

Sexuality: Myths, Fears, Perceptions and Challenges towards Sex Education

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Abstract

Sexuality is an important subject as it forms an integral part of each person's identity. The goals of comprehensive sexuality education are to help young people gain a positive view of sexuality and to provide them with developmentally appropriate knowledge and skills so that they can make healthy decisions about their sex lives now and in the future. It encompasses sexual development, reproductive health, interpersonal relationships, affection, intimacy, body image, and gender roles. Knowledge on sexuality also addresses the biological, socio-cultural, psychological and spiritual dimensions of sexuality. However, due to mixed perceptions, sexuality education has received resistance in its introduction to Kenyan Education system. Furthermore, existing studies on this subject reports fragmented information about the factors contributing to this resistance. In this review paper, the challenges facing the promotion of sexuality education are systematically investigated and brought into perspective. The paper focuses on the myths, fears, perceptions and challenges towards sex education. By addressing these blocks to full introduction of sexuality education in Kenyan Education system, the paper will help Kenyans to gain knowledge that Sexuality education is the lifelong process of acquiring information and forming attitudes, beliefs, and values about identity, relationships, and intimacy. The paper is intended for curriculum developers in identifying avenues of reintroducing sexuality education which will further contribute to knowledge management. Parents and guardians are also targeted in gaining knowledge as they are the primary sexuality educators of their children. The findings conclude that if children are provided with accurate information in school and home, they will be equipped with the tools to make wise and healthy decisions about their sexuality.

Keywords: Sexuality, Sexuality Education, Myths

Introduction

According to UNAIDS (2006), few young people receive adequate preparation for their sexual lives. This leaves them potentially vulnerable to coercion, abuse and exploitation, unintended pregnancy and sexually transmitted infections (STIs), including Human Immunodeficiency Virus (HIV). Many young people approach adulthood faced with conflicting and confusing messages about sexuality and gender. This is often exacerbated by embarrassment, silence and disapproval of open discussion of sexual matters by adults, including parents and teachers, at the very time when it is most needed. There are many settings globally where young people are becoming sexually mature and active at an earlier age. They are also marrying later, thereby extending the period of time from sexual maturity until marriage. Countries are increasingly signalling the importance of equipping young people with knowledge and skills to make responsible choices in their lives, particularly in a context where they have greater exposure to sexually explicit material through the Internet and other media. There is an urgent need to address the gap in knowledge about HIV among young people aged 15-24, with 60 per cent in this age range not being able to correctly identify the ways of preventing HIV transmission (UNAIDS, 2008). A growing number of countries have implemented or are scaling up sexuality education programmes, including China, Kenya, Lebanon, Nigeria and Vietnam, a trend confirmed by the ministers of education and health from countries in Latin America and the Caribbean at a summit held in July 2008. These efforts recognize that all young people need sexuality education, and that some are living with HIV or are more vulnerable to HIV infection than others, particularly adolescent girls married off as children, those who are already sexually active, and those with disabilities (UNESCO, 2009).

Sexuality Information and Education Council of the United States of America (SIECUS, 2005) reports the following four primary goals of comprehensive sexuality education which everyone needs to understand in order to embrace the need for it:

1. To provide information about human sexuality, including human development, relationships, personal skills, sexual behaviour, sexual health, and society and culture.
2. To provide an opportunity to question, explore and assess sexual attitudes in order to develop values, increase self-esteem, create insights concerning relationships with members of both genders, and understand obligations and responsibilities to others.
3. To help develop interpersonal skills, including communication, decision-making, assertiveness, and peer refusal skills-and help to create satisfying relationships.

4. To help create responsibility regarding sexual relationships, including addressing abstinence, resisting pressure to become prematurely involved in sexual intercourse, and encouraging the use of contraception and other sexual health measures.

Literature supporting or opposing sex education is plentiful in many countries with arguments for and against based on medical, religious or cultural grounds. In Kenya, however, there has been little public discussion on the subject, and this has been highly emotional and generally without facts. This paper intends to review literature on the importance of sexuality education, myths and different perceptions held by different people on sexuality education. It also focuses on some of the challenges reported by different researchers on implementation of sexuality education.

Importance of Sexuality Education

To fight for the implementation of sexuality education in education systems in developing and developed countries, many researchers have tried to make people gain knowledge on the rationale for sexuality education. Among the literatures reviewed in this paper, the following arguments for the importance of sexuality education were emphasized by UNESCO (2009):

- a) Effective sexuality education can provide young people with age-appropriate, culturally relevant and scientifically accurate information. It includes structured opportunities for young people to explore their attitudes and values, and to practice the decision-making and other life skills they will need to be able to make informed choices about their sexual lives.
- b) Effective sexuality education is a vital part of HIV prevention and is also critical to achieving Universal Access targets for reproductive health and HIV prevention, treatment, care and support (UNAIDS, 2006). While it is not realistic to expect that an education programme alone can eliminate the risk of HIV and other STIs, unintended pregnancy, coercive or abusive sexual activity and exploitation, properly designed and implemented programmes can reduce some of these risks and underlying vulnerabilities.
- c) Effective sexuality education is important because of the impact of cultural values and religious beliefs on all individuals, and especially on young people, in their understanding of this issue and in managing relationships with their parents, teachers, other adults and their communities. School settings provide an important opportunity to reach large numbers of young people with sexuality education before they become sexually active, as well as offering an appropriate structure (i.e. the formal curriculum) within which to do so.
- d) Sexuality education provides accurate information about human sexuality, including: growth and development; sexual anatomy and physiology; reproduction; contraception; pregnancy and childbirth; HIV and AIDS; STIs; family life and interpersonal relationships; culture and sexuality; human rights empowerment; non-discrimination, equality and gender roles; sexual behaviour; sexual diversity; sexual abuse; gender-based violence; and harmful practices (UNESCO, 2009). A research carried out in Kenya for youth between the ages of 12 and 19 reports that Fewer than 8 percent could correctly identify the fertile period in a woman's menstrual cycle (Ayiemba, 2001).
- e) Sexuality education offers students opportunities to explore values, attitudes and norms (personal, family, peer and community) in relation to sexual behaviour, health, risk-taking and decision-making and in consideration of the principles of tolerance, respect, gender equality, human rights, and equality.
- f) Sexuality education promotes the acquisition of skills in relation to: decision-making; assertiveness; communication; negotiation, and refusal. Such skills can contribute to better and more productive relationships with family members, peers, friends and romantic or sexual partners.
- g) Sexuality education encourages students to assume responsibility for their own behaviour as well as their behaviour towards other people through respect; acceptance; tolerance and empathy for all people regardless of their health status or sexual orientation. Sexuality education also insists on gender equality; resisting early, unwanted or coerced sex and rejecting violence in relationships, and the practice of safer sex, including the correct and consistent use of condoms and contraceptives.

In summary, by providing students with information and skills, sexuality education complements other efforts to provide quality reproductive health information and services and to create an enabling context that allows young people to practice positive behaviours as shown in Figure 1 (Rosen, 2004).

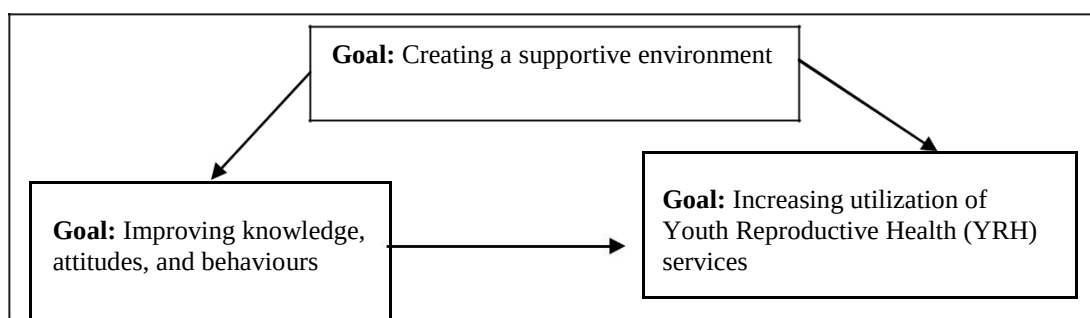


Figure 1. YRH programme and policy goals

Discussion

Myths and Facts about Sexuality Education

Myths about sexuality education have been reported by many researchers (Baldo & Al, 1993; Alan, 1994; Hatcher, 1998). Of the most striking work is the report done by Goldman (2008), who has discussed in detail the myths as held about introduction of sexuality education. These are summarized in the following sections together with the responses resulting from different researchers.

Myth 1: 'Children are too young to understand about sex until they are 16'

Response: research shows children who receive systematic sexuality education are capable of understanding at five to seven years old how babies begin; pregnancy and birth; sex differences between boys and girls, and between men and women, and about 100 other sexuality topics. And waiting until secondary school is too late to help children understand the physical and emotional changes they have already begun to experience as they move through puberty.

Myth 2: 'If teenagers are taught about sex, they will go out and do it. Sex knowledge will tempt young people into premature sexual activity'

Response: research shows comprehensive sexuality education can help young people delay sexual intercourse, reduce the frequency and number of partners, reduce the number of coerced teen marriages, reduce rates of STIs and increase the use of condoms and effective contraception.

Myth 3: 'Because different people have different values about sex, we should only teach biological facts'

Response: teaching biological matters without any guidance about decision-making is poor preparation for young people who will begin to engage in sexual activity. Research shows teenagers really want values, education and learning experiences that help them learn to understand their emotions and desires and equip them to make good choices for their sexual behaviour.

Myth 4: 'Parents alone should provide sex education to their children'

Response: in Australia, 95% of parents believe the home should be the primary place for sex education, but only 35% initiate frequent discussions with their children. US research shows about 50% of 8-11 year olds can't recall the conversations their parents report having with them about puberty, HIV/AIDS and reproduction. In Kenya, research shows that very few parents talk to their children about sexuality (Gachuhi, 1972).

Myth 5: 'Because children mature at different rates, it is impossible to devise sex education curricula to meet their differing intellectual, emotional and physical needs'

Response: school curricula cater for a wide range of children's abilities based upon the experience and needs of each age group. Children are interested in what is happening to themselves and to others in their peer group. They also need reassurance that early and late developments are both 'normal' occurrences and not physical freaks'.

Myth 6: 'School sexuality education leads to moral decline, increased teenage pregnancies and increased spread of STIs'

Response: research shows European countries with compulsory, comprehensive sexuality education have much lower teenage fertility rates. In 2004, France had approximately 10 births per 1000, Sweden had 7, and the Netherlands had 4.8 – compared to Australia with 16.3.

Due to the above reviewed myths and perception, the research investigated on different implementation challenges faced in introduction of sexuality education. Many literature reviews revealed variety of these challenges. The most comprehensive implementation challenges as reported by Rosen (2004) are discussed in the following sections:

Local Adaptation

Countries often set national guidelines that local schools can modify. For both political and practical reasons this arrangement makes sense. It allows groups with opposing philosophies to compromise to reach students with essential messages, while allowing for some variation. Countries with

linguistic and cultural diversity often translate curricula, and approve local adaptation of materials to ensure cultural relevance. In such circumstances, national officials must monitor such adaptation closely so that the changes do not make the curriculum ineffective thus affecting implementation of sexuality education. In Mexico, state-level secretaries of education choose the textbooks for sexuality education. If officials wish, they can select textbooks that omit key information about sexuality education which is a major challenge. Conservative parents' groups are asking to have a greater say in the choice of textbooks (Greene, 2002).

Making the Course Mandatory or Optional

In deference to the wishes of parents, many countries make sexuality education an optional course offering students the chance to opt out of part or all of the sessions they or their parents may find objectionable.

Organizing the Course

Countries vary in their approach. Some introduce the curriculum as a stand-alone course and others integrate it into another course with similar goals and objectives. Some make it an "examinable" and others do not test students on their achievements in learning the subject matter (Senderowitz, 2000).

Training Teachers

Teacher training is a challenge everywhere, including in developed countries. A recent national review of sexuality education in Britain recommends that, "teachers should be given further guidance about content and methods in teaching about sexuality," and schools should establish expert teachers (OFSTED, 2002). Furthermore, a study of sexuality education in the Asia-Pacific region found that lack of teacher training is a barrier to quality programs (Smith & Aggleton, 2000).

Selecting and Motivating Teachers

Teacher selection and motivation is often problematic. The question of who should teach the curriculum also depends on whether the course is stand-alone or integrated within existing courses. Ensuring that teachers are motivated is also a challenge. Not unreasonably, some teachers expect extra compensation for the added responsibility. One of the lessons learned from the SHEP program in Tanzania is the difficulty of motivating teachers to carry out sexuality education. Already lacking incentives, teachers expect extra pay for anything outside their normal duties. These attitudes can reduce the effectiveness of the course (World Bank, 2003).

Strategies to Overcome Opposition to Sexuality Education

The importance of sexuality education cannot be overemphasized. It is therefore reasonable to highlight strategies in overcoming any opposition to its implementation. From the existing literature, this paper focussed on the work done by Rosen (2004) who highlighted the major strategies to overcome this opposition. These are summarized in the following section.

Inform the debate. Accurate and understandable information can defuse conflict and mobilize support for programs by demonstrating the magnitude of adolescent health problems. Such information can also help to allay the unfounded fears of parents and community leaders alike: that such programs promote sexual activity. Research shows that advocates for sexuality education in Australia are using results of a recent national survey on sexuality to press for more widespread and better sexuality education in the schools there (Carbone, 2003).

Involve traditional and religious leaders. Successful programmes make contact with and enlist the support of traditional and religious leaders. It has been reported that factors facilitating the widespread implementation of sexuality education in the Netherlands included the support of religious institutions (Greene & Amen, 2002).

Communicate openly. Open communication - through the mass media and at a more personal level - helps remove the taboo from discussing adolescent sexuality and also can provide information, redefine social norms, and change attitudes and behaviours. A case study was reported about Tanzania where a mass media campaign using radio, television, and newspapers was launched by the government officials to address anticipated resistance to a new sexuality education program. The campaign played a key role in bolstering public support for the program and gaining community acceptance (WHO, 1999). This can also work in Kenya as mass media has not been involved.

Involve caring adults. Many programmes have overcome resistance by drawing on the support and active involvement of teachers, parents, and other caring adults. Research reports that in South Africa, the Department of Education has successfully piloted sexuality education programs that incorporate an element of parent education (Education, 2002).

Mobilize the community. Particularly where resistance to sexuality education may initially be high, community involvement has proved successful. In Tanzania, the School Health Education Programme (SHEP) reaches 16,000 students in 35 secondary schools with a school-based campaign to mobilize

young people against HIV/AIDS. Involvement of the wider community has been a critical program element, yet one that program officials see as demanding and time-consuming (World Bank, 2003).

Test the waters. Where controversy is likely, a gradual approach may be appropriate. In Morocco, opposition to a new sexual health curriculum forced the Ministry of Education to postpone wide-scale introduction of certain controversial topics. The Ministry took a “go-slow” approach to implementing the curriculum at selected schools (Beamish, 2003).

Making the Programme Effective at the Individual/School Levels

Like any effort aimed at promoting or changing behaviours, sexuality education must be done “right” if it is to succeed. Political opposition can easily diminish the effectiveness of existing programs by limiting the quality and scope of course content or by curtailing funding. However, even after overcoming such opposition, sexuality education programs must work hard to be effective for individual students. This section discusses the key elements of programs that have done this successfully and some of the common implementation problems they face.

Key Elements of Successful Sexuality Education Programmes

According to UNAIDS (2009), researchers have identified several elements of effective sexuality programmes. From these reports, it has been noted that an effective school-based sexuality education programme should adhere to the following (World Bank, 2003):

- 1) Recognize the child/youth as a learner who already knows, feels, and can do in relation to healthy development and HIV/AIDS-related prevention.
- 2) Focus on risks that are most common to the learning group and with responses that are appropriate and targeted to the age group.
- 3) Include not only knowledge but also attitudes and skills needed for prevention.
- 4) Understand the impact of relationships on behaviour change and reinforces positive social values.
- 5) Is based on analysis of learners’ needs and a broader situation assessment.
- 6) Have training and continuous support of teachers and other service providers.
- 7) Uses multiple and participatory learning activities and strategies.
- 8) Involve the wider community.
- 9) Ensure sequence, progression, and continuity of messages.
- 10) Is placed in an appropriate context in the school curriculum.
- 11) Last a sufficient time to meet programme goals and objectives.
- 12) Is coordinated with a wider school health promotion programme.
- 13) Contain factually correct and consistent messages.
- 14) Has established political support through intense advocacy to overcome barriers and go to scale.
- 15) Portray human sexuality as a healthy and normal part of life and is not derogatory against gender, race, ethnicity, or sexual orientation.
- 16) Include monitoring and evaluation (World Bank, 2003).

Conclusion

From the findings of different review, it is noted that comprehensive sexuality education is effective in improving key YRH behaviours. In a wide range of settings in both developed and developing nations, school-based sexuality education has improved important behaviours such as delaying sexual initiation, reducing the number of sexual partners, and increasing use of condoms among youth who are sexually active. This finding bodes well for Kenya, a country of linguistic and cultural diversity. The results also show that effectively addressing the concerns of parents, teachers, and the broader community will be essential to eventual success.

The paper has also revealed that despite the challenges in implementing sexuality education, even conservative countries have made headway in incorporating high quality sexuality education in the schools. Although not an easy or quick process, opposition to sexuality education can diminish through active engagement of religious leaders, parents, and teacher groups. In addition, for sexuality education programs to be effective, “do it right” approach must be adopted. This can be achieved by implementing a sound curriculum and adequately training and supporting teachers and students. Maintaining these characteristics as the programme extends nationally will require attention to technical standards as well as to political and budgetary support. In a nut shell, critical steps to ensure effective implementation include monitoring of state-level efforts based on work plans with specific targets, continued advocacy with state governments, and introducing sexuality education into pre-service teacher training.

In order to summarize the importance of sexuality education, a conceptual scheme has been developed. Figure 2 shows a relationship of how sexuality education may affect children and adolescents' sexual behaviour (Almasarweh, 2003).

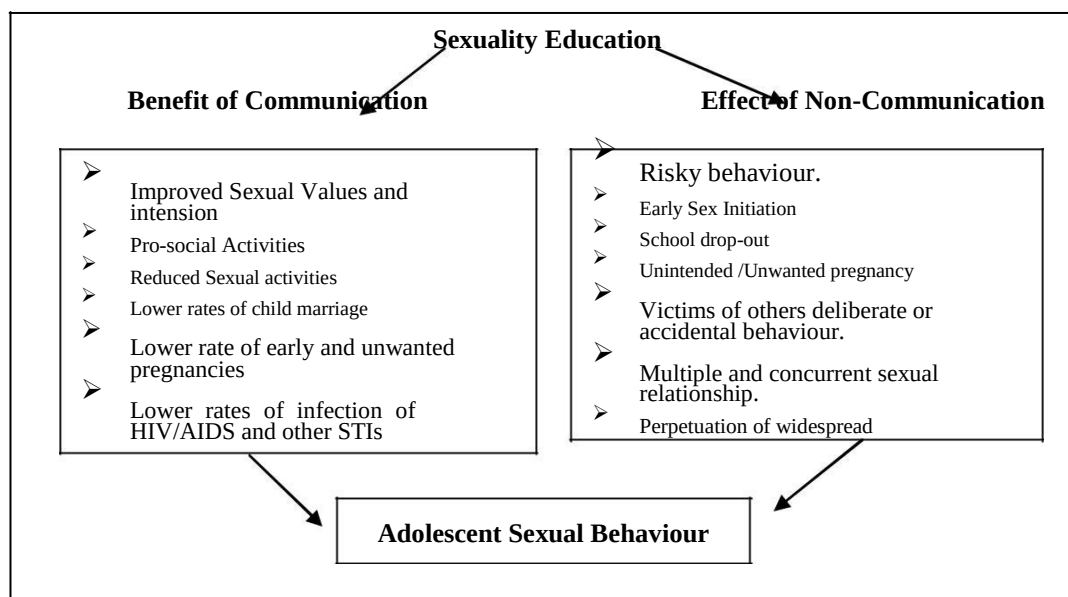


Figure 2: Relationship of sexuality education and the effects on children and adolescents' sexual behaviour

Source: Almasarweh, 2003

Recommendations

This review paper has highlighted the fact that teenagers need to be provided with the necessary skills to achieve sexual health throughout their lives. In Kenyan context, this paper recommends a clear sex education policy to be developed to ensure that sex education is a separate subject in Kenyan schools provided by teachers who have undergone specific training on sex education.

Moreover, sex education policy should include parents as a basic instructor of sex education to their children. This of course would require training and education of parents.

The findings from this review have further indicated that parents need to be prepared and provided with the knowledge of sex education appropriate to their situation, to raise their ability to teach before they convey information to their children. This paper therefore recommends good relationships between parents and adolescents to be demonstrated through communication styles. This should be encouraged as it will make the teenagers to ask their parents about sexual matters freely hence gaining knowledge on the same.

In addition, media campaigns as information resources on sex-related issues should be reinforced. Media in Kenya does not have educative programmes to the teenagers about sexuality. It is recommended that they be involved in educating the youth on sexuality.

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