Sex Education

Subjects: Public, Environmental & Occupational Health
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Sexual education can be defined as any combination of learning experiences aimed at facilitating voluntary behavior conducive to sexual health. Sex education during adolescence has centered on the delivery of content (abstinence-only vs. comprehensive instruction) by teachers, parents, health professionals or community educators, and on the context (within school and beyond) of such deliver.

Keywords: adolescents ; sexual education ; sexual and reproductive health ; school setting ; digital platforms ; blended learning

1. Introduction

As regards content of sexual education, the proponents of abstinence-only programs aim to help young adults avoid unintended pregnancies and sexually transmitted diseases (STDs), working on the assumption that while contraceptive use merely reduces the risk, abstinence will eliminate it entirely [1]. Nevertheless, an overwhelming majority of studies in this field have shown that programs advocating abstinence-only-until-marriage (AOUM) are neither effective in delaying sexual debut nor in changing other sexual risk behaviors [2][3], and participants in abstinence-only sex education programs consider that these had only a low impact in their lives [4]. On the other hand, holistic and comprehensive approaches to sex education go beyond risk behaviors and acknowledge other important aspects, as for example love, relationships, pleasure, sexuality, desire, gender diversity and rights, in accordance with internationally established guidelines [5], and with the 2030 Agenda [6]. Comprehensive Sexuality Education (CSE) “plays a central role in the preparation of young people for a safe, productive, fulfilling life” (p. 12) [5] and adolescents who receive comprehensive sex education are more likely to delay their sexual debut, as well as to use contraception during sexual initiation [7]. Comprehensive sexual education initiatives thereby promote sexual health in a way that involves not only the biological aspects of sexuality but also its psychological and emotional aspects, allowing young people to have enjoyable and safe sexual experiences.

With regard to context, sexual education may occur in different settings. School settings are key sites for implementing sexual education and for promoting adolescent sexual health [8], but today internet is becoming an increasingly important source of information and advice on these topics [9]. Access to the internet by adolescents is almost universal in high-income countries. The ubiquity and accessibility of digital platforms result in adolescents spending a great deal of time on the internet, and the search for information is the primary purpose of health-related internet use [10]. At the same time, this widespread use of technology by young people offers interesting possibilities for sexual health education programs, given the ease of access, availability, low cost, and the possibility of participating remotely [11]. The topics that young people search for online include information on everyday health-related issues, physical well-being and sexual health [12]. The majority of internet users of all ages in the US (80%) search online for health information including sexual health information [13], and among adolescents social media platforms are the most frequent means of obtaining information about health, especially regarding sexuality [14].

Thanks to the ubiquity and popularity of technologies, digital media interventions for sexual education offer a promising way forward, both via the internet (eHealth) and via mobile phones (mHealth, a specific way of promoting eHealth), given the privacy and anonymity they afford, especially for young people. Digital interventions in school—both inside and outside the classroom—offer interesting possibilities, because of their greater flexibility with regard to a variety of learning needs and benefits in comparison with traditional, face-to-face interventions, and because they offer ample opportunities for customization, interactivity as well as a safe, controlled, and familiar environment for transmitting sexual health knowledge and skills [15]. As Garzón-Orjuela et al. [16] argues, contemporary adolescents’ needs are mediated by their digital and technological environment, making it important to adapt interventions in the light of these realities. Online searches for sexual health information are likely to become increasingly important for young people with diminishing access to information from schools or health care providers in the midst of the lockdowns and widespread school closures during the COVID-19 pandemic [17], with more than two million deaths and 94 million people infected around the world [18]. Specifically, blended learning programs, consisting of internet-based educational interventions complemented by face-to-

face interventions, may prove a significant addition to regular secondary school sex education programs [19][20]. Blended learning programs can be especially helpful in promoting sexual and reproductive health in the context of the COVID-19 pandemic, which is challenging the way we have so far approached formal education, with its focus on face to face interventions, given the need, now more than ever, to “develop and disseminate online sex education curricula, and ensure the availability of both in-person and online instruction in response to school closures caused by the pandemic” [17].

2. Interventions

The interventions were largely focused on reducing risk behaviors (e.g., VIH/STIs and unwanted pregnancies), and envisaging sex as a problem behavior. Programs often focused on the physical and biological aspects of sex, including pregnancy, STIs, frequency of sexual intercourse, use of condom, and reducing adolescents´ number of sexual partners. One exception is Golfard’s et al. [21] review about comprehensive sex education, which is centered on healthy relationships and sexual diversity, though it also makes reference to prevention of violence (dating and intimate partner violence prevention and sex abuse prevention). However, Golfard’s et al.’s [21] rejects more than 80% of the studies initially reviewed because they were focused solely on pregnancy and disease prevention. In the reviews of interventions on digital platforms and via blended learning all the outcomes focused on behaviors related to sexual health (focused on the prevention of risk behaviors), and in several cases also addressed perceived satisfaction and usability. These results are in line with other studies that confirm the over-attention given to risk behaviors, to the detriment of other more positive aspects of sexuality [22][23]. Teachers continue to perceive their responsibility as combating sexual risk, whilst viewing young people as immature and oversexualized [24], even as adolescents themselves express a preference for sex education with less emphasis on strictly negative sexual outcomes [4], and more emphasis on peer education [25].

As for more positive views of sexuality, only on rare occasions do interventions address issues such as sexual pleasure, desire and healthy relationships. Desire and pleasure were not included in the outcome evaluations for school settings, nor for digital and blended learning programs: again this is in line with the position of other authors cited in the present study, who advocate the need to also embrace the more positive aspects of sexuality [21][26]. Specifically, Bailey and colleagues [26] (p. 73) suggest as “optimal outcomes” social and emotional well-being in sexual health. Young people want to know about more than STIs, they also “want information about sexual pleasure, how to communicate with partners about what they want sexually and specific techniques to better pleasure their partners” [27] (p. 282). Similarly, Kedzior et al. [28] also argue for the need to move beyond a risk-aversion approach and towards one that places more emphasis on positive adolescent sexual and reproductive health.

Pleasure and desire are largely absent within sex and relationship education [29] and, when they are included, they are often proposed as part of a discourse on safe practice, where pleasure continues to be equated with danger [30]. The persistent absence of a “discourse of desire” in sex education [31][32] is especially problematic for women, for whom desire is still mediated by (positive) male attention, and for whom pleasure is derived from being found desirable and not from sexual self-expression or from their own desires [33]. Receiving sexualized attention from men makes women “feel good” by increasing their self-esteem and self-confidence [34]. However, it is still men who decide what is sexy and what is not, based on the attention they pay to women “girl watching”, [35] (p. 386), which leads the latter to self-objectify [36] with all the attendant negative consequences for their overall and sexual health [37]. In fact, women experience “pushes” and “pulls” [38] (p.393) with regard to sexualized culture. In one sense, the sexualization of culture has placed women in the position of subjects who desire, not just that of subjects who are desired, but at the same time it becomes a form of regulation in which young women are forced to assume the current sexualized ideal [39][40] in order to position themselves as “modern, liberated and feminine,” and avoid being seen as “outdated or prudish” [41] (p. 16). Koepsel [42] provides a holistic definition of pleasure as well as clear recommendations for how educators can overcome these deficits by incorporating pleasure into their existing curricula. At present, sexual education is still largely centered on questions of public health, and there is as yet no consensus on criteria for defining sexual well-being and other aspects of positive sexuality [43]. Patterson et al. [44] argue for the need to mandate “comprehensive, positive, inclusive and skills-based learning” to enhance people´s ability to develop healthy positive relationships throughout their lives.

The absence of desire and pleasure in the outcomes of the evaluated reviews is connected with the absence of gender-related outcomes. Only one of the reviews addresses the issue of gender and power in sexuality programs [45], illustrating how their inclusion can bring about a five-fold increase in the effectiveness of risk behavior prevention. Nonetheless, men are far less likely than women to sign up for a sexuality course, and as a result of masculine ideologies many young males experience negative attitudes towards sex education [46]. To date we still have little idea as to what are the “active ingredients” that can contribute to successfully encouraging men to challenge gender inequalities, male privilege and harmful or restrictive masculinities so as to help improve sexual and reproductive health for all [47] (p.16). Schmidt et al.’s

[48] review looks at 10 evidence-based sexual education programs in schools: the majority discuss sexually transmitted diseases and unplanned pregnancy, abstinence, and contraceptive use, while very few address components related to healthy dating relationships, discussion of interpersonal violence or an understanding of gender roles.

The International Guidance on Sexuality Education [49], and the International Technical Guidance on Sexuality Education [5] promote the delivery of sexual education within a framework of human rights and gender equality to support children and adolescents in questioning social and cultural norms. The year 2020 marked the anniversaries of several path breaking policies, laws and events for women's rights: the 100th anniversary of women´s suffrage in the United States; the 25th anniversary of the Beijing Platform for Action, a global roadmap for women´s empowerment; and, the 20th anniversary of the United Nations Security Council Resolution for a Women, Peace and Security agenda. Although there have been important advances in recent years in research relating to the inclusion of gender equality and human rights interventions in ASRH policies and programming still "fundamental gaps remain" [50] (p.14). Gender equality, and to an even greater extent human rights, have had very little presence in sexual and reproductive health programs and policies, and there is a pressing need to do more to address these issues systematically. Specifically, issues such as abortion and female genital mutilation, with clear repercussions in terms of gender equality and human rights, are rarely dealt with [50].

Furthermore, sexual education that privileges heterosexuality reinforces hegemonic attributes of femininity and masculinity, and ignores identities that distance themselves from these patterns. Our collective heteronormative legacy marginalizes and harms LGB families [51] and LGBTQ+-related information about healthy relationships is largely absent from sexual and reproductive health programs [52]. Students want a more LGBTQ+ inclusive curriculum [52]: in the present RoR one review [21] addresses the issue of non-heteronormative identity in sexuality programs with significant results; and other authors are exploring promising initiatives which are also challenging this lack of inclusivity [53] and rectifying heterosexual bias [54]. However, unfortunately, the underlying neoliberal focus of the majority of contemporary sexuality education militates to assimilate LGBTQ+ people into existing economic and social normative frameworks rather than helping disrupt them [55].

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