

# Foundations for Sexuality Education

## CHAPTER 2

### Key Concepts

1. The goals of sexuality education are comprehensive.
2. A definition of sexuality education is multifaceted.
3. Sound reasons for sexuality education programs are based on broad considerations.
4. Understanding the history of sexuality helps us understand the development of sexuality education programs.
5. The history of sexuality education programs is relatively brief and mainly involves recent decades.
6. A number of current trends and issues in sexuality education will significantly impact tomorrow's sexuality education programs.

In addition to gaining a concept of total human sexuality, it is appropriate to look at **sexuality education** itself. Why should there be sexuality education programs? What are the goals of sexuality education programs? What has gone on in the past related to sexuality education? It is important to understand the answers to these questions whether a sexuality education program is being considered for a school, clinic, or other setting, regardless of the age and characteristics of the learners. Before beginning this chapter, complete Insight 2-1 to assess your thinking about reasons for sexuality education.

#### Insight 2-1

### Justifying a Sexuality Education Program

Imagine for a moment that you have been asked to give a 15-minute presentation to the local school

board on the topic "Why There Should Be a Sexuality Education Program in the Local Schools." Would you be prepared to do so at this point? Let us find out. In the spaces below, give a brief outline of the three major points you would emphasize, and a few points under each major heading that you would present.

- A. \_\_\_\_\_
1. \_\_\_\_\_
  2. \_\_\_\_\_
- B. \_\_\_\_\_
1. \_\_\_\_\_
  2. \_\_\_\_\_
- C. \_\_\_\_\_
1. \_\_\_\_\_
  2. \_\_\_\_\_

Are you satisfied with the outline for your presentation to the school board? Do you think they will be convinced that local schools should have a sexuality education program after hearing from you?

### Sexuality Education Goals and Objectives

It is obvious that specific sexuality education objectives will vary from program to program. Because of this, we will present a generalized look at the types of goals and objectives likely to be included. Note that there is a mixing of statements that might be considered goals with those that might be considered objectives. At this point we are not distinguishing between goals and objectives. We just want to explore logical expectations for sexuality education programs.

**sexuality education** A lifelong process of acquiring information and forming attitudes, beliefs, and values about our identity, relationships, and intimacy. It encompasses sexual development, reproductive health, interpersonal relationships, affection, intimacy, body image, sexual orientation, and gender. It addresses the biological, cultural, psychological, and ethical dimensions of sexuality.



People hold many differing viewpoints about sexuality education; it is the sexuality educator's task to explore these viewpoints rationally.

Some people would simply say that the objective of sexuality education should be to reduce or prevent sexual behavior. This is a variation of the “just say no” approach sometimes advocated for drug education programs. Consistent with the idea that people are sexual beings is the belief that they also have the right to make their own sexual decisions. Haffner (1992/1993) pointed out that we must change the dialogue around pregnancy and sexually transmitted infection (STI) prevention. She indicated that efforts would be more effective if in addition to trying to reduce the incidence of intercourse we also concentrated on reducing the incidence of *unprotected intercourse*. That means helping some people delay intercourse until they have the cognitive and emotional maturity to obtain and use contraception consistently and effectively. For others, it means helping them acknowledge that they are sexually involved, and teaching them skills to protect themselves. As you might guess, this aspect of the objectives of sexuality education is controversial for many people.

The Health Protection Branch of Health Canada (2000) indicates that sexual health education involves a combination of educational experiences that will enable learners to do the following:

- Acquire knowledge that is pertinent to specific health issues
- Develop the motivation and personal insight that is necessary to act on this knowledge
- Acquire the skills they may need to maintain and enhance sexual health and avoid sexual problems
- Help create an environment that is conducive to sexual health

According to the Sexuality Information and Education Council of the United States (SIECUS, 2011), comprehensive sexuality education programs have four main goals:

1. To provide accurate information about human sexuality
2. To provide an opportunity for people to develop and understand their values, attitudes, and insights about sexuality
3. To help people develop relationships and interpersonal skills
4. To help people exercise responsibility with regard to sexual relationships; this includes addressing abstinence, pressures to become prematurely involved in sexual intercourse, and the use of contraception and other sexual health measures

In the state of Washington, the goal of sexuality education is safe and healthy people (Washington State Department of Health, 2005). These are individuals who:

1. Express love and intimacy in appropriate ways.
2. Avoid exploitative or manipulative relationships.
3. Recognize their own values and show respect for people with different values.
4. Take responsibility for and understand the consequences of their own behavior.
5. Communicate effectively with family, friends, and partners.
6. Talk with a partner about sexual activity before it occurs, including sexual limits (their own and their partner's), contraceptive and condom use, and meaning in the relationship.
7. Plan effectively for reproductive health and disease prevention, regardless of gender.
8. Seek more information about their health as needed.

SIECUS (2007a) has listed 30 characteristics of sexually healthy adults. Among the 30 characteristics are the following:

1. Appreciate their own body.
2. Interact with both genders in respectful and appropriate ways.
3. Express love and intimacy in appropriate ways.
4. Communicate effectively with family, peers, and partners.
5. Avoid exploitative or manipulative relationships.
6. Take responsibility for their own behavior.
7. Enjoy and express their sexuality throughout life.
8. Demonstrate tolerance for people with different sexual values and lifestyles.

9. Promote the rights of people to secure sexuality information.
10. Reject stereotypes about the sexuality of diverse populations.

Before starting the next section, complete Insight 2-2 to summarize information about sexuality education goals and objectives. This Insight will also help determine where you stand on the goals and objectives of sexuality education.

Before leaving the topic of sexuality education goals and objectives, it is appropriate to consider that it has long been a basic right to learn about math, history, English, and other traditional subjects. Yet, the basic right to learn about the important and meaningful area of human sexuality has seldom been asserted. On the topic of individual rights and responsibilities concerning sexuality education, Haffner and de Mauro (1991) state the following:

1. All people have a right to comprehensive sexuality education.
2. Comprehensive sexuality education is an important part of the educational program in every grade in every school.
3. Organized religion can play a significant role in promoting an understanding of human sexuality.
4. All individuals have a right to information, education, and healthcare services that promote, maintain, and restore sexual health.
5. Sexual feelings, desires, and activities are present in different ways throughout the life cycle.
6. Persons with a physical and/or mental disability should receive sexuality education, sexual health care, and opportunities for socializing and sexual expression.
7. Society should give the prevention and treatment of sexually transmitted infections, including HIV, the highest priority and should continue to provide funding.
8. Sexual relationships should be consensual, with participants developmentally, physically, and emotionally capable of understanding the significance of each interaction.
9. Sexuality is a natural and healthy part of living and individuals have the right to make responsible sexual choices.

### Insight 2-2

## Goals and Objectives of Sexuality Education

Now you have seen several examples of what goals and objectives of sexuality education might include. In the spaces below, list five similarities and five differences that you find between the lists as you study them again.

#### Similarities

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

#### Differences

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Can you think of anything that you believe should be included in the goals and objectives of sexuality education that none of the expert sources included? Are you satisfied that you now understand the goals and objectives of sexuality education? Just to see how you are thinking at this point, list the three main goals and objectives of sexuality education from your viewpoint.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## A Multifaceted Definition of Sexuality Education

If you are looking for a dictionary definition of sexuality education at this point, you are about to be disappointed. We do not know one that we like. At the same time, it is important to better understand what sexuality education is. Therefore, we offer the following characteristics of a quality sexuality education program. For example, those working in sexuality education programs need at least the following understandings:

1. Sexuality education is honestly looking at issues—not just moralizing or telling. It is often tempting to “tell” others how they ought to behave sexually. This is not what sexuality education is about today. An open and honest look at total sexuality related to groups, individuals, and decision making is appropriate and needed.
2. Sexuality education should be realistic. We need to take an honest and realistic look at what is and should be covered in contemporary sexuality education programs. Chances are, most material can be utilized with learners at an earlier age than previously thought. In addition, we need to be realistic in our recognition that all individuals are sexual beings from womb to tomb.
3. Sexuality education begins with parents. Most of the focus of this book is on planned sexuality education programs in different settings, but let us not forget that the primary sexuality educators are parents. The home is a continuous source of sexuality education. How questions are answered, how relatives act, and how total sexuality is handled are part of what sexuality education is all about.
4. Nonverbal sexuality education is at least as important as (and maybe more important than) verbal sexuality education. You can remember times when peoples’ actions have spoken louder than words. This is so true in sexuality education. The person who claims to be ready to deal honestly with sexuality with young people but who squirms in his or her chair when asked about the topic of masturbation is communicating effectively nonverbally. Throughout life we see endless examples of facial expressions and other body language that serve as communication about sexuality. This is sexuality education, too.
5. Sexuality education is dealing accurately with topical areas and concerns. Many studies indicate that sexual misinformation and myths are still common. Accurate information ought to help do away with many of these myths.
6. Sexuality education is not the same as sexual counseling, although the two areas may be related. Sexual counseling tends to occur in organized, one-on-one sessions between a counselor and client and is designed to lead to an adequate solution to a problem related to sexuality. Sexuality educators usually work with groups of people and do not deal directly with specific individual problems. It is sometimes tempting for educators to act as counselors, but before attempting to be a counselor, one needs to undertake appropriate additional training. This is not to imply that training is not needed to be a sexuality educator, but rather that special training is needed in both instances.
7. Sexuality education is based on the needs of the learners. Like any educational endeavor, the program goals and objectives should be derived from a needs assessment that assures the program will be relevant and appropriate to the audience. Failure to undertake this assessment often results in the inability to accomplish objectives because assumptions are made that have not been verified.

It might be helpful to consider what others have said in response to the question, “What is sexuality education?” According to Kirby (2007), there are 17 characteristics of effective sexuality education programs. They are in three categories: the process of developing the curriculum, the contents of the curriculum itself, and the process of implementing the curriculum. An example from each of the three categories is as follows:

1. Involve multiple people with appropriate expertise to develop the curriculum.

### Insight 2-3

## What Is Sexuality Education?

In order to consolidate the many ideas about sexuality education presented so far, complete five or six sentences beginning with: Sexuality education is . . .

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Compare the way you completed the sentences with the responses produced by one or two other people. What are the similarities and differences in your answers? Why do you feel these similarities and differences exist?



2. Focus on clear health goals.
3. Select educators with desired characteristics.

In their Guidelines for Comprehensive Sexuality Education, SIECUS (2004) wrote that:

*Sexuality education is a lifelong process of acquiring information and forming attitudes, beliefs, and values about such important topics as identity, relationships, and intimacy. SIECUS believes that all people have the right to comprehensive sexuality education that addresses the sociocultural, biological, psychological, and spiritual dimensions of sexuality by providing information; exploring feelings, values, and attitudes; and developing communication, decision-making, and critical-thinking skills.*

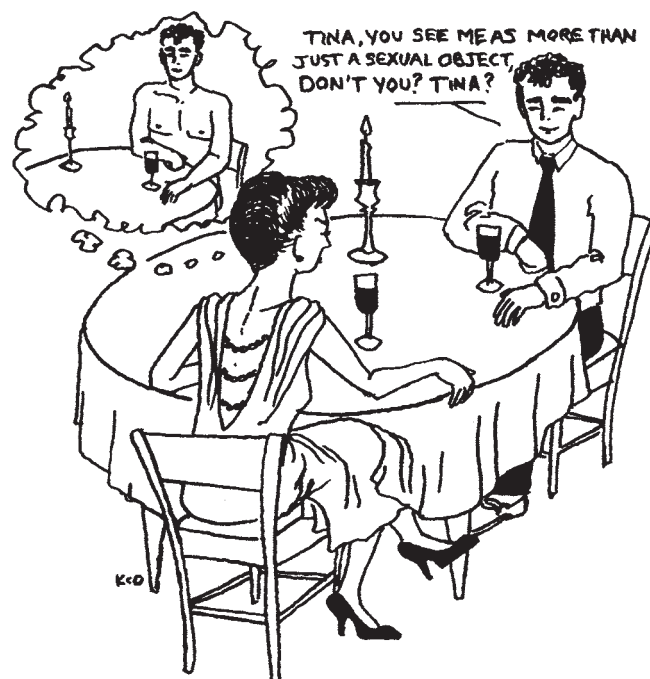
Teenwise Minnesota (2011), a group that promotes adolescent sexual health, has a definition of comprehensive sexuality education. Although its definition is aimed at school-age students, the ideas within it can apply to people of any age:

*Effective comprehensive sexuality education (CSE) begins with parents or other primary caregivers as the primary sexuality educators of their children. CSE is the provision of accurate, factual, and developmentally appropriate information and training on human sexuality topics. CSE understands sexuality as a positive, healthy part of life and teaches behavior that is respectful, responsible, nonexploitative, and nonviolent. CSE recognizes and respects individuality and a wide range of community norms, cultures, cultural beliefs, and language regarding healthy sexuality. CSE recognizes the importance of communities, institutions, and individuals working in partnership with families to raise healthy children.*

## Traditional Reasons for Sexuality Education

For many years the question of why there should be any sexuality education at all has been hotly debated. Unfortunately, many of those involved in sexuality education programs have immersed themselves in the program without really being able to justify why it should exist in the first place. Can you imagine the success that a sexuality education opponent would have simply by asking an unprepared educator why there should be a sexuality education program? Every person connected with sexuality education in any way ought to be comfortable responding to this often-asked question.

Although the actual statistics are pretty hard to come by, it is probably safe to say that most sexuality education programs in the country have been justified for the wrong reasons, or, at best, for some pretty shaky reasons. We still hear



One of the purposes of sexuality education is to help people see each other as persons rather than as sexual objects.

administrators, educators, parents, and community leaders clamoring that a sexuality education program is needed to reduce STIs, stop premarital pregnancy, control promiscuity, and eliminate all other undesirable hanky-panky. Once and for all, it would be wise to realize that it is very difficult to show that a sexuality education program is going to quickly or easily do any of these things.

This probably sounds like we are deserting you in the middle of the voyage, but it is true that it is almost impossible to tell whether the statistical relationships have changed as a direct result of any educational program. Let us examine briefly why this type of statistical attempt to justify a program simply does not hold up.

For example, what do STI statistics tell us? They only indicate how many people in a population are infected with certain organisms. If all students in a given classroom decided to have sexual intercourse with everyone else, assuming that no one had an STI in the first place, there would still be no STI in the classroom. Even if some of them contracted an STI elsewhere and did not report it, there would still be no STI according to local statistics.

It is even possible that an educational program will appear to cause a rise in STIs. That is, when people understand the consequences and treatment of the diseases and know about treatment facilities, they may be more likely to get treated. In this instance, the actual number of STI cases in a certain area would remain constant, but the reported cases might rise drastically. Does this mean that sexuality education caused more STIs or more sexual behavior? Obviously

not, but note the problem in attempting to deal with cause-and-effect relationships in a behavioral educational program.

If you are still not convinced, how about the example of promiscuity? What does the word mean? Is “responsible” sexual behavior the same as no sexual behavior? How many sexual relationships is the right number? With all these unanswered questions, it is not likely that a cause-and-effect relationship can even be considered.

If you are discouraged by this apparently dismal picture regarding the statistical success of sexuality education programs, it might make you feel a little better to realize that many of the same types of problems exist in other areas of education; they just are not as obvious. How do we know whether a math education or a history education program is successful? We usually give a knowledge and/or skills test after the learning experience and use the scores to assess success. Some of the results of sexuality education programs have been promising, but it is unrealistic to expect us to be able to “prove” the results of sexuality education programs until such time as we are able to effectively demonstrate the long-term effects of other types of educational programs as well.

Even though it is very difficult to establish cause-and-effect relationships between sexuality education and certain statistics, it doesn’t mean that educators and researchers should stop trying to find and promote such relationships. For example, unintended pregnancies cost U.S. taxpayers about \$11 billion each year, but researchers in two separate studies found that government programs could save billions by preventing some of these pregnancies (Monea & Thomas, 2011; Sonfield et al., 2011). Although it would take more than just good sexuality education programs, they would be an important part of such efforts.

We hope at least one important thing has been accomplished in this section—namely, that the reader will be hesitant to use negative statistical relationships to justify a sexuality education program. Such relationships do not often hold up to a commonsense or statistical examination and can therefore backfire and jeopardize an entire program because it was justified for the wrong reasons initially.

Just because we cannot easily show these statistical relationships does not mean we should give up. Instead, let us realize that there are better reasons for sexuality education than those typically given.

## Sound Reasons for Contemporary Sexuality Education Programs

Public opinion polls show that most Americans support sexuality education. While it may often be the case that people in the general public do not really understand sexuality education but support it because they think it can help decrease the negative consequences of early sexual activity, there is now more support for sexuality education than ever before.



There are many ways to help meet sexuality education needs.

Many studies show strong support for sexuality education programs. For example, Lewis and others (2001) found that 91% of community members in a mid-size Midwest city favor school-based sexuality education. Additional studies have revealed that 86% of registered voters favor sexuality education for teenagers in public schools, 85% of adults agree that sexuality education should be taught in public schools, and 66% of registered voters favor increased efforts to provide sexuality education in public elementary schools (SIECUS, 2000).

By a contrast of 81% to 16%, lower income parents and guardians favor sexuality education programs that teach young people about all aspects of sexuality—including how to use birth control and how to protect against STI—over programs that focus solely on abstinence only until marriage and the dangers of sexual behavior. Likewise, parents across ethnicities favor a comprehensive approach over one that only instructs about the dangers of sexual behavior and postponing sexual behavior until marriage, as shown in the following percentages: African-American (85% to 13%), white (80% to 16%), and Hispanic (80% to 18%) (SIECUS, 2002).

Americans overwhelmingly support sexuality education that includes information about both abstinence and contraception. Ninety-three percent of parents whose children have taken sexuality education believe it was very or somewhat helpful for their child in dealing with sexual issues. In addition, 94% of parents say that sexuality education should cover contraception, and 87% say that sexuality education should cover how to use and where to get contraceptives. Only 15% believe that only abstinence should be taught (Kaiser Family Foundation, NPR & Kennedy School of Government, 2005).

In another study 82% of parents supported comprehensive sexuality education that teaches students about both abstinence and other methods of preventing pregnancy and STIs. Only one-third of adults supported abstinence-only education, while half opposed such an approach (Guttmacher Institute, 2006).

According to Constantine, Jerman, and Huang (2007), despite widespread support for comprehensive sexuality education, less than 10% of American students receive high-quality comprehensive sexuality education. They point out that due to federal funding policies for more than a decade, a growing proportion of students receives abstinence-only-until-marriage education that withholds access to medically accurate and developmentally appropriate comprehensive sexuality education.

Constantine et al. (2007) sampled 1,284 parents in California about their attitudes toward sexuality. Large proportions of respondents from all race/ethnic groups preferred comprehensive sexuality education ranging from 92% among whites, 90% among Hispanics, and 89% among African-Americans, to 82% for Asian-Americans, and 79% for “other.” No significant difference was found for preferences for comprehensive sexuality education between those who self-identified as evangelical Christians (86%) and those who did not (91%).

Here are a few more facts about support for comprehensive sexuality education (SIECUS, 2007b):

- National surveys of adults demonstrate overwhelming public support for comprehensive sexuality education. For example, 93% of parents of junior high students and 91% of parents of high school students believe it is very or somewhat important to have sexuality education as part of the school curriculum.
- State surveys from across the country demonstrate overwhelming support for comprehensive sexuality education. For example, in Washington State 97% of parents support sexuality education for high school students, and 90% of adults in Texas favor teaching sexuality education that includes information about contraceptive methods, the prevention of STIs, and abstinence.
- Americans strongly support including a wide breadth of topics in sexuality education. For example, 99% of

parents of junior high students and 97% of parents of high school students believe the basics of how babies are made, pregnancy, and birth are appropriate topics for sexuality education programs in schools. Eighty-percent of parents of junior high students and 73% of parents of high school students believe homosexuality and sexual orientation are appropriate topics for school sexuality education programs.

- Broad public support for comprehensive sexuality curricula is found across ideological and religious lines. For example, a majority of voters in nearly every demographic category, including Democrats, Republicans, and independents, as well as Catholics and evangelical Christians, support comprehensive sexuality education. In addition, more than 14 religious denominations and faith-based organizations are members of the National Coalition to Support Sexuality Education. (See the full list of more than 150 supporting organizations at [www.ncsse.org](http://www.ncsse.org).)

Write your reasons for sexuality education in Insight 2-4. Now it is our turn. We would contend that there are at least three better reasons for sexuality education than those typically given. They are as follows:

1. Sexual adjustment is part of total personality adjustment. Sexuality education can *treat sexuality in its proper perspective*. Sexuality is but one part of total personality, yet it is an important part. It is necessary to understand one’s sexual nature and needs as well as historically changing sex roles. Again, it is important to keep in mind our total definition of human sexuality as being part of human personality.
2. People receive a distorted view of life through the mass media—not completely false, just distorted. It

### Insight 2-4

## Major Reasons for Sexuality Education

Before reading further, list the three major reasons you would use to justify the existence of a sexuality education program.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Now go back and check this list against the outline you prepared earlier (Insight 2-1) for a presentation to the local school board. What similarities and differences are there between your two lists? Has your thinking changed at all?





Certainly, parents ought to have a central role in the sexuality education of their children. Unfortunately, too many parents do not know how to assume this role effectively. School sexuality educators can be helpful in this regard, complementing the education received at home.

is common to see sexual themes on television, in movies, and in magazines and books. Sexuality education can *place these aspects of life in their true perspective*. Emphasis should be on the relationship between sexuality and positive human relationships and personal feelings. Sexuality education programs can provide this perspective.

3. It has been well documented that learners receive much false information from many sources such as peers and the media. Sexuality education can *give factual information* that will help reduce many misconceptions. It is then possible for the learner to gain insight and understanding that will aid responsible decision making.

Along with these three reasons for including education about sexuality in community programs, there are a number of other reasons that might be given. Although the following reasons listed are not nearly as important as those already mentioned, they are provided in an attempt to consider all possibilities:

1. Many parents are unwilling or unable to provide the necessary education in matters of sexuality. This may be because they did not have the advantage of formal sexuality education. We are not attacking parents here; it is simply a fact that many are uncomfortable

dealing with sexuality or have a difficult time relating to their own children in the area of sexuality. (And whether or not they choose to educate their children in sexuality, their attitudes and comments still serve as a foundation for more formal instruction.)

Relatedly, a national poll titled “Let’s Talk: Are Parents Tackling Crucial Conversations About Sex?” (Planned Parenthood and the Center for Latino and Adolescent and Family Health, 2011) found that parents talk to their kids about a wide variety of sexuality-related topics, including relationships (92%) and their own values about when sexual activity should or should not take place (87%). However, fewer parents talk with their kids about tougher, more complicated topics. Only 74% talked about how to say no to sexual activity, and only 60% talked with their children about birth control.

2. All children can be involved in sexuality education programs if the programs exist in schools. No other aspect of life reaches all children as the schools do.
3. Schools have the facilities and resources to provide a proper program. They are the logical place to find trained teachers, teaching aids, and a favorable environment.
4. Because of increased rates of divorce, too-early pregnancy, and STI, the community should provide education concerning sexuality. It is unrealistic to think that sexuality education is going to eliminate any of these problems. This line of reasoning is therefore weak justification for sexuality education. If we reduce misconceptions, present a total view of life, and show how sexual adjustment fits into total personality adjustment, this negative approach to sexuality education should be of secondary importance, for the reasons discussed earlier.
5. Because there seems to be more sexual freedom today, sexuality education should be taught to help people adjust to this situation. The decision-making process comes into play here, just as it does in other educational areas.
6. A positive framework should be promoted through sexuality education. Related to the idea of promoting sexual health, some people promote the idea that sexual pleasure should be affirmed as beneficial to sexual health and overall health. Of course this should be done in an age-appropriate way. Positive aspects of sexuality should be emphasized, and these can include pleasure.

Recognizing that there are sound reasons for sexuality education programs, SIECUS has called upon national organizations to join together as a national coalition to support sexuality education. The coalition consists of over



140 national organizations committed to medically accurate, age-appropriate, comprehensive sexuality education for all children and youth in the United States. Members represent a broad constituency of education advocates and professionals, healthcare professionals, religious leaders, child and health advocates, and policy organizations. Coalition goals include (National Coalition to Support Sexuality Education, 2007):

- Providing a forum for networking, resource sharing, and collaboration among national organizations supporting comprehensive sexuality education.
- Holding biannual meetings on key issues in sexuality education.
- Empowering member organizations to advocate for comprehensive sexuality education policies and programs at the national and state levels.

Now you should be able to justify a sexuality education program. Interestingly enough, the reasons for a program remain essentially the same regardless of the age of the learners or the setting for sexuality education.

## Sexuality in History

Several components of sexuality are based on learning that has taken many forms. This learning is based, to a great extent, on the behavior and thinking of people who lived a long time ago. To better appreciate why many people feel as they do about human sexuality, a brief look at history is appropriate.

All of you have studied history to various degrees in school courses and on your own. Often our history books give little attention to sexual activities and thinking in previous cultures. But in more recent years, a number of sources have become available that point out countless influences on human sexuality today from past cultures. (For those historians among you, we do want to point out that whenever we generalize about people's actions and thoughts during a particular historical period, we will tend to overgeneralize; obviously, not all people at a certain time thought and did exactly the same things.)

It has only been in recent years that sexuality has been recognized as a suitable topic for open study. In fact, we are sure you know some people today who still do think it ought not be studied. This taboo surrounding the topic is also easily seen in a historical review.

With these introductory points in mind, let us proceed with a quick look at a number of historical influences on attitudes toward sexuality in Western culture. We have broken them down by century for clarity, but we are sure you realize that they actually all ran together and that a new century

### Insight 2-5

## Sexuality in History

If you have any history books available at home or in a nearby library, take a quick look to see if the topic of sexuality is given much attention. If references to sexuality are made, compare them to the ones you find in this chapter. Also, ask a few friends or relatives what events they can think of throughout history that are related to human sexuality. Or how about you? See how many historical events related to human sexuality you can list below.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

did not mean everyone suddenly started thinking or acting differently.

### Prehistoric Times

A look at prehistoric European cave paintings and the art of today's primitive cultures indicates that over 30,000 years ago sexuality was already an important part of culture. Some engravings are suggestive of human intercourse, show women with exaggerated body parts, and show men with overemphasized erect penises. Prehistoric art showing human beings in physical relations with animals is thought to be evidence of bestiality.

It appears that sexual activity already had special or magical qualities in people's minds. It could have been a way to communicate with nature, participate in certain customs of a group, or relate to the supernatural. Some paintings even seem to indicate relationships between sexual activity and famine and disease.

### Eighth Century BCE–Fifth Century CE

During this period, a wide variety of attitudes about human sexuality were evident. These are represented by **fertility cults** and the ancient cultures of the Jews, Greeks, and Romans.

1. **Fertility cults.** It has been reported that sexual behavior relating to nature and religious rites existed over six thousand years ago (Sadock, Kaplan, & Freedman, 1976). For example, sexual symbolism played an

**fertility cult** A group (usually in ancient times) that regards the act of sexual intercourse as an act of worship.

important role in art. The act of intercourse was often regarded as an act of worship. Because the hymen was considered the guardian to the gateway of generation, a young woman was often ritually deflowered. There were not many restrictions on sexual behavior, except for adultery. Phallic statues played a part in religious activities.

2. *Ancient Jews.* There are many references in the Old Testament indicating that reproduction and at least a narrow form of sexuality were important to the ancient Jews. There is the covenant with God involving circumcision (Genesis 17:9–14), a declaration excluding men from the Lord's congregation if their genitals were cut off (Deuteronomy 23:1), many references to going forth and multiplying, and declarations that both menstrual blood (Leviticus 12) and semen (Leviticus 15:16) were unclean. Punishment was also specified if the male's precious seed of life was wasted.

Significantly, there was an evident double standard for sexual behavior. That is, men and women were supposed to adhere to different standards of sexual morality. The man was the ruler of the family, and his wife was regarded as property.

Sexual relations with a menstruating woman were taboo. A person was not supposed to expose his or her genital area to another person, even a relative. Nonreproductive sexual behavior was frowned upon, apparently a consequence of the idea that the seed was not supposed to be wasted.

3. *Ancient Greeks.* A variety of sexual behaviors were supposedly practiced by the gods worshipped by the Greeks, so they felt it appropriate to follow the example. The following Greek sexual behaviors and attitudes are illustrative of their culture (Sex in Ancient Greece, 1971):
  - a. The body, particularly the male body, was considered to be very beautiful. The physical was measured for its excellence, as is evident in the emphasis on athletic competition.
  - b. The Greeks viewed people as bisexual.
  - c. Worshippers of the god Dionysus tried to become possessed by his orgiastic spirit through wild dancing and sex orgies.
  - d. The emphasis on physical beauty led to open nudity in athletic competition and in art.
  - e. Women were considered to be greatly inferior to men.
  - f. Because the Greeks considered people to be bisexual, same-sex activity was not uncommon.
  - g. Masturbation in the young was thought of as a useful safety valve, but it was looked down upon when practiced by adults.

4. *Ancient Romans.* In the early years of Rome, women bore the burden of sexual morality. Chastity before and fidelity after marriage was the rule, and it was better to die than to be dishonored. (Do you see any resemblance between this philosophy and current thinking?) Again, there was a double standard, as men were allowed to enjoy prostitutes. Because homosexual behavior was a Greek practice, the Romans considered it an insult. There was no divorce; in fact, there was no legal process by which to obtain one.

Later in Roman history, many sexual restrictions were abandoned, and divorce became a fact of life. Orgies were common, and the penis became a religious object. A certain crudeness and directness marked this period. Lust was a major satisfaction. Abortion was common, but as the birthrate fell there were attempts to stop the practice (Sex in Ancient Rome, 1971).

### ***Fifth Century–Fifteenth Century***

During these centuries, the main influence on sexuality was early Christian morality, which in turn led to the growth of belief in witchcraft.

1. *Early Christians.* For many early Christians, the highest form of moral achievement was a complete rejection of the body except for the minimum satisfaction of needs required for maintaining life. Because sexual behavior was viewed as primarily physical, it was considered sinful and inferior to all things of the spirit. Even within the sanction of marriage, sexual intercourse was a shameful thing. The glory of everlasting virginity was the highest state for women.

There was not supposed to be any pleasure associated with sexual activity. In fact, the only official reason for intercourse was reproduction.

It appears that Jesus advocated a single standard against adultery, rather than the earlier double standard. Paul urged people to remain celibate, but it must be remembered that he believed the end of the world was near. In this regard, faithful people should have been concerned with preparing themselves for the end rather than with such earthly matters as sexual needs.

2. *Witchcraft.* Because people had learned to disguise sexual feelings, the fact that some sexual feelings still existed caused interesting reactions. For example, some individuals punished themselves physically by sleeping on hard wooden beds or by purposely wearing extremely uncomfortable clothes. Others never completely satisfied such physical desires as hunger and thirst as they thought it was better to deny physical pleasures.

Anything that could not be explained was attributed to the supernatural. Strong emotional feelings, especially lust and passion, supposedly came from evil

spirits. Because women inspired lust, they were sometimes seen as agents of the devil. Such women were tortured to drive out the devil in them. Bewitchment was said to account for the mysterious and overwhelming emotional effect that women have on men, sometimes driving them to commit irrational acts (Sadock, Kaplan, & Freedman, 1976).

### **Fifteenth Century–Sixteenth Century**

In the early fifteenth century, life seemed to take on a new meaning. In Renaissance Europe the individual was seen as important, and the existence of desires and impulses was recognized. There was greater recognition of emotional

relationships between people. Of course, the fact that emotional relationships could exist led to a gradual uplifting in the status of women; they could be valued, and they were acknowledged to have feelings, too.

As part of the movement away from some of the constraints of the past, more attention was given to human sexuality in literature, art, and daily living. Once again it began to be acceptable to enjoy sexual behavior.

Modesty in dress declined. Women dressed in such a way as to make their breasts more visible, and men wore a codpiece that covered an opening in the front of their breeches. Some men even padded the codpiece to add more emphasis to their genital area.

As New World explorations became relatively common, the incidence of syphilis soared. This led to attempts to decrease the incidence of prostitution, as it was believed that prostitutes were a major source of the disease.

### **Seventeenth Century–Eighteenth Century**

Many scientific discoveries occurred in the seventeenth century that influenced thinking about sexuality. Throughout previous years, religious scriptures had been the main source of information for answering questions. Because scientific discoveries provided explanations for things not previously understood, intellectuals turned away from reliance on scriptures. In fact,

*faith in reason, belief in absolute truth, and the concept of natural laws marked all aspects of later 17th and 18th century life. With the mystery of sex diminished and the fear of supernatural retribution for sexual transgressions all but eliminated, the Age of Reason became, as well, the age of license. Laissez-faire, laissez-passer, live and let pass, an attitude toward economic matters, became applicable to sexual behavior and mores. (Sadock, Kaplan, & Freedman, 1976, 42)*

1. *Seventeenth-century England.* This time period marked the transition from Puritan thinking to relatively unrestrained thinking about sexuality. Queen Elizabeth I wanted to be known as a lifelong virgin. Shakespeare's plays, however, had countless references to direct sexual behavior; of course, the Puritans spoke against the immorality of the theater and immoral conduct in general.

The Puritan influence was responsible for legislation designed to prevent amusements such as dancing, singing, and the theater. Women were treated like prostitutes if they wore long hair or makeup. On Sundays, any activities not related to worship were banned.

The austere Puritan period did not last long in England, and during the Restoration many people participated in sexual acts of many kinds to a degree probably not seen before in history. The king

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Sexuality and culture is a topic that sexuality educators should explore.

(Charles II) set the tone by participating in sexual activities with a number of mistresses himself. The theater again used sexual themes successfully and quite openly. And homosexual behavior was not censured.

Rational sexuality, defined as reason used in physical and emotional relations between the sexes, was a concept that came about as a result of the new emphasis on reason and science. Daily activities were supposed to be controlled by the mind and the will. For some people, proper sexual behavior was to be learned almost in an educational situation, and refined manners were to be used while passion was suppressed. Passion was then viewed as an opposite force to logic.

2. *Puritan New England.* As it became difficult for some of the English Puritans to practice their beliefs, many fled to American shores for freedom. The culture of Puritan New England contributed greatly to the shaping of sexual thinking in the early days of the new United States. Puritans believed in the supreme sovereignty of God and the totally sinful nature of man. The patriarchal family structure was the rule, and the father made all important decisions, even those related to future mates of children.

Premarital chastity was the rule for both men and women, but church records indicate that premarital intercourse was the most popular sin in Puritan New England. There were strong restrictions against sexual pleasure, and, even within marriage, intercourse was allowable only as a means designated by God for reproduction of the species.

3. *Eighteenth-century England.* This century again marked rapid changes in sexual thinking. Certain standards for behavior developed by the end of the century that had not existed at all at the beginning. Sexual behavior became more subdued, and spontaneous behavior gave way to inhibitions. Open sexual affairs became a thing of the past as people started to conduct their lives more privately.

Negative attitudes toward homosexuality developed, and there are numerous reports of putting homosexuals to death during this period. People asking for leniency for those convicted of sodomy were thought to have a personal interest in the behavior themselves.

It is interesting to note that by the end of the eighteenth century, many sexual restrictions were similar to those desired earlier by the Puritans. Perhaps this is evidence that social changes can evolve naturally but cannot be forced.

4. *American southern colonists.* We would miss an important influence on American sexual attitudes if we did not note the sexual attitudes and behavior of the

southern colonists. These colonists still believed in a patriarchal family structure, and the male was considered superior to the female. The status of the female was relatively high for the times, though, because she had some property rights, and sometimes her sentiments would be considered in mate selection.

Perhaps the most significant social characteristic with regard to sexuality was the double standard for sexual behavior. This philosophy influenced American sexual thinking for many years. In its simplest sense, the double standard meant that males had sexual freedom not shared by females. Promiscuity by husbands was condoned, whereas the purity of upper-class white females was closely guarded. The women were warned to accept the double standard and to avoid showing jealousy. In fact, they were to conceal knowledge of their husbands' infidelity.

Of course, wherever there is a double standard, the question must be posed: Who are the males going to participate with if females are not supposed to participate? In this case, the males had sexual access to lower-class white women and to black female slaves. Some historians feel that this situation is responsible for the beginning of problems related to sexuality and racism. Because white males had sexual access to black female slaves but white females were not supposed to have contact with other males, a social system arose to justify this situation. In effect, there were two double standards at the same time—one between the sexes and the other between the races. To support the racist structure, myths related to racial differences in genital size, sexual abilities, and sexual desires were created. Some of these myths still exist today and have continued to be a source of personal, social, and legal conflict.

## Nineteenth Century

While research into the area of sexuality was for centuries not acceptable to many people, during the eighteenth century some research was conducted by early medical doctors interested in the subject. Their emphasis was physiological. Expenditure of semen was thought to have vast physiological consequences. Particularly if expended to "excess," it was thought to cause dryness, weakening, a decay of the spinal cord, and aching. It is interesting to note that even today some coaches advise athletes to "save themselves" sexually before a contest to avoid being too tired.

During the nineteenth century, research on sexuality started to focus on psychological areas. Toward the end of the century, psychoanalytic interpretations of sexuality made a great impression on society. A clinical approach to the analysis of sexual thoughts and behavior still has a major influence on contemporary thinking about sexuality.



More general attitudes toward sexuality during the nineteenth century are discussed as follows.

1. *The Romantic era.* The Romantics accepted individual desires and passions as important to human behavior. Personal feelings were emphasized, and relations between the sexes were supposed to be natural. Marriage was viewed as a union between two equal people and was to be based on mutual feelings. Women played a variety of roles during this period, not just a fragmented role as either a wife, mother, mistress, or whore, as in other times. According to romantic ideals, feelings should be guides to choices and behavior.
2. *The Victorian era.* Around 1840, Victorianism, a moral ethic that supported the suppression of sexual drives, was accepted by a large part of English society. Men were encouraged to delay marriage until they were successful and financially stable. Passions were supposed to be held in check before and after marriage.

It was believed that men had natural and spontaneous sexual desires but that women's drives were not spontaneous and were dormant unless subjected to undue excitation. Children were thought to have no sexual feelings.

Many efforts were made to protect people from being placed in danger of sexual excitation. Sexual references in literature and surroundings in general were suppressed. Masturbation was viewed as a negative behavior and was called "the secret sin," "self-pollution," and "the solitary vice." Devices were even developed to place around the penis at night to prevent "spermatorrhea," or wet dreams.

3. *The United States in the nineteenth century.* In its usual way, the United States served as a sort of melting pot, representing a variety of activities and thoughts originating in other, much older countries. The family was still strongly patriarchal, and the double standard for sexual behavior was quite common. In fact, it was often believed that a man could not be expected to restrict his sexual needs to marriage. For many women, even within marriage, sexual relations were an unspeakable and unpleasant duty necessary for reproduction and for satisfying their husbands' "animal" needs.

Women were not supposed to experience sexual pleasure; if they did, it led to suspicion from husbands and guilt on the part of wives. To help meet the male need, prostitution emerged as an important social institution. Then the male could turn to the prostitute to satisfy his strong drives and also protect the "good" women from his uncontrollable desires.

Many social changes were occurring in the United States that contributed to rather rapid changes near the end of the nineteenth century and particularly in the early twentieth century. Examples of these changes are the Industrial Revolution, the westward expansion, and a great deal of immigration. These factors influenced thinking about male-female roles, family styles, and sexual behavior in general. It is also significant to note that in 1848 the first organized meeting took place to formulate a statement on the rights of women. As sexuality started to be a legitimate area of study, researchers collected evidence that indicated varieties of sexual behavior were much more common than had been thought. This led to the questioning of traditional moral viewpoints.

Thanks to the activities of Anthony Comstock, birth control became a public issue. Comstock, an official of the New York Society for the Suppression of Vice, was able to persuade the U.S. Congress in 1873 to pass a law prohibiting the mailing across state lines of obscene material. Birth control information and devices were specifically defined as obscene.

Before leaving the nineteenth century, we should pause to consider the thinking of two men, Havelock Ellis and Sigmund Freud. Their ideas have had a significant impact on the thinking of many others about human sexuality.

Ellis (1859–1939), who decided to become a physician and study human sexuality, grew up in fear of what might happen to him because of what he had been told about the danger of nocturnal emissions. He was also concerned about his general ignorance of human sexuality. Between 1896 and 1910 Ellis published a six-volume series, entitled *Studies in the Physiology of Sex*, that contained the following beliefs:

1. Masturbation is common for both sexes.
2. Orgasm in males and females is very much the same.
3. Homosexuality and heterosexuality are a matter of degree.
4. Women do have sexual desire, contrary to Victorian thought.
5. There is no one norm for human sexuality. Thoughts and acts vary among individuals and cultures.
6. There should be sexual education for both sexes starting at early ages (note how radical this one was).
7. There should not be laws against contraception or private sexual behavior.

It is clear that Ellis's ideas were very controversial and way ahead of their time. In fact, some people today would still have difficulty accepting them. His work was influential on the later pursuits of many sexuality researchers and writers.

Freud (1856–1939), a psychoanalytical researcher, developed theories about human development, personality, and psychopathology that have influenced later thinking. In



Although people are apt to be nostalgic about the good old days, a closer look reveals that they were not always so good. Students should be encouraged to make decisions in the here and now.

order to develop into a well-adjusted person, according to Freud, one has to progress successfully through a number of psychosexual stages.

Freud viewed sexuality and sexual pleasure as a central part of human life and thought that people naturally sought to have as much pleasure and as little pain as possible. He indicated that sexual activity was natural, that procreation was secondary to pleasure, and cautioned against too severe restriction on sexual instincts. People, he maintained, could become neurotic if they were denied natural expression.

One of Freud's important contributions was his suggestion that children are sexual beings and that early childhood experiences have strong consequences for adult functioning. Largely owing to Freud's work, sexual thoughts and behaviors are still considered to be major influences on contemporary life in general.

### ***Twentieth Century–Twenty-First Century United States***

As traditional moral viewpoints were questioned, people began to wonder whether any one standard of morality could apply universally. Social scientists talked about people being definers of their own morality, while religious leaders saw morality as being determined by a higher order than mere humans.

1. *1900–1945.* As traditional religious morality began to slip, there were secular attempts to legislate morality. Censorship, prohibition, and the revival of old statutes against certain sexual behaviors were the next step. The role of the female underwent significant change. Women had more social freedom, as shown by less parental control in choosing a mate, and they had more bodily freedom, as shown by changes in styles of dress.

World War I had a social impact, too. It forced large numbers of people to come into contact with other societies, which led to a further questioning of traditional sexual mores. Family roles were questioned and altered as well.

Many social forces resulted in new patterns of thinking about sexual behavior. There was a decrease in the “sinful” view of sexual behavior, and there were arguments for sexual expression as being natural and meaningful. The increased knowledge and reliability of contraceptives led to the view that there must be a reason for intercourse other than reproduction. This meant that people were admitting that they were participating in sexual behavior for enjoyment and as part of a relationship.

In the 1920s and 1930s Margaret Sanger's work gave a push to the development of the birth control movement. She wrote about the need to give women more control over their own bodies and emphasized the fact that happiness in marriage was related to the ability to control births. In addition, she opened clinics designed to make birth control information and services more readily and widely available. Her work resulted in the founding of Planned Parenthood.

The family structure started to shift from a patriarchal style to a companionship style, involving more democracy and recognition of the rights and feelings of all members. The sexual rights of women were held to be important, and it was even believed that female sexual drives existed and needed to be satisfied.

The spontaneous invention of dating influenced mate selection and provided countless opportunities for people to better know themselves as well as others. Romantic stories became a part of the mass media as improved technology facilitated the establishment of the media as a significant social force. The early movies and soap operas presented a variety of stories of love and romantic experiences.

The nineteenth amendment to the Constitution gave women the right to vote. The presence of the automobile gave people a bedroom on wheels and great mobility. Toward the end of this period, World War II again caused a social upheaval that tested and changed thinking about lifestyles and sexuality.

2. *1945 to the present.* During this time it has become accepted that early childhood experiences are important in relation to the development of a child's future sexuality. (Note that this probably came about because of Freud's work, which was already mentioned.) This idea is in direct contrast to earlier thinking that children should be treated as asexual beings, and it has ramifications for sexuality education of children of all ages.

**Insight 2-6****A Historical Comparison**

You have been exposed rather quickly to different descriptions of how sexuality has been regarded in Western history. If you were able to live in a different time period than today, which of the previously described historical eras would you choose? List three advantages and three disadvantages of your choice as it relates to your sexuality.

Period: \_\_\_\_\_

**Advantages**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Disadvantages**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Theoretically, in the United States there is a separation of religion and state, but legal debates about such subjects as abortion, access to sexual services, same-sex sexual relationships, and other sexual behaviors have prompted some people to wonder about the separation. The formal restrictions on sexual behavior are much the same as they have been for a long time, but the behavior of many people indicates that the formal restrictions are no longer effective—if they ever were.

Kinsey's research (1948 and 1953) on human sexual behavior in males and females provided a look at proportions of people engaging in many different sexual behaviors. The existence of such research findings had social influences that are still being felt.

Sexual themes in the mass media have become prominent. Almost any type of product can apparently make one more attractive, make one smell better, have psychological benefits, or in some other way influence one's sexuality. Magazines, TV, radio, and the Internet all use sexual themes to sell products. In addition, a variety of magazines of the *Playboy* type have published written and visual images about sexuality quite openly.

More reliable contraceptives, especially birth control pills, have been developed and accepted by large numbers of people. Today there are so many reliable and relatively safe contraceptive means that planning for conception or contraception has become a simple matter for motivated people.

The work of Masters and Johnson (1966 and 1970) on human sexual response greatly contributed to knowledge about how we work sexually and what might go wrong. In addition to providing needed basic information about human functioning, their research has become the foundation for sexual counseling and methods for dealing with human sexual inadequacy.

Various experiments in living have been common, including communes, swinging, extended families, contract marriages, and trial marriages. Depending upon one's viewpoint, these experiments may be signs of decaying family relationships or signs of the search for more positive, more vital human relationships. Numerous researchers contributed to our knowledge of human sexual behavior.

You probably noticed that there was little if any mention of sexuality education in our historical overview. This is because throughout most of history there was little provision for sexuality education of people at any age. Although there were a few attempts to teach sexuality education in the nineteenth century, the more organized movement for sexuality education in the United States didn't start until the beginning of the twentieth century (Goldfarb, 2009). The history of sexuality education is comparatively brief; while we are still in a historical mood, let us take a look at it.

**History of Sexuality Education**

As we have seen in our brief trip through history, sexuality has been intermingled with other social factors for centuries. Although it could be interpreted that sexuality education in an extremely broad sense was present at various times, as an educational concern it can be traced back about a century. Carrera (1971) pointed out that as early as the 1880s, groups such as the American Purity Alliance, the YMCA, the YWCA, and the Child Study Association sponsored lectures and panels on sex-related topics. He also indicated that the National Education Association and the National Congress of Parents and Teachers discussed sexuality education in the schools in the early 1890s.

It was not until the early twentieth century, however, that sexuality education started to appear somewhat regularly as a topic in educational literature. Most of the early references to sexuality education involved school settings, but they contained implications for other settings as well.

A number of writings and events relevant to the early development of sexuality education were outlined by Means (1962). These included references as early as 1900 to the importance of instruction in sexual hygiene as well as preparation for marriage and parenthood. Provision for sexuality instruction in the schools was stimulated by the 1919 White



House Conference on Child Welfare, at which it was stated that “the problem of [sex] instruction becomes more properly a task of the school” (Means, 1962, 134). Also in 1919, the U.S. Government Printing Office issued two publications relevant to sexuality education. One, with an obvious physiological emphasis, was titled *A High School Course in Physiology in Which the Facts of Sex Are Taught*; a second, titled *The Problem of Sex Education in Schools*, was more broadly based.

Means also pointed out two interesting surveys conducted in the early 1920s. In one, which represented 224 of the largest school systems in the United States, it was found that less than 26% made provision for social hygiene and sexuality instruction. In the other, a survey of courses of study in the 48 states, only three stated curricular outlines stipulated suggestions for teaching “sex hygiene.”

There are periodic references to sexuality education in a few sources throughout the late 1920s and 1930s. In most instances, they consist of simple statements indicating that it would be a good idea to provide some instruction related to sexuality. For example, as a result of the 1930 White House Conference on Child Welfare, a statement was made that the school should provide instruction in “social hygiene, including sex; and in the preparation for potential parenthood” (Means, 1962, 260). Leibee (1937) stated: “We in America are just beginning to realize that if our aim for education is to develop the whole child, then we must not and cannot neglect the education of his sex life.” He further indicated that sex education does not mean merely instruction concerning sex organs. The fact that it has been thought of only in such a narrow light has been the greatest barrier to its development. In 1940, the U.S. Public Health Service produced a pamphlet titled *High Schools and Sex Education*, which broadly covered methods, materials, planning, organization, and integration of sexuality education in many fields. It also contained a suggested outline of a course for teachers on sexuality education in secondary schools.

The American Social Health Association (ASHA) deserves mention as an important group in the history of sexuality education. According to Goldfarb (2009), the American Society of Sanitary and Moral Prophylaxis was formed in 1905 to erase venereal disease through medical treatment and education. In 1910, this society merged with several groups interested in sexuality education to become the American Federation for Sex Hygiene. In the process, other organizations joined in an attempt to improve community conditions, help reduce venereal diseases, and repress commercialized prostitution and, in 1914, became the American Social Hygiene Association. The group eventually evolved to its present name, and in 1953 ASHA launched a nationwide program for family-life education (Means, 1962).

Beginning in the 1940s, sexuality education began to experience changes to its roles and scope (Goldfarb, 2009). Rather than just repressing sexual thought and behavior,

the new goal related to long-term sexual adjustment of the individual.

In 1950, delegates to the Mid-Century White House Conference on Children and Youth also emphasized the importance of family-life education. They indicated that well-prepared teachers should avoid emphasis on sex facts and give proper attention to the total topic. They felt that sexuality education should be psychologically and humanistically oriented.

In 1955, the Joint Committee on Health Problems in Education of the National Education Association and the American Medical Association published five pamphlets that were referred to as the sex education series. These included *Parents’ Privilege* and *A Story About You* for upper-elementary grades, *Finding Yourself* for junior-high grades, *Learning About Love* for later teenagers, and *Facts Aren’t Enough* to assist adults in understanding sexuality education.

Manley (1964) reminded educators that the home should be the source of children’s first sex education, and that children should receive as much approval on their discovery of their genitals as of their toes. She further indicated that the schools were lagging because of fears on the part of administrators. She also gave an example, however, dating from as early as 1930, when a teacher recognized the need for a sexuality education unit and added the material to the curriculum without excitement or commotion. (Perhaps there is a lesson here for us today.)

As individuals and groups became more interested in sexuality education programs in the 1960s, groups opposed to sexuality education came into being. Also in the 1960s, two important groups in support of sexuality education were created. The first was the Sexuality Information and Education Council of the United States, and the second was the American Association of Sex Educators, Counselors, and Therapists. Both of these groups remain strong in their contributions to sexuality education literature and programs.

A few more recent events related to sexuality education have been outlined by Schiller (1973). In the early 1960s it was apparently the policy of the U.S. Office of Education to encourage and support family-life and sex education programs at all levels as well as teacher-training programs. These programs were to focus on psychological, sociological, economic, and social factors that affect personality and individual adjustment and were to be included in school programs in a variety of ways. This policy did not immediately change teacher-preparation programs, as shown by the fact that a 1967 survey of teacher-preparation institutions determined that only 21% of the 250 responding institutions offered a specific course or courses designed to prepare teachers to teach sexuality education. Rodriguez et al. (1996) found that elementary and secondary school teachers were not adequately prepared at the preservice level to provide sexuality education to students. For example, only 14% of the 169 institutions surveyed required a health education



course for all preservice teachers, and none required a sexuality education course for all preservice teachers.

Initially, the sexuality education and family-planning movements developed separately. In fact, in many sexuality education programs, the subject of contraception was often avoided. In the early 1970s, however, it was realized that sexuality education and family planning are interdependent for reasons related to personality, education, and behavior.

In more recent years a wealth of information has been learned about sexuality education programs. Probably because of greater visibility and controversy, most of this information has been related to the school setting. For example, Kirby, Alter, and Scales (1979) reported extensively on sexuality programs around the United States as well as their effects. The Alan Guttmacher Institute (1983) developed a statement on school sexuality education in policy and practice. A number of researchers have provided us with reliable information about the effects of sexuality education programs.

As of 2013, 22 states and the District of Columbia required schools to provide sexuality education (Guttmacher Institute, 2013). Thirty-three states and the District of Columbia required HIV education. When provided, 12 states required sexuality education to be medically accurate, 26 plus the District of Columbia required it to be age appropriate, 8 required it to be culturally appropriate and unbiased, and 2 indicated that it could not promote religion. In addition, 17 states and the District of Columbia required that information on contraception be provided, 19 states required that instruction on the importance of engaging in sexual activity only within marriage be provided, 11 states required discussion of sexual orientation, and 13 states required the inclusion of information on the negative outcomes of teen sexual activity and pregnancy. Twenty-six states and the District of Columbia required the provision of information about

skills for healthy sexuality (including avoiding coerced sexual activity), healthy decision making, and family communication. Thirty-nine states required that abstinence be included, with 28 requiring that it be stressed and 11 requiring that it be covered. Finally, 22 states and the District of Columbia required that parents receive notice about the sexuality education program, 3 required parental consent for students to participate, and 35 states plus the District of Columbia allowed parents to remove their children from instruction.

Since about 1996, a major issue in sexuality education has been the promotion of abstinence-only-until-marriage sexuality education programs. At that time federal policies prompted a massive escalation of funding for abstinence-only programs. Over one billion dollars has been spent to promote premarital abstinence among young Americans, through highly restrictive programs that ignore or often actively denigrate the effectiveness of contraceptives and safer-sex behaviors (Boonstra, 2007). Suffice it to say at this point that abstinence-only education is not effective in preventing or delaying sexual activity among teens (Trenholm et al., 2007). Also, a number of states rejected federal funding because there were too many restrictions on the funds to be practical. Although progress has been made on raising awareness of the failure of abstinence-only-until-marriage programs, they continue to be supported by federal funding streams. For example, in 2013 \$250 million of federal funding was made available to teaching that “having sex outside of the context of marriage can have harmful physical and psychological side effects.”

More highlights of sexuality education history are found in Table 2-1.

There have always been people opposed to sexuality education programs. Yet, because of the existence of many strong sexuality education programs, we can now justify them and describe their probable effects (assuming that the programs are well planned and implemented) with a great deal of confidence.

## Current Trends in Sexuality Education

It is obvious that the early history of sexuality education was very fragmented, inconsistent, and limited in its focus. Today there is a trend toward a more total approach to sexuality education. This has brought about a broadening of program objectives and an obvious emphasis on such things as the total person and decision making as opposed to earlier educational efforts aimed mainly at the acquisition of knowledge and/or the reduction of STI or teen pregnancy.

At the same time, however, the public health approach to sexuality education is still emphasized by many. Recent federal funding streams were created for teen pregnancy prevention initiatives and sexuality education programming that require applicants to use only curricula that have been added

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Sexuality education doesn't end at the classroom door. It is recognized that informal sexuality education continues long after formal sexuality education has ceased.

**Table 2-1 More Highpoints from Sexuality Education History**

The 1960s	The 1970s	The 1980s
<ol style="list-style-type: none"> <li>1. Scope of the subject matter was broadened.</li> <li>2. Increased emphasis on individual attitudes and values and not just factual information.</li> <li>3. Increased emphasis on individual decision making rather than compliance with absolute norms and moralities.</li> <li>4. Emphasis on a comprehensive approach rather than a crisis approach focusing on disease and pregnancy prevention.</li> <li>5. Broadening of the definition of sexuality to include physical, mental, emotional, social, economic, and psychological aspects of human relations.</li> <li>6. Upsurge in the number and variety of groups supporting sexuality education.</li> <li>7. Writers laid groundwork for the development of comprehensive sexuality education.</li> <li>8. A backlash to sexuality education emerged from a number of conservative anti-sexuality-education organizations.</li> <li>9. Increased arguments about who should teach sexuality education—what should their qualifications be?</li> </ol>	<ol style="list-style-type: none"> <li>1. A main issue was over the role of values in courses on sexuality.</li> <li>2. Some argued that educators should only give facts and not engage in discussions of values.</li> <li>3. Many experts argued that there should be a combination of a facts and values approach.</li> <li>4. Many were concerned about a “crisis in out-of-wedlock pregnancy.” Some thought that addressing this issue would strengthen support for sexuality education.</li> <li>5. Important features and outcomes of sexuality education programs were identified.</li> <li>6. Some viewed the two most important goals of sexuality education as (1) promoting a more positive and fulfilling sexuality and (2) reducing unplanned pregnancies.</li> <li>7. The “promotion of sexual health” emerged as a new goal for sexuality education.</li> <li>8. Increased access to information (particularly books and the media) about human sexuality was a hallmark of the 1970s.</li> <li>9. Social issues such as the women’s movement, the fight for reproductive rights, high rates of teen pregnancy, the gay rights movement, and negative outcomes of sexual activity all influenced the development of sexuality education.</li> <li>10. Preparation of sexuality educators became stronger through courses, workshops, and degree programs.</li> </ol>	<ol style="list-style-type: none"> <li>1. Cultural conservatives became very vocal in their opposition to sexuality education.</li> <li>2. The Adolescent Family Life Act was designed to prevent pregnancy by promoting chastity and self-discipline and denied funding to most programs that provided abortion or abortion counseling or that provided information about contraception.</li> <li>3. Federal legislation emphasized abstinence-only-until-marriage programs.</li> <li>4. As a result of the emergence of the HIV/AIDS crisis, the federal government provided for HIV/AIDS prevention education and states started to mandate it.</li> <li>5. Sexuality education programs grew, but were often expected to reduce the number of pregnancies and incidences of HIV.</li> </ol>

Data from: Goldfarb, E. S. (2009). A crisis of identity in sexuality education in America: How did we get here and where are we going? In E. Schroeder & J. Kuriansky (Eds.), *Sexuality education: Past, present, and future*, vol. 1. Westport, CT: Praeger; Elia, J. P. (2009). School-based sexuality education: A century of sexual and social control. In E. Schroeder & J. Kuriansky (Eds.), *Sexuality education: Past, present, and future*, vol. 1. Westport, CT: Praeger; Somerville, R. M. (2009). Family life and sex education in the turbulent sixties. In E. Schroeder & J. Kuriansky (Eds.), *Sexuality education: Past, present, and future*, vol. 1. Westport, CT: Praeger; Future of sex education. (2011). History of Sex Education. Retrieved from [www.futureofsexed.org/background.html](http://www.futureofsexed.org/background.html).

**The 1990s**

1. Research indicated that programs that were most successful at reducing teen pregnancy focused narrowly on the reduction of pregnancy rather than on a wider range of topic areas.
2. Many conservatives felt that sexuality education was part of the problem and not part of the solution to social and personal problems.
3. The federal government provided substantial funding for abstinence-only-until-marriage sexuality education programs.
4. The U.S. surgeon general was fired for mentioning that children should learn about masturbation.

**The Early Twenty-First Century**

1. By 2008, the federal government had spent over \$1.5 billion on programs that had the reduction of sexual activity outside marriage as their primary goal.
2. Abstinence-only-until-marriage funding continued to be a major issue. However, a number of states stopped accepting such funding.
3. Many questions about sexuality education from decades ago continue to be debated.
4. Many polls show that the vast majority of Americans support sexuality education courses in schools.
5. The first-ever federal funding stream for more comprehensive sexuality education programs was introduced.
6. Sexuality education became an issue for the first time in a presidential race when it was raised during the Obama/McCain race.

to a list of programs deemed to be “evidence-based” in their approach. Although on face value one would think that using a curriculum that has been evaluated for effectiveness would be a good thing, the curricula on the list are, with a few exceptions, quite limited in demographics and duration of impact; none can be considered to be truly “comprehensive” in scope. This is why a number of national organizations and their state partners are seeking instead to refer to “evidence-informed” interventions—those that may not have been evaluated and published in a peer-reviewed journal (due usually to a lack of funding for these expensive types of evaluations), but that have been used and tracked for decades with otherwise documented results.

Many different types of organizations now play an important role in sexuality education. The schools have remained a basic potential source of sexuality education programs, but religious organizations, voluntary agencies, health departments, professional schools, and even clubs now contribute to overall sexuality education efforts.

While certainly not true everywhere, a more open atmosphere in which to handle sexuality education has developed. In many places the subject of sexuality often is handled much like other subjects. It is not always considered a sacred subject that requires many different guidelines and approaches.

Approaches to sexuality education have been expanded. In the past, sexuality education programs often consisted of a lecture or two on physiology or body care by a medical professional. A variety of teaching methodologies is used today: entire courses are sometimes required of students, elective programs are available, and sexuality education may be found as a part of many different programs and subjects.

Planned courses of study have become common. They exist for parents, administrators, counselors, physicians, nurses, and other professionals as well as for elementary- and secondary-school students.

Better literature and audiovisual materials have become available. Not too many years ago it was difficult to find good books, pamphlets, and audiovisuals to use in a sexuality education program. This is no longer the case; in fact, today, the problem is often in wading through the many resources to evaluate them and decide which are most useful.

There is a trend away from the use of euphemisms in sexuality education. Terminology tends to be more accurate and direct, and there is less need to skirt so-called sensitive issues.

Sexuality education is provided for some children at earlier ages today. In some school districts students may experience sexuality education at various grade levels. More people are appreciating the need to establish a stronger education foundation related to sexuality.

There has been some progress in the training of sexuality educators, but much remains to be done. Some colleges and universities offer single courses or combinations of courses, and one university offers a degree program designed to pre-

pare sexuality educators. Some voluntary agencies and professional training programs also contribute to the training of sexuality educators.

The gender of the students and the educators is usually no longer much of an issue in sexuality education. It used to seem important to separate males and females for sexuality education, but such segregation is less common today. In addition, it was thought that only males should teach other males and females should teach other females, but this is now seen as less important than the ability of the educator to relate to the learners.

There is a trend away from treating sexuality education solely as something necessary for marriage or childbearing. It is more widely recognized that people of all ages living any lifestyle are sexual beings in a total sense. They have important choices to make related to human sexuality. In this context, marriage and childbearing are important issues, but they are not by any means the only ones.

In some places, we have seen school-based clinics (or a clinic based elsewhere in the community) used in conjunction with a sexuality education program. Nurses, physicians, counselors, and others in the clinic are available to help people learn more about sexuality and perhaps receive sexuality-related services, such as contraceptive information, counseling, and even the actual contraceptives.

Diverse titles are still given to sexuality education programs: family-life education, sex education, human growth and development, family life and human development, and so on. The old term “sex education” is problematic because it gives the image of a class focused on sexual behavior or perhaps the “plumbing” related to reproduction. “Sexuality education” is preferable because it conveys a broader meaning: education about the human condition, being male or female, feelings, roles, communication, as well as sexual functioning. The title “family-life education” is often chosen in schools because it sounds less controversial as it implies the importance of family life and family relationships.

Despite all of the improvements and potential for quality sexuality education, many obstacles remain that inhibit the realization of successful programs. In many communities, certain (and sometimes all) sexuality content is banned; poorly prepared teachers often have responsibility for the program; book companies are reluctant to include sexuality as a chapter (it is often relegated to a supplement); and educators often fail to plan a comprehensive approach to teaching about sexuality.

In addition, controversies about sexuality education are all around us (Kempner, 2009). They include the following:

- Controversies stemming from complaints that curricula, presentations, and materials expose young people to inappropriate information. Debates include arguments over books, videos, speakers, and information about, or availability of, condoms and contraception.



- Educators coming under attack, not only for what they said and did in classes, but also for reasons related to their own sexuality (though unrelated to their teaching).
- Issues revolving around abstinence-only-until-marriage education. This includes many examples of people feeling that programs should only emphasize the importance of refraining from sexual activity until marriage.

Issues related to abstinence-only sexuality education remain controversial. For example, should the focus be on abstinence? Should educators teach that abstinence is the only way to prevent pregnancy and STI? In addition, many sexuality topics are still taught less often and in later grades than many teachers think they should be. These topics commonly include birth control, abortion, how to obtain contraceptive services, and sexual orientation.

Most research studies indicate that abstinence-only sexuality education is not effective. In some cases, however, even though teachers, parents, and students want young people to receive far more comprehensive information, politicians still want to fund and promote abstinence-only education. Abstinence-only-until-marriage programs enjoy substantial

economic and political support, but evidence of the effectiveness of this approach is scarce.

Many people refer to two distinct types of sexuality education programs: comprehensive sexuality education and abstinence-only-until-marriage programs. In reality, however, most programs fall somewhere between these two ends of the spectrum and are often called by a variety of different names. The most common terms are defined in Table 2-2.

The Guttmacher Institute (2011) summarized the following points related to trends in sexuality education:

- Most teens aged 15 to 19 received formal instruction about STIs, HIV, or abstinence. However, almost one-third did not receive any formal instruction about contraception. Males were even less likely than females to receive this instruction.
- Many sexually experienced teens did not receive any formal instruction about contraception before they first had sexual activity.
- Approximately 25% of adolescents received abstinence education without receiving any instruction about birth control.

**Table 2-2 Sexuality Education Definitions**

Type of Sexuality Education	Definition
Comprehensive sexuality education	These programs start in kindergarten and continue through twelfth grade and beyond. They include age-appropriate, medically accurate information on a broad set of topics related to sexuality, including human development, relationships, decision making, abstinence, contraception, and disease prevention. They provide learners opportunities for developing skills as well as learning information.
Abstinence-based education	These programs emphasize the benefits of abstinence. They also include information about sexual behavior other than intercourse as well as contraception and disease-prevention methods. They are also referred to as <i>abstinence-plus</i> or <i>abstinence-centered</i> programs.
Abstinence-only education	These programs emphasize abstinence from all sexual behavior. They do not include information about contraception or disease-prevention methods.
Abstinence-only-until-marriage education	These programs emphasize abstinence from all sexual behaviors outside of marriage. If contraception or disease-prevention methods are discussed, they typically emphasize failure rates. Also, they often present heterosexual marriage as the only morally correct context for sexual activity.
Fear-based education	These are abstinence-only and abstinence-only-until-marriage programs designed to control sexual behavior by instilling fear, shame, and guilt. They rely on negative messages about sexuality, distort information about condoms and STIs, and promote biases based on gender, sexual orientation, marriage, family structure, and pregnancy options.

- Among teens aged 18 to 19, 41% said they know little or nothing about condoms and 75% said they know little or nothing about the contraceptive pill.
- Adolescents ranked parents, peers, and the media as important sources of sexual health information.
- The websites teens often turn to for sexual health information often have inaccurate information.

Through the years, various states have taken legal action related to sexuality education (Kaiser Family Foundation, 2007), and we are likely to see these kinds of actions continue in future years.

There have been many examples of state legislation related to sexuality education. In some instances, a policy has been implemented and then reversed later. In other instances, there have been almost no state policies related to sexuality education. Examples of state legislation include requiring that educators discuss abstinence, requiring that comprehensive sexuality education programs be based on scientific research, requiring that the health benefits and possible side-effects of contraception be presented, requiring that programs are medically and scientifically accurate, and requiring that programs are age appropriate.

Finally, Martinez et al. (2010) reported key findings from the National Survey of Family Growth. These findings included the following:

- About 96% of teenagers received formal sexuality education before they were 18 years of age.
- Females were more likely than males to report first receiving instruction on birth control methods in high school (47% versus 38%).
- Younger female teenagers were more likely than younger male teenagers to have talked to their parents about sexuality and birth control.

### Insight 2-7

## Feelings About Trends in Sexuality Education

Given the trends just described, sexuality education programs today are not likely to resemble ones you might have experienced in previous years. Do you think these trends are positive or negative? Assess your own feelings by reviewing the trends and deciding how you regard each of them. Then list three other trends that you would like to see in sexuality education.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

- Nearly two out of three female teenagers talked to their parents about “how to say no to sexual activity” compared with about two out of five male teenagers.

Today’s sexuality education trends will greatly affect future programs.

## Summary

In this chapter we have discussed the foundations for sexuality education. The goals and objectives of sexuality education vary depending upon the desires of the community and those handling the program. Similarities and differences exist among approaches, but generally the need for learners to have adequate knowledge, understanding, and decision-making abilities is the basis for any program. In addition, it is important to recognize the basic right of people to learn about human sexuality.

It is sometimes difficult to define sexuality education in precise terms. An explanation of sexuality education should include such terms as honesty, realism, and accuracy, and should emphasize the parental role, nonverbal sexuality education, and differences between sexuality education and sexual counseling.

Traditionally, the justification of sexuality education programs has been based on inappropriate interpretations of statistical relationships. To expect that these relationships will be altered quickly or dramatically as a result of sexuality education programs is unrealistic. It cannot be assumed that a direct cause-and-effect relationship exists when so many variables are involved.

More positive reasons should be used for the justification of sexuality education programs. These reasons should emphasize the need for factual information and a broad perspective on sexual behavior, and an attempt to treat human sexuality as one important part of total personality.

Some understanding of the historical development of attitudes toward human sexuality and sexuality education is important. We have given many examples of past thinking about sexuality not usually found in history books.

Cave paintings reveal the magical qualities associated with sexual activity during prehistoric times. From the eighth century BCE until the fifth century CE, a wide variety of views of human sexuality were evident. Fertility cults and phallic statues were common over six thousand years ago; the ancient Jews followed many stringent laws related to sexuality in the Bible; the ancient Greeks much more freely practiced many sexual behaviors and celebrated physical beauty; and the ancient Romans shifted from a very conservative to an indulgent attitude toward sexual behavior.

From the fifth century to the fifteenth century, the early Christians rejected physical pleasure and believed the reason

for sexual intercourse was reproduction only. People learned to disguise sexual feelings, and witchcraft was blamed for inflaming sexual appetites.

With the fifteenth and sixteenth centuries came a greater recognition of emotional relationships between people. More attention was given to human sexuality in literature, art, and daily living.

The many scientific discoveries of the seventeenth century led to questioning of traditional beliefs. Intellectuals turned away from the scriptures as their source of knowledge; the Puritan influence became rather strong as a countermeasure. Because many Puritans did not feel free in England, they imported their beliefs to America. In their view, intercourse was solely for reproduction and there was to be no pleasure in sexuality.

The American southern colonists contributed an obvious double standard to our thinking about sexual activity. In addition, the foundation for later problems related to sexuality and racism developed within the southern colonies.

Eighteenth-century medicine brought an emphasis on the physiological aspects of sexuality and warned about sexual excesses, while nineteenth-century research focused more on psychological aspects of sexuality. The nineteenth century saw wide swings in sexual attitudes, from the Romantics, who regarded passion as important in human behavior, to the Victorians, who wanted to suppress sexual drives.

The twentieth century saw the development of many social forces that have influenced thinking about human sexuality, including two world wars, the beginning of sex research, changes in family living and lifestyles, and the expanding influence of the mass media. As a result of numerous social and legal changes, women's rights greatly increased. They also had increasing control over their bodies related to reproduction because of significantly improved contraceptive methods—especially the Pill and its many iterations starting in 1959. In addition, a significant change was the recognition of the importance of early childhood experiences in the development of sexuality.

The history of sexuality education itself relates to our overall historical picture but in its truest sense does not begin until the early twentieth century. Many references to the importance of sexuality education are found throughout the twentieth century, but it has only been in the past 30 years or so that programs have become common.

Contemporary trends in sexuality education include a total approach to sexuality education, a more open learning atmosphere, more planned courses of study, expanded approaches to sexuality education, better literature and audiovisual materials, and improved training of sexuality educators. Issues and trends related to comprehensive sexuality education as opposed to abstinence-only sexuality education also have been evident. These include arguments about the effectiveness of each type as well as legal trends

related to what types of sexuality education are required in various states. It can easily be seen that many changes have occurred in thinking about human sexuality and in sexuality education programs throughout the years.

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## Web Resources

**Canadian Sexual Health Education Guidelines, Alberta Society for the Promotion of Sexual Health**  
[www.aspsh.ca/guidelines](http://www.aspsh.ca/guidelines)  
Outlines goals and principles for sexual health education.  
**Comprehensive Sexuality Education from the Sexuality Information and Education Council of the United States**

<http://www.siecus.org/index.cfm?fuseaction=Page.viewPage&pageId=514&parentID=477>

Provides information and resources about comprehensive sexuality education as well as access to a sexuality education library and a community action kit.

**Policy and Advocacy Information from the Sexuality Education and Information Council of the United States**

[www.siecus.org/policy/facts.html](http://www.siecus.org/policy/facts.html)

Provides reasons to support sexuality education and facts about sexuality education.

**Resolution on Quality Comprehensive Sexuality Education, American School Health Association**

[www.ashaweb.org/pdfs/resolutions/Qualcompsexed.pdf](http://www.ashaweb.org/pdfs/resolutions/Qualcompsexed.pdf)

Gives reasons for sexuality education and support from a national professional organization.

