the fact that more training is needed for sex education teachers. Yarber states that the majority of sex educators do not even consider themselves sex education teachers. Yarber makes his argument compelling by rounding off what most of the other scholars merely chip, and he is even more successful in his attitude. He consistently reminds his audience of the limitations of many points like the numbers gained from research, societal reforms gained from the education, and the changing students. Yarber poignantly states, "It is probably unreasonable to believe that a one-week or two-week unit in junior or senior high school, for example, will have a major impact on adolescents' sexuality, given that most young people have received unhealthy sexual messages all of their lives." (Yarber, 1994).

Because our main concern involves the methods of teaching sexual education, we recommend a Comprehensive approach. The Comprehensive method covers a broad range of topics as part of an all-

inclusive health educational program. We feel it should prepare kids for the healthy expression of their sexuality instead of focusing only on the prevention of negative consequences. Topics include reproductive biology, puberty, dating, marriage, sexual identity, commitment, contraceptives, STD's, sexual pleasure, homosexuality, and sexual expression. This type of method promotes age-appropriate democratic principles such as critical thinking, decision-making, and clarification of values. These values revolve around the beliefs that sexuality is natural, that sexual relationships should never be coercive or exploitative, and all people have dignity and worth regardless of sexual orientation.

While we support the Comprehensive approach, there remain other methods of teaching sexual education: Traditional, Abstinence-Only, and Delay Coitus emphases. Our overall recommendations are to unify goals, solidify support, expand research, improve teacher competency, strengthen curricula and materials, and to acknowledge limitations.

Policymakers and schools need to work together to solidify their support and unify the goals of sex education. There are many opinions on the goals of these types of programs, and the proponents lose much of their political power arguing amongst themselves. The vast majority of adults do want sex education in schools, and yet their lack of unity causes less than ten percent of children to receive a comprehensive sexual education.

More numbers are needed. Research indicates that education does not increase sexual behavior and that some programs help delay sex, pregnancy, and prevent some STD's, but more data is needed to support these statements. Communities should be more realistic and understand that successful sex education simply increases teenagers' knowledge of the information. Although more research is needed, sexual education cannot be held responsible for completely eliminating the problems.

Teacher competency is also essential for a successful comprehensive approach. Most teachers have little or no training in this field and do not even consider themselves sexual education teachers. Training will increase teacher confidence and skill. Teachers need to be educated on current trends and be given curriculum materials that are constantly kept up to date. Public trust and acceptance will build as the teachers and curricula are improved. This will foster unification of goals and support. Communities

need to realize that sexual education can help, but it is merely one solution that exists in a complex social environment.

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