

FEMALE SEXUALITY AND SELF CONCEPT IN SEX EDUCATION

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FEMALE SEXUALITY AND SELF-CONCEPT IN SEX EDUCATION

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ABSTRACT

Due to the prior administration program funding, sex education is geared towards abstinence only curriculum. Inadequate sex education affects more than the individual but also the community. The community consists of peers, parents, teachers, and government. Poor sex education curriculum affects the community as a whole in the reduction of resources. In effective sex education curriculum affects the female population tremendously. Inadequate sex education results in unplanned pregnancy, sexually transmitted diseases, infertility and even death. Furthermore, adolescent girls are developing their self concept and sexuality through their sexual activities. Providing a comprehensive sex education curriculum will allow for better dialogue and decision making for adolescent females. Moreover, comprehensive sex education includes the whole community in the process of educating adolescents about their sexual health.

A review of literature analyzing the impact of the current sex education curriculum affect on adolescent females and their sexuality and self-concept. The review of literature was collected from scholarly articles and various sexual health organizations websites.

As a result of the research, this researcher learned the various forms of abstinence curriculum and the value of a comprehensive sex education program.

In summary, the point of the research is the affect that inadequate sex education has resulted in unplanned pregnancies, increased sexual activities, and sexually transmitted disease. How long the community as a whole will argue what sex education curriculum to teach and focus more on providing sufficient sex education that will help adolescent females make better choices about their sexual health.

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I

Chapter I

Introduction

In December 1994, Surgeon General Joycelyn Elders was fired for suggesting that it might be beneficial to teach children about masturbation as part of sex education (Irvine, 2002). Elders, who did not raise the issue herself, replied... “I think that it is something that’s part of human sexuality and its part of something that perhaps should be taught. But we’ve not even taught our children the very basics. And I feel that we have tried ignorance for a very long time and it’s time we try education” (Irvine, 2002). Sex education is a political issue in the United States. To some conservatives sex is volatile and immoral for public discussion. It is a topic that is taboo to discuss outside the confines of marriage.

Comprehensive Sexuality Education coined by the Sex Information and Education Council of the United States (SIECUS), 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 (SIECUS, 2009). Majority of the publicly funded sex education programs consist of abstinence based, abstinence only, abstinence only-until marriage, and fear based curriculum (SIECUS, 2009). The abstinence programs provide curriculum which consist of anatomy and physiology and promotion of no sexual intercourse before marriage. Abstinence programs have been the curriculum for sex education for more than twenty five years. An abstinence only program was instituted to combat the high rates of teen pregnancy prior to 1990’s. Even though teen pregnancy went

down between 1990's and 2000's it was not due to the abstinence only programs. According to research the decline in teen pregnancy was due to better knowledge of contraception.

Inadequate sex education, greatly impacts adolescent females in the form of unplanned pregnancy, sexually transmitted diseases and poor self-concept. According to the Centers for Disease Control and Prevention (CDC), in 2002 there were an estimated 757,000 pregnancies among young women ages 15–19 which resulted in 425,000 live births, 215,000 induced abortions, and 117,000 fetal losses (SIECUS, 2009). Moreover, adolescent females (15-19) are 5 times more likely to contract a sexually transmitted disease. More adolescent females are putting themselves in sexual situations in order to find their self worth and to have a better self concept. Today more adolescent women are growing up with poor self-concept and engaging in sexual activity at early age. In the 1960's to 1970's the feminist movement fought for woman's sexual liberation and the right to choose. Today that choice did not include adequate sex education. Comprehensive sex education is an integral part of adolescent female's sexual development and concept of self. This paper is not intended to debase the current sex education curriculum but to communicate the significance of sex education to adolescent female's self-concept and sexuality.

Statement of the Problem

Sex Education in schools consists mostly of the anatomy and physiology of sex. Due to the prior administration program funding, sex education is geared towards abstinence only. Moreover, adolescent females are developing their self concept and sexuality through their sexual activities. To what extent does the current sex education curriculum address self-

concept and female sexuality to adolescent females? Furthermore, what impact does sex education have on female adolescent sexual activity?

Delimitations of the Research

The research will be conducted through online search Hedberg Library (Janesville, Wisconsin) and Karmann libraries (University of Wisconsin-Platteville) over the period of 90 days. Primary searches will be conducted via Internet through EBSCO Host with Wilson, Questia online library and Academic Search Elite. Key search topics will include “female sexuality, self-concept”, “and sex education.”

Method of Approach

A review of literature related to research, studies, and anecdotal evidence of female sexuality for adolescent females, and the impact of sex education on adolescent female sexual activity, will be conducted. The findings will be summarized and recommendations made.

Review of Terms

Abstinence-based: Programs that emphasize the benefits of abstinence. These programs also include information about sexual behavior other than intercourse as well as contraception and disease-prevention methods. These programs are also referred to as abstinence-plus or abstinence-centered.

Abstinence-only: Programs that emphasize abstinence from all sexual behaviors. These programs do not include information about contraception or disease-prevention methods.

Abstinence-only-until-marriage: Programs that emphasize abstinence from all sexual behaviors outside of marriage. If contraception or disease-prevention methods are discussed, these

programs typically emphasize failure rates. In addition, they often present marriage as the only morally correct context for sexual activity.

ASHA: American Social Hygiene Association

Comprehensive Sexuality Education: Sexuality education programs that start in kindergarten and continue through 12th grade. These programs 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 students with opportunities for developing skills as well as learning information.

Fear-based: Abstinence-only and abstinence-only-until-marriage programs that are designed to control young people's sexual behavior by instilling fear, shame, and guilt. These programs rely on negative messages about sexuality, distort information about condoms and STDs, and promote biases based on gender, sexual orientation, marriage, family structure, and pregnancy options.

Self-Concept: the mental image one has for oneself

II Chapter II

History of Sex Education

The birth of sex education was not during the sexual revolution of the 1960's but much earlier. Sex education was invented in the midst of the first sexual revolution in the Progressive era, between 1880 and 1920. It was conceived, so to speak, in 1913 in a luxurious red dining room in a mansion on New York's Fifth Avenue owned by one Grace Hoadley Dodge (Luker, 2006). Miss Dodge assembled a dozen or so people of various backgrounds to discuss the issue of sex. The group later formed the American Social Hygiene Association (ASHA). Sex became an issue during the early twentieth century due to the decline in the birth rate among the middle-class. Native-born Anglo-American who at the time claimed the right to represent the core of national identity and well-being (Carter, 2001) were declining in numbers. The declining Anglo-American population was on the verge of being outnumbered by the new immigrant population. Moreover, the change to industrial America brought more people from the farms to the cities. The shift in the population was due to the fact that more children were leaving the farmland to work in factories. Prior to industrial America, children were supervised by adults or parents until they reached adulthood. During that time a child was not considered an adult by their age, but how unattached they were to their parents. Children on the farmland were considered adults between the ages of 21-25 where as children in the cities were considered adults between the ages of 14-18. Since children were becoming adults earlier, parents did not have the opportunity to protect and teach their children about sex.

The ASHA championed sex education to address the issues of premarital sex and sexual health among young adults. The ASHA tackled such issues of prostitution and venereal disease. The main issue that the ASHA attacked was prostitution. Prostitution was just the most visible sign of what was wrong with American sex (Luker, 2006). For much of the nineteenth century, American cities had toyed with the idea of legalizing prostitution in the French manner, permitting licensed prostitutes to ply their trade in special districts as long as they were regularly inspected by physicians for signs of disease (Luker, 2006). The ASHA opposed this idea because it would give a false sense of security against venereal disease. The ASHA received plethora of support from prestigious organization as well as from Washington.

Sex education has been a part of the process by which children are guided into adulthood. In the past hundred years that mandatory state-sponsored schooling and the steadily increasing enrollment of students past the age of puberty have created the possibility for sexual pedagogy on a mass level (Carter, 2001). The movement for sex education in the public schools began in the second decade of the twentieth century, when vocal public criticism of many social ills was paired with an equally articulate optimism about education's ability to affect their cure (Carter, 2001). Even when sex education was being taught in public schools the main theme was to prevent premarital sex. Sex education entailed instructional material about the prevention of venereal diseases and the morality of having sex before married. The chief message of almost all twentieth-century sex education amounts to "JUST SAY NO" (Carter, 2001). Thus the history of sex education can be seen as the story of shifting strategies aimed at discouraging people from having sex outside of marriage (Carter, 2001). From the 1960's on, sex education concentrated on the prevention of sexually transmitted diseases and currently

includes the focus on the spread of HIV. Sex education aims to reduce the risks of potentially negative outcomes from sexual behavior, such as unwanted or unplanned pregnancies and infection with sexually transmitted diseases including HIV. Most importantly, it aims to contribute to young people's positive experience of their sexuality by enhancing the quality of their relationships and their ability to make informed decisions over their lifetime ("Sex education that works, 2010).

Self-Concept

Self-concept plays an integral role in adolescents starting at the age of 8 or 9 onward to adulthood. Self-concept is the mental image one has of oneself. Some have argued that there are four constituents of self-concept: body and material, social, spiritual, and the pure ego (Hattie, 1992). Furthermore, the four constituents of self-concept are ordered according to their worth, and self-concept is the sum total of all these attributes (Hattie, 1992). During early adolescence this mental image can be conflicting to the idea of oneself. Adolescence itself is a stage of life in which displayed changes in body associated with the onset of puberty and subsequent growth (Hattie, 1992). Moreover, it is also the change in expectations from peer groups, teachers, and family. Adolescents find that they look and feel different and others are responding to them differently and expecting them to act differently and this leads to a *crisis of identity* (Hattie, 1992). The change in adolescent self-concept is due to cognitive processes. Younger children are more egocentric and think in their own private world where as older children (adolescence) are less in tuned to their private world and are more attuned to their external reality. Adolescence children have the ability to introspect and reflect on an inner world of thought, feelings and wishes. Self-concept is also altered by others. In adolescent

children, self-concept is measured on the basis of their peer group. The adolescent learns what others expect of him or her, establishes a more stable (and new) view of his or her strengths and weaknesses and gains a new appreciation of the self (Hattie, 1992). Lastly, adolescents change their self-concept relative to how they perceive themselves from the adult's perspective (Hattie, 1992). Instead of accepting the views of adults about them, the adolescent more or less qualifies the adult view. In qualifying adult views, the adolescent child no longer wants to be defined as his or her parent's child.

In adolescent, female self-concept plays the role of self worth among there peers. In a society that advertently values woman less than men, adolescent female's self-concept is constantly measured on worth. An adolescent female goes through a lot of changes that can be seen internally and externally. It is a critical time because how an adolescent female works through the change can help or hinder her self-concept in the future.

Female Sexuality

Sexuality is influenced and shaped by gender expectations, sex-role conditioning and sexual experiences, as well as bodily differences, needs desires and fantasies. The experiences and manifestation of sexuality will therefore be diverse amongst women and will not remain a static part of a woman's identity (Few, 1996). Female sexuality is a term that was defined historically as being subordinate to male-sexuality. Female sexuality was defined by men as what is necessary and what is desirable "To be a woman" (Few, 1996). Female sexuality is a bit taboo because it was perceived that women were not supposed to feel or experience anything sexually. Different cultures placed restriction on female sexuality through female genital cutting, enforced modesty, chastity, and honor killing. Even in the early part of the twentieth

century, many people did not believe that respectable women should enjoy sex. Early sex education taught by mothers to daughters, taught adolescent girls to “lie back and think of other things”. Female sexuality was for male desire and reproduction. During the sexual revolution, female sexuality was being defined by a feminist perspective. As a step forward and backwards for women, female sexuality was being recognized yet still being exploited in the form of pornography and poor sexual images of women.

The development of female sexuality in adolescent females begins before puberty. Female sexuality in females starts as a young girl. Female sexuality as defined by being subordinate to male’s sexuality begins with the young girl gaining affections from her father figure. Similar to Sigmund Freud’s Oedipus complex, the young girls are not using their sexuality for personal enjoyment but for the affection or approval of their father figures. Female sexuality plays out in adolescent females in the form of self-concept and self-worth. Similar to the male definition of female sexuality the adolescent female’s sexuality is judged through male sexuality.

Who are the Stakeholders in providing sex education?

Sex education can take place in a variety of settings, both in and out of school (“Sex education that works,” 2010). In these different arenas, various people have the opportunity and responsibility to provide sex education for young people. Providing adequate sex education affects more than males and females. Sex education is important to families, public schools, and government. According to statistics it cost 200,000 to 250,000 to raise a child from birth to eighteen years of age (SIECUS 2009). Poor sex education affects families with unplanned pregnancy, and sexually transmitted. Unplanned pregnancy affects public schools with

students who are not able to complete their public education. Government is effected by poor sex education through the reduction of provided resources. Sex education is a political topic in America. Parents or caregivers are the first line of information about sex and sexuality for youth. Parents/caregivers provide one-to-one discussions with young people on specific issues, questions or concerns. In school the interactions between teacher and adolescent takes a different form and is often provided in organized blocks of lessons (“Sex education that works”, 2010). The role of the teacher is to provide information from an impartial point of view. Lastly, adolescents have a role in providing adequate sex education. Adolescents are their peer group’s teachers. It is the adolescent responsibility to ask questions and demand accurate information. In some countries, the involvement of young people themselves in developing and providing sex education has increased as a means of ensuring the relevance and accessibility of provisions. Consultation with young people at the point when programs are designed helps ensure that they are relevant and the involvement of young people in delivering programs may reinforce messages as they model attitudes and behavior to their peers (“Sex education that works”, 2010).

What impact does school sex education have on adolescent female’s sexual activities?

Schools are the one institution in our society regularly attended by most young people- nearly 95% of all 5-17 years are enrolled in elementary or secondary schools (Kirby, 2002, p. 27). Furthermore, schools see youth before they initiate any sexual activity. According to some surveys schools have the ability to make the greatest impact on female sexual behaviors. Many adolescent females are receiving their sexual knowledge from peers. Majority of adolescent

female peers are located at school. In general sexual education programs in school have generally had positive effects on adolescent sexual knowledge (Somers, 2001). However sex education has had no effect on female adolescent sexual attitudes or behaviors. Parent-child communication has been linked to greater sexual knowledge and more conservative sexual attitude. Most importantly mother daughter relationship in particular has made the most impact on female sexual behavior. School sex education does serve a purpose. Sex education programs in school provide an outlet for female adolescents to ask questions and get information about their sexuality. School sex education is important in provide diverse and factual information about sexual health.

The Current Curriculum

In January of 2003, Congress passed and Former President George W. Bush signed the United States Leadership against HIV/AIDS, Tuberculosis, and Malaria Act of 2003, also referred to as the Presidents Emergency Plan for AIDS Relief (PEPFAR) (Shepard, 2007, 214). The PEPFAR program provided financial funding for sex education programs. The stipulation or gag order in this program was that the program only funded programs that promoted abstinence-until-marriage approach to sex education. Sex education in public schools is funded by federal or state programs. For sex education program to be eligible for the federal and state funding as an abstinence-only program, its curriculum must be consistent with the federal government's definition of abstinence education. According to Title V of the Social Security Act (1998), abstinence education must teach that "Sexual activity outside the context of marriage is likely to have harmful psychological and physical effects" (Sec. 510[b] [2] [E]) (Else-Quest, 2005, 102). The abstinence only curriculum consists of anatomy and physiology of human reproductive

system. The curriculum also includes information about sexually transmitted diseases.

According to conservative policy makers, abstinence education programs for youth have been proven to be effective in reducing early sexual activity (Rector, 2002). The current curriculum purpose is to prevent: early sexual activity, sexually transmitted diseases, emotional and psychological injury, other high-risk behaviors, and out-of-wedlock childbearing.

How the current curriculum is not working

The rise in how early adolescents become sexually active is increasing due to inadequate sex education. The current curriculum is not working because it does not include the emotional part of sexual activities. The abstinence only curriculum does not inform teenagers about the emotional repercussions of sexual intercourse. Moreover, the more abstinence only programs promote sex until marriage curriculum the more curious adolescent teens become. It is the paradoxically the Holy Grail and forbidden fruit of adolescence (Brown, 2002. p. 26). The abstinence only programs push their religious moral beliefs which may not contribute to the beliefs of the parental family. Also, the abstinence only program does not consider youth who do not believe in the confines of marriage or their sexual preference prevents them from following the program. The idea that sexual intercourse should only occur within marriage also has serious implications for people for whom marriage is not valued or desired, or is unavailable as an option, particularly homosexuals living in places where same-sex marriages is not legal or socially acceptable ("Abstinence-only sex education," 2010). Public school sex education teaches the students about menstruation, conception and gestation. Furthermore, the abstinence only education is contradictory to the messages send out on television, peers, doctors, and parents. It is foolish to believe that adolescents only receive one source of sex

education information. Majority of teenagers received their sex information from peers. For adolescent females this is the main source of sex information. The current sex education is not working for adolescent females because it places more of the responsibility of premarital sex on them. A sexual activity outside of the context of marriage is likely to have more harm on female's psychological and physical effects. A large number of sexual transmitted diseases are contracted by females. Most importantly, a large majority of sexually transmitted diseases that are contracted by females have more of a long term or lasting effect. Some of the lasting effects of sexually transmitted diseases contracted by females are infertility, sexual dysfunction, cervical cancer, and even death. Moreover, society's double standard on females will perceive a female who has premarital sex as shameful and the consenting male as sowing his royal oats. Furthermore, sex education in public schools does not include other alternatives to sexual intercourse. Unfortunately, younger girls are engaging in more oral sex and inappropriate touching as an alternative to intercourse. Abstinence only curriculum does not teach about negative alternatives to sexual intercourse.

III

Chapter III

Conclusion

Incorporating female sexuality and self-concept in sex education is necessary to adolescent female development. Female sexuality and self-concept is considered a more comprehensive sex education. In comprehensive sex education the curriculum would start as early as first grade and a maturity appropriate education will be delivered to young girls. The comprehensive education will build on itself each year to provide a more complete knowledge of the psychological and physical implication of sexual activates. This comprehensive sex education will include the emotional implications of sexual intercourse.

Positive

The benefit of a more comprehensive sex education curriculum is that it will provide adolescent females with the knowledge to make a decision. Moreover, the curriculum will allow young females to acknowledge feelings and develop healthy self-concepts. The curriculum will engage young females to take active roles in their sexual health and will allow parents to play an active role in discussing those choices with their daughters. The comprehensive sex education brings about a team approach in providing adequate sex education to adolescents. Comprehensive sex education engages the whole community as a stakeholder in providing sex education to the community's youth.

Negative

The negative aspects of incorporating female sexuality and self-concept in sex education is that a more comprehensive sex education will expose young girls to sex information at an early age. A more comprehensive sex education program could make sex too mundane that sex will not be seen as a risky behavior. Moreover, it will bring adolescents to adulthood before maturation.

Changing sex education is more complicated than just developing new curriculum. It is about changing thoughts and perceptions of what sex is in society. In regards to adolescent females it is changing the way they perceive themselves among others. In the United States changing sex educations means to take off the mask of innocents of adolescent children.

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