Sex education should be included in the regular curriculum and studied from anthropological, sociological, psychological, and ethical perspectives.

In ten years of teaching sex education, I've encountered few problems and considerable support from parents. Sex education that is integrated into an academic discipline enables students to develop a broad understanding of sexuality from anthropological, sociological, psychological, and ethical perspectives.

At Dwight Morrow High School, sex education is an eight-week unit of a course called Introduction to Behavioral Science. Over the year, students cover such topics as human relations; the life cycle; learning; sleep, dreams, and the unconscious; mental health and mental illness—all of which contribute experiences and insights that enable students to understand dimensions of human sexuality.

Sex education is not mere “biology” as taught in high school science courses that ignore students' questions and the decisions they must make. Nor is sex an isolated entity as it is often studied in the context of health courses. Sex needs to be viewed as part of the totality of behavior: an element of human relationships that calls for meaningful communication; part of the life cycle in which development at each stage is related to earlier stages; a learned behavior which accounts for wide individual, socioeconomic, and cultural variations in expression. Sex needs to be understood as a behavior that is complexly motivated and sometimes confusingly unconscious—a behavior each of us must come to terms with if we are to enjoy mental health.

Within the context of a course such as Behavioral Science, students can see sex in the perspective of their total life experience.

The unit combines a foundation of knowledge and experience with students' questions and concerns. Some of these concerns are expressed openly, but others, possibly the most important ones, are dropped quietly into a Sex Question Box perched conspicuously on my desk throughout the eight weeks. The questions students ask reveal the intensity of adolescent concerns and clearly demonstrate the need for such a course. Persistent questions involve decision making. Frequently they ask, “What do you think about kids our age having sex?” “Should age be a factor in deciding whether or not to have intercourse with a partner if you have a good, mature, understanding relationship in which you can discuss sex and birth control?”

Another area of consuming interest is that of birth control and pregnancy: “Is it safe to have sex during a girl’s period?” “How accurate are the home pregnancy tests?” “If you have an abortion, what problems can it cause later?” “Is it possible for a girl to become pregnant if the penis is not inserted?” Certain questions reveal their efforts to understand themselves and others: “How is it so easy for someone to get carried away while fondling even when there is no birth control available and they realize the consequences?” “Why do guys get turned on so easily?” And some are specifically about intercourse: “Is there any one position that is best for stimulation?” “Can the uterus be harmed due to deep thrusting?” Many reveal worries: “Does masturbation really reduce seminal fluid?” “What does it mean if a person can’t have an orgasm?” “Is excessive masturbation harmful and could it cause lack of sexual interest in later years?” “Can women have gonorrhea without symptoms?” “I know many children have some sort of homosexual experience, but how can you tell when it's normal and when it's an early sign of complete homosexuality?”

These questions are only one indication of the high interest in this unit, which begins in May just as spring fever distracts students, and teachers are bemoaning poor attendance and lethargy. No such problems when you're teaching about sex! Classroom energy is high. Their comments show that students discuss topics intensely even outside the class, sometimes with parents.

This year, anonymous feedback from all the students after the first two weeks revealed their early responses to the unit. By then, many had recognized that they actually knew less about sex than they thought they did. One theme was repeated over and over: “When I hear my friends talking about sex, they just don’t know what’s happening,” and “... a lot that people think teens know about sex, they really don’t know and wouldn’t even think to ask.”

Students were insistent about the immediate importance of sexuality in their own lives and its importance for the future: “... this topic more than any other we studied will lead me to a greater understanding of life.” They appreciated the chance to discuss sex in a comfortable atmosphere: “Many people may be unfamiliar or too closed to talk about sex and this unit is opening them up.” “I have learned new things but, most important, I feel more comfortable with sex and I have a more open view about it. I like this new insight.” Students were even able to appreciate

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Parents want their children to have an uproar," but ". . . we know how everyone mentioned the Sex Question Box because, "If we have any questions, we can always drop them in the box and no one will know who wrote it." ". . . other people have the same thoughts I have, fears, too." And it may have relieved some anxieties: "The question box has answered one very important question I've had for awhile."

Another said it was helpful in solving some unsolved problems: "no one else wants or cares to answer." "I see that if sex is dealt with openly, with time for questions . . . people will have an increased awareness of their bodies, feelings, and sexuality." As one student contended, "Studying sex in a clinical way is somewhat comforting because it makes people more willing and probably more able to control their own bodies and emotions."

Developing an Interdisciplinary Curriculum

We begin the unit with a Sex Knowledge Survey. 70 questions directed at common misconceptions about sex. Students have two days to find the correct answers from any source, including parents and teachers. Then, with even the coolest ones humbled, we discuss the answers fully. Next we read and evaluate the controversial comic book, Ten Heavy Facts About Sex (Gordon, 1973). We have a hilarious and, for some, embarrassing time listing slangwords under proper sex terms posted around the room—an effective technique for "desensitizing" these words and preparing students for responsible discussion. We also embellish the bulletin board with the "lines" people use to seduce members of the opposite sex (Gordon, 1979).

Following this introduction, an anthropological approach broadens our definition of sexuality to include early socialization; attitudes toward menstruation, childbirth, breast-feeding; sex roles; customs of courting and marriage; and the role of the family and religion in setting the norms that govern sexual behavior. A discussion of Margaret Mead's work (1949, 1963) emphasizes the importance of early infant handling, and articles by Messenger (1971) and Marshall (1971) provide dramatic evidence of the variety of human sexual practices.

Students gain a sociological perspective by discussing Kinsey's findings (Kinsey and others, 1948, 1953) and reading a summary of Sorenson's Adolescent Sexuality in Contemporary America (1973). They begin to focus on their own social environment by making hypotheses comparing Sorenson's findings with student behavior in our school.

Of course, role play is one of the students' favorite methods. We act out a variety of problematic situations: facing peer pressure to become sexually active; going into a drug store to buy condoms; discussing sex with parents; dealing with sexual activity of a younger sibling; confronting a partner with possible pregnancy; relating to a sister who is living with a man. But we also move into the future through a simulation that encourages students to decide how their children, ideally, would learn about sexuality. Students divide into pairs and try to reach family consensus on questions such as: Would you breast-feed the new baby? How would you handle toilet training? What would you do if you found your three-year-old masturbating or your five-year-old "playing doctor" with the boy next door? Would both parents have equal responsibility in rearing the child? Much "parental pride" is evident as they share their methods with the class.

During our discussion of changing sex norms in the United States, the students develop a "New Code of Sexual Behavior." In sex-segregated groups, then in small combined groups, and finally as a whole class, they seek consensus on a code they believe would lead to good sexual relationships in contemporary American society. They typically feel that sex should always be a choice—"people should not be pressured into having sex. Honesty with a partner is important. When deciding whether to have a relationship, consider how it would affect your feelings about yourself: the next day, a month later,
when the relationship is over."

Students also write their own definition of love, although student research shows that many more girls than boys believe love is a critical part of a sexual relationship. Students of both sexes are eager to share their definitions with the class, and we use them for discussion.

I also encourage students to examine their beliefs through values clarification exercises (Simon and others, 1977; Howe and Howe, 1976). Values Voting tests their position on a bill before the state legislature that would severely restrict abortions. Rank Order stimulates thinking about important characteristics of members of the opposite sex. Forced Choice has them consider whether they would go out with a person who has a "reputation." These exercises are always integrated into the content of the unit, never used as a gimmick, and often help students explore their attitudes towards positions taken by a speaker, a film, or an article.5

This past year I developed a survey of my students' attitudes and how they have changed as a result of completing the sex education unit. The students who have taken the course feel better about their sexuality and are confident about their new knowledge, yet they are wise enough to realize that sexual decisions are subject to complicated forces. They are not sure they have gained complete control. Significantly, many still feel reluctant to discuss sex with their parents, which reflects the fact that communication between parents and teenagers is not adequate for sex education to be left to parents.6

Since sexuality is at the heart of adolescent consciousness, one isolated course is only the start of a program that might help them achieve full integrity as sexual beings. As they experience their own developing sexuality, they are faced with confusing adult behaviors and values and they are manipulated by the sexualization of virtually every advertisement they see. They are desperate for information and serious dialogue that will help them grow into sexually healthy persons. Without this opportunity, the strong ones will evolve their own codes, contemptuous of a society that simultaneously titillates and represses. Those who are less strong will remain confused. Many will slip into behavior that is harmful to themselves and others. What is it but our own sexual confusion that prevents us as educators from responding to this obvious need in today's youth?7

1 The New Jersey Board of Education recently mandated development of Family Life Education in all school districts by September 1983. However, strong opposition from fundamentalist groups who feel that family life education belongs solely in the home, and from educational organizations who see the mandate as an erosion of local control, will make implementation of adequate programs extremely difficult. See Hendrixson (1980) and Kirby and others (1979).

2 I have evolved this survey over the years, but many of the basic ideas come from the Sex Knowledge and Attitude Test (Lief and Reed, 1972).

3 Controversial because it advocates abortion, masturbation, and accepting homosexuality; also because of its comic book format.

4 The books students report on include, for instance, Walden Two ( Skinner, 1948), Sex: Telling It Straight (Johnson, 1979), Our Bodies: Ourselves (Boston Women's Health Collective, 1979), and The Art of Loving ( Fromm, 1956).

5 The unit also includes a variety of speakers on sexual issues; films such as About Sex (available from Texture Films, New York City) and To Plan Your Family (available from the New Jersey State Museum Film Loan Service); filmstrips available from Guidance Associates, Pleasantville, New York; and articles representing a range of views, such as "I'd Rather Be Black Than Female" (Chisholm, 1970); "Homosexuals May Be Healthier Than Straights" ( Freedman, 1975); and "Ties That Bind: The Price of Pursuing the Male Mystique" (Gordon, 1980).

6 The position of the American Medical Association (1972) is that parents are unable to assume the role of sex educators because of their embarrassment and "abysmal ignorance of even elementary facts" (p. 151).

References


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