

The Importance of Comprehensive Sexuality Education in Adolescents

Sarah LeBrun, B.S. And Hatim Omar, MD

Division of Adolescent Medicine and Young Parent programs, Kentucky Clinic, Department of Pediatrics, Kentucky Children's Hospital, University of Kentucky College of Medicine, Lexington, Kentucky, United States of America.

Correspondence: Professor Hatim A Omar: haomar2@uky.edu

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Commentary

Comprehensive sex education should be implemented in secondary and primary school systems, in place of abstinence-based programs. If this type of sexuality education is taught throughout an adolescent's school career it can create a broader understanding of sexually transmitted infections (STIs), sexual intercourse, sexual identities and pregnancy before a student is sexually active. This education is needed in order to enhance knowledge of their risks, as well as an understanding of their own sexuality, and how one needs to act in risky situations. In order for a change to be made concerning adolescent sexual behaviors, society needs to progress forward from abstinence-only sex education programs that are usually found in high school health classes. Sex education on the listed topics should include abstinence, but needs to incorporate the other essential topics. The question is whether or not sex education will enable young students to avoid risky sexual behaviors *because* they have this knowledge or whether it will prevent these acts from happening because of obtaining the correct knowledge.

The Morbidity and Mortality World Report, MMWR, states that 46% of students in grades 9 through 12 engaged in sexual intercourse from 2008 to 2010, with 38.9% of these students not choosing to use the proper protective techniques. The world report also stated that about thirteen percent of students have been tested among 37 states, which lead to an estimation that 6,872 teens aged 13-19 years were living with HIV/AIDS and 1,901 more received diagnosis of HIV in 2008(1). This number of students that engaged within sexual intercourse is an astounding number, as well as the number of students engaging in sexual intercourse at this age without proper protective techniques.

To prevent this astounding number from further increasing, school-based sexuality programs should be implemented at an early age during the elementary school years. Using these specific programs at a young age may be the best teaching methods because more than 55 million students are enrolled in elementary and secondary schools (2). With this large number of children attending school throughout the year, this is a prime opportunity to incorporate comprehensive sexuality education into the curriculum. School-based programs give health educators and care workers great access to get their messages out to students at a young age. The amount of information being taught in regards to sex topics such as pregnancy prevention, STIs, HIV in secondary schools is significantly lower than what is

being taught to high school-aged adolescents (1). Forty-six percent of high school students are shown to have engaged in sexual intercourse in high school, however, these topics are newly introduced when students are *in* high school (1). If these pregnancy prevention classes were taught within the years prior to high school, students would benefit from a better knowledge of sex instead of a growing curiosity.

Another approach to sex education for young students is to incorporate healthy relationships, tools for negotiation, and teaching the skills needed when making decisions regarding sexual activity (3). Incorporating these topics along with STDs, HIV and pregnancy would be beneficial because there is often a disconnection between these topics. This separation can relate to how a young person would behave in risky situations. Students should not simply be taught the facts and figures about sexual knowledge; they need practical application of what they are learning in a classroom and how they should act in these situations (3). For example, instead of student's watching videos about sexual topics, teachers could implement a role play session or an interactive discussion for student's to reach a better understanding of the choices they should be making in regards to sexual activity.

After a change in practical application is met, there also needs to be an effort to move beyond abstinence-only sex education programs. These programs meet requirements, but teachers and healthcare workers need to steer their students in the direction of all-inclusive comprehensive approaches to sex (1). This necessary migration to this type of programming will be difficult to come by if parents and key stakeholders are not active participants ubiquitously in the process. Parental and guardian involvement in sex education is a crucial component, because of the strong influence they have amongst their children. For example, home setting should be open to sex-based conversations in efforts to drive the taboo associated with sex to extinction. The School Health Profiles 2010 state, that without parental support of policies and programs to prevent HIV infection, other STIs, and pregnancy, inclusive sex-based programs cannot be sustained (2).

In conclusion, the proposed idea of all-inclusive sex-based programs being brought into elementary and secondary schools should be met. Parental involvement, adjusted styles in teaching methods, and a progression beyond abstinence-only based programs are ideas for a potential foundation in achieving desired results. This progression is intended to decrease teenage pregnancies as well as curiosity regarding sexual behaviors among teens. Implementation of these programs will in turn create a positive shift in society for sexuality education.

References

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