



Picture: Don White

*Sexuality education has been accused of 'undermining family values, promoting homosexuality and increasing adolescent sexual activity'. On the other hand it has been said: 'If you think sexuality education is dangerous, try ignorance.' PETER GOURLAY looks at two broad views about the likely outcomes of sexuality education.*

In 1822, Charles Lamb published his classic essay 'A Dissertation on Roast Pig'. Lamb's story explains how one day a mischievous young child in a Chinese village accidentally set fire to a house that had a pet pig inside. After the fire, curious villagers went scavenging through the embers; before long they were attracted by the aroma of succulent roast pork. Nobody had smelt anything like that before because, in that particular village, it had never been a custom to cook food. And so, on that day, the art of roasting was discovered. However, there was a problem. From then on, every time the villagers wanted roast pork for dinner, they went and burned their houses down!

When it is not understood 'how the pig gets roasted', it is necessary to go repeatedly through the whole process, rather than to discriminate within it. In many ways, sexuality education in the past has been somewhat akin to burning

our proverbial houses down. Undoubtedly this is what Doreen Massey meant when she described sexuality education as 'knitting without a pattern' (Massey 1990:134). Much of the literature indicates that sexuality education has proceeded based much more on faith, intuition and good intentions than within a planned and conceptual framework.

Of all the criticisms of sexuality education, perhaps the most legitimate is its failure to articulate and substantiate its outcomes, and to use those findings not only in its defence but, more pro-actively, to improve its effectiveness.

#### **Two Broad Views**

Essentially, there have been two broad views about the likely outcomes of sexuality education. Both views have created some unreasonable and damaging expectations.

Opponents of sexuality education have accused it of undermining family values, promoting homosexuality and increasing adolescent sexual activity which is then reflected in the number of unintended pregnancies and the spread of sexually transmissible diseases. Hence, such advice as: 'they should be telling them to be celibate until they are married and then monogamous' (Butler quoted in Hope 1987:52); 'Keep children as children' (Schlafly quoted in Welbourne-Moglia and Moglia 1989:161); 'The invasion of the young mind with sexual information destroys something irreparable in a child's spirituality' and is 'one key cause of teenage suicide' (Jago 1991:7); and 'But we don't teach children the best way to drive drunk on the assumption that they're going to do it anyway. And why must we assume little six-year-old Johnny is a sexual dynamo?' (Muehlenberg 1994:17).

Supporters of sexuality education have viewed it as the solution to a series of complex, persistent and multi-faceted social problems. They 'intuitively believe' (Rosoff 1989:52) that increased information about sex and sexual behaviour will protect young people from the potentially harmful effects of sexual activity such as unwanted pregnancies, STD/HIV infection and abuse. At the same time, they may scoff at suggestions that sexuality education could promote sexual activity. One commentator wrote that 'young people have sex for a wide range of reasons, and

not that they heard about it at school' (Collier 1985:5).

These are high expectations for what could justifiably be argued to be the most loosely defined and disparate of curriculum areas being taught by educators who invariably feel under-trained, under-resourced and under siege.

Sexuality education should not be viewed as 'acute health care education' nor should it be expected, by itself, to prevent any negative consequences of sexual behaviour. 'By equating AIDS prevention, teen pregnancy prevention, or sexual abuse prevention with sexuality education we have been led to many unrealistic expectations about what formal sexuality education can actually accomplish' (Haffner 1989:3).

Among the advocates of sexuality education, one commentator describes what he sees as the tendency to oversell 'the impact of school instruction alone on behaviour as contrasted with the impact of broader social actions' (Scales 1989:173). It needs to be remembered that sexuality education programs in schools are only one source of information in students' diverse lives. However, such programs seem to carry an enormous burden of expectation to achieve what other curriculum areas, families, health and welfare agencies, and government policies and departments have not been able to accomplish.

Education about sexuality should not be considered or conducted in isolation. It needs to be acknowledged that sexuality education exists within the context of other significant social issues – such as families, housing, employment, education, isolation, social justice and welfare – which impact greatly on the lives of young people and which must affect their motivation to make health-enhancing, informed personal choices. In fact, it has been argued that racism, sexism, poverty and individual vulnerability are the most compelling reasons for 'irresponsible sexual behaviour' (Gordon 1981:218). It can be concluded that 'to place the burden of counteracting the prevailing forces in our society toward pre-marital sex on our schools alone is both naive and inappropriate. A multifactorial problem such as adolescent pregnancy demands a multifactorial solution.' (Stout and Rivara 1989:378)

The debate in regard to the two broad views of sexuality education is not resolved. Both are currently based more on emotion, faith and goodwill than on convincing, substantive data. Where is the cohesive defence of either view based on sound research?

It is important when preparing a rationale for sexuality education to develop a case that moves beyond the anecdotal and subjective and begins to rely on more objective measures of program outcomes. Yet we must not make the mistake of 'basing judgements of sexuality education only on its measurable impact' (Scales

1989:173). It seems reasonable to argue, particularly in the area of sexuality and human relations, that education can have effects and intrinsic worth that go far beyond its measurable outcomes.

Sexuality education is demonstrably much broader than learning about intercourse, pregnancy, contraception and sexually transmissible diseases, yet it has been argued that these are 'often the only ways we have of measuring how well we inform young people and the impact this has on their behaviour' (Siedlecky 1987a:12).

Clearly, when young people report that sexuality education has a positive effect on them (Kirby 1984:406) they are referring to more diverse outcomes than the obvious measurable behaviour changes. It can be assumed that they are also referring to the impact of programs on their body awareness, self-esteem, self-efficacy, values, spirit, confidence, hope, understanding, and all of those innumerable factors which potentially link with and nourish sexuality. While these outcomes reflect the intrinsic value of sexuality education, it is clear that many are far too idiosyncratic, subjective and intangible to lend themselves easily to measurement. Yet this cannot deny their significance to individuals, or excuse educators and researchers from attempting to broaden their evaluations.

### **Brief Overview of Research**

A review of a broad range of research on the outcomes of formal sexuality education programs, whether at home, school or other community settings (Gourlay 1993), aimed to determine their impact on individuals in terms of cognitive, affective and behavioural change. The following trends were observed.

#### **Impact on knowledge**

Research on the impact of sexuality education programs on knowledge is clear and consistent. Sexuality education demonstrably increases knowledge about sexuality and sexuality-related issues (Ross, Caudle and Taylor 1991:253; Kirby 1989:165; Marsiglio and Mott 1986:154; Kirby

1984:403; Schinke, Blythe and Gilchrist 1981:451; Vacalis, Hill and Gray 1979:408). However, as one would expect, the increase in knowledge varies from program to program, with greater information gains being indicated among younger groups.

#### **Impact on attitudes**

When promoting behaviour change, 'ignorance is not the solution, but knowledge is not enough' (Kirby 1993:24). One



Picture: Andrew Chapman

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of the most important links between knowledge and behaviour is the area of attitudes. Attitudes, whether personal or collective, filter and act upon information, and so influence how we interpret and claim that information for ourselves.

Perhaps the most extensive analysis of the impact of sexuality education on attitudes was that undertaken by Kirby (1984) in the United States. In this study he administered pre- and post-test questionnaires to 15 sample groups undertaking a variety of sexuality education programs at different age levels at eight different venues. These venues not only included schools but also Planned Parenthood centres, a family guidance centre and a community health centre.

At each venue, Kirby measured attitudes towards premarital sex. His results indicated that the sexuality education

programs did not make the students 'more liberal or more accepting of premarital sex'. If the programs had any impact on attitudes, then he concluded that the more comprehensive and extensive programs actually discouraged the students from becoming more liberal (p.390). In other words, students in these programs did not change their attitudes while the control students became more liberal – presumably as a result of life experiences as they grew older (p.403).

### **Impact on skills**

Most programs reviewed made no attempt to measure the important area of skills acquisition. However, while some did report no measurable impact, others, based on cognitive-behaviour training, were able to report improved assertiveness and resistance to social pressure.

### **Impact of sexual behaviour**

Despite the fears of many opponents of sexuality education, the literature strongly indicates that young people who have participated in sexuality education programs are no more likely to engage in sexual intercourse than those who have never

However, it is important to note that such significant outcomes were generally observed only when programs were commenced prior to sexual activity. Consequently, it is not surprising that a major survey of sexuality education in 37 developed countries has shown that where sexuality education occurs in schools the number of unintended adolescent pregnancies decreases (Jones et. al. 1985:61), while teenage pregnancy rates are far higher in countries that restrict or delay sexuality education – for example, the United States, Italy and Thailand (Goldman and Goldman 1988:224).

In the area of STD/HIV prevention the research is less consistently positive. While the rate of protection at first and subsequent intercourse is increasing (Voydanoff and Donnelly 1990:14; Siedlecky 1987b:38), condom use appears to be irregular whether with regular or casual partners (Moore and Rosenthal 1991:171). Education has created high levels of knowledge about safer sexual behaviour, yet it has been found that sexually experienced young people endorse the use of condoms in fewer situations than those who are sexually inexperienced.

Likewise, male students endorse condom use in fewer situations than female students (Crawford, Turtle and Kippax 1990:134). Clearly some young people continue to perceive themselves at a very low risk of STD/HIV infection, yet others who do not perceive themselves as invulnerable are prepared to take a 'risk and be damned' approach (Moore and Rosenthal 1991:177).

### **Impact on parent-child communication**

Many parents not only feel uncomfortable about talking with their children about sexuality, but are unable to do so; that is, they may not only feel unsure

about their knowledge base, but also inhibited by their embarrassment and fear. Consequently about one-third of young people have not discussed sexual matters with either parent (Wright, Ryan and Gabb 1989:iii).

Generally, friends are nominated by people as their most common source of information about sexuality (Hickman 1991; Massey 1990:136; Wright, Ryan and Gabb 1989:iii), yet for most, parents and

schools were actually their preferred sources of information (Szirom 1988:91).

The literature indicates that sexuality education programs not only promote discussion specifically about sexuality between parents and children (Kirby et. al. 1991:253; Haffner 1989:8; Dawson 1986:164; Kirby 1984:404) but also perhaps communication in general (Kirby 1984:404). Both parents and children have reported more openness and understanding when communicating, and a willingness to talk about a much broader and more personal range of topics and issues with each other.

These are significant outcomes, for there is strong reason to also believe that when parents and children are able to talk more openly and honestly about sexuality then the frequency of sexual activity declines and contraceptive use increases (Mueller and Powers 1990:477-478; Haffner 1989:8).

### **Some Comments on the Research**

It has been argued that a major problem for sexuality education is that its methodology is handicapped by the nature of the subject – that is, that it is contentious and emotionally laden, and that a 'hands-on' approach cannot be used (Cross 1991:6). Others believe that its effectiveness can only be determined by behaviour outside the classroom (Kirby 1993:19).

To some extent these observations are true, but they are far from unique to sexuality education. These views also reflect a very narrow definition of sexuality.

Some of the research conclusions on sexuality education referred to in this paper are based on large representative surveys of specific populations, for example, The National Survey of Adolescent Males (Ku, Sonenstein and Pleck 1992), The National Longitudinal Survey of Work Experiences of Youth (Marsiglio and Mott 1986), The National Survey of Family Growth (Dawson 1986), and two major national surveys of young people (Zelnik and Kim 1982).

These were all significant works, at least in the United States. They assisted sexuality educators to defend their programs from accusations that education about sexuality encouraged young people to initiate intercourse earlier and perhaps more indiscriminately, and to argue more affirmatively that young people who have participated in sexuality education programs were more likely to use effective contraception.

Yet the findings of such studies should be approached cautiously. The survey methodologies meant that the researchers were dependent on retrospective self-reports. Not only are such accounts easily confounded by bias and poor memory, they reveal almost nothing about the content, process and duration of the sexuality education experienced. In these studies it is usually impossible to differentiate

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Picture: Rhonda Milner

participated (Dawson 1986:162; Zelnik and Kim 1982:117). In fact, participants in programs based on cognitive-behaviour theory actually demonstrated a significant postponement of sexual involvement (Howard and McCabe 1990:23; Kirby et. al. 1991:262) and were frequently more likely to use contraception than those who had never participated (Marsiglio and Mott 1986:151; Howard and McCabe 1990:23; Ku, Sonenstein and Pleck 1992:102).

between attendance at a one-hour lecture and participation in a comprehensive year-long program. Researchers naturally look for correlations between sexuality

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education and sexual activity, but in the surveys studied it was not possible to tell anything about their respective timing. Therefore, while relationships could often be established, they were not necessarily causal ones.

Such comprehensive national population-based surveys are uncommon in Australia. However, some extensive surveys of adolescent sexual behaviour and attitudes have been undertaken (for example, Rosenthal and Moore 1991; Crawford, Turtle and Kippax 1990; McCabe and Collins 1990; Collins and Robinson 1986), and local surveys have begun to explore in some detail the relationship between sexuality education and adolescent sexual knowledge and attitudes (for example, Ross, Caudle and Taylor 1991; Wright, Ryan and Gabb 1989; Szirom 1988).

Despite the weaknesses of the survey methodology, trends and patterns emerge that can assist in the development of educational and intervention programs. Survey data enable us to monitor population and sub-group behaviours and attitudes, assist us to make assessments about current educational issues and needs, and can be used to evaluate the impact of broad community-based health promotion strategies and campaigns.

Experimental techniques are used less frequently in the design of research and evaluation for sexuality education. Most evaluations have been local, conducted by teachers and other educators. These evaluations have ranged from the anecdotal and observational, to attempts to be more objective, usually by administering pre- and post-test questionnaires to obtain an insight into knowledge and attitude shifts. The evaluation instruments used have indicated how difficult it is to collect qualitative, behavioural and longitudinal data, particularly in the sensitive area of human sexuality and relationships. The results obtained have been used to reflect upon learning outcomes, participant reactions, teacher performance, and program planning and development. Such a range of evaluation is

valid and important, but there is a need to be aware, particularly at a systems level, that methodologically more rigorous evaluations, employing tighter controls and measures, continue to be needed.

Sexuality educators and workers with young people may sometimes be required to present a cohesive and convincing defence of sexuality education. More

formal monitoring and evaluation will support such a case.

**References**

Collier, G. (1988), 'So you're worried that teaching about sexuality might be dangerous', *Australian Association of Adolescent Health Newsletter*, no.2.

Collins, J. K. and Robinson (1986), 'The contraceptive knowledge, attitudes and practice of unmarried adolescent', *Australian Journal of Sex, Marriage and Family*, vol.7, no.3.

Crawford, J., Turtle, A. and Kippax, S. (1990), 'Student favoured strategies for AIDS avoidance', *Australian Journal of Psychology*, vol.42, no.2.

Dawson, D.A. (1986), 'The effects of sex education on adolescent behaviour', *Family Planning Perspectives*, vol.18, no.4, July/August.

Goldman, R. and Goldman J. (1988), *Show Me Yours: Understanding Children's Sexuality*, Penguin, Melbourne.

Gordon, S. (1981), 'The case for moral sex education in the schools', *The Journal for School Health*, vol.51, no.4.

Gourlay, P. G. (1993), If you think sexuality education is dangerous, try ignorance!, Unpublished thesis.

Haffner, D.W. (1989), 'AIDS education: what can be learned from teenage pregnancy prevention programs?', *SIECUS Report*, August/September.

Hickman, B. (1991), Adolescent sexual behaviour and contraceptive use, Unpublished Ph.D. Thesis, La Trobe University.

Hope, F. (1987), 'The sex education of young Jack and Jill', *The Bulletin*, 1 September.

Howard, M. and McCabe, J. B. (1990), 'Helping teenagers postpone sexual involvement', *Family Planning Perspectives*, vol.22, no.1, January/February.

Jago, A. (1991), Letter to the editor, *Sunraysia Daily*, 24 April.

Jones, E. F. et al. (1985), 'Teenage pregnancy in developed countries: determinants and policy implications', *Family Planning Perspectives*, vol.17, no.2.

Kirby, D. (1993), 'Sexuality education: it can reduce unprotected intercourse', *SIECUS Report*, January.

Kirby, D. (1989), 'Research on effectiveness of sex education programs', *Theory Into Practice*, vol. XXVIII, no.3.

Kirby, D. (1984), *Sexuality Education: An Evaluation of Programs and Their Effects*, Network Publications, Santa Cruz.

Kirby, D., Barth, R. P., Leland, N. and Fetro, J. V. (1991), 'Reducing the risk: impact of a new curriculum on sexual risk-taking', *Family Planning Perspectives*, vol.23, no.6, November/December.

Ku, L.C., Sonenstein, F.L. and Pleck, J.H. (1992), 'The association of AIDS education and sex education with sexual behaviour and condom use among teenage men', *Family Planning Perspectives*, vol.24, no.3, May/June.

McCabe, M.P. and Collins, J. K. (1990), *Dating, Relating and Sex: A Guide to Adolescent Intimacy and Sexuality*, Horwitz Grahame, Sydney.

Marsiglio, W. and Mott, F. L. (1986), 'The impact of sex education on sexual activity, contraceptive use and premarital pregnancy among American teenagers', *Family Planning Perspectives*, vol.18, no.4, July/August.

Massey, D. (1990), 'School sex education: knitting without a pattern', *Health Education Journal*, vol.49, no.3.

Moore, S. and Rosenthal, D. (1991), 'Adolescent invulnerability', *Journal of Adolescent Health*, vol.16, no.2, April.

Muehlenberg, W. (1994), 'AIDS message blurred', *Herald Sun*, 30 August.

Mueller, K. E. and Powers, W. G. (1990), 'Parent-child sexual discussion: perceived communicator style and subsequent behaviour', *Adolescence*, vol. XXV, no.98.

Rosoff, J.I. (1989), 'Sex education in the schools: policies and practice', *Family Planning Perspectives*, vol.21, no.2, March/April.

Ross, M. W., Caudle, C. and Taylor, J. (1991), 'Relationships of AIDS education and knowledge to AIDS-related social skills in adolescents', *Journal of School Health*, vol.61, no.8, October.

Scales, P. (1989), 'Overcoming future barriers to sexuality education', *Theory Into Practice*, vol. XXVIII, no.3.

Schinke, S.P., Blythe, B.J. and Gilchrist, L.D. (1981), 'Cognitive-behavioural prevention of adolescent pregnancy', *Journal of Counselling Psychology*, vol.28, no.5.

Siedlecky, S. (1987a), 'Sexuality education and the needs of young people', *Healthbright*, vol.6, no.4, August.

Siedlecky, S. (1987b), 'Teenage pregnancy: the magnitude of the problem', *The Bulletin of the National Clearinghouse for Youth Studies*, vol.6, no.4, November.

Stout, J. W. and Rivara, F.P. (1989), 'Schools and sex education: does it work?', *Paediatrics*, vol.83, no.3, March.

Szirom, T. (1988), *Teaching Gender? Sex Education and Sexual Stereotypes*, Allen and Unwin, Sydney.

Vacalis, T. D., Hill, E. and Gray, J. (1979), 'The effect of two methods of teaching sex education on the behaviour of students', *The Journal of School Health*, vol.49, September.

Voydanoff, P. and Donnelly, B. W. (1990), *Adolescent Sexuality and Pregnancy*, Sage Publications, Newbury Park.

Welbourne-Moglia, A. and Moglia, R.J. (1989), 'Sexuality education in the United States: what it is, what it is meant to be', *Theory Into Practice*, vol. XXVIII, no.3.

Wright, S., Ryan, M. and Gabb, R. (1989), *Reproductive Health: The Knowledge, Attitudes and Needs of Adolescents*, RACOG, Melbourne.

Zenik, M. and Kim, Y. J. (1982), 'Sex education and its association with teenage sexual activity, pregnancy and contraceptive use', *Family Planning Perspectives*, vol.14, no.3, May/June.

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