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**Sexuality education in the schools : the psycho-social
development of relationships, intimacy, and sexuality in children
and adolescents**

Brian C. Poncy

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Abstract

This paper investigates the present state of sexuality education in the American school system. Within this examination, the paper looks to clarify several aspects of sexuality education in the United States. More specifically, the investigation seeks to identify current practices concerning the teaching of human sexuality, relationships, gender roles, and interpersonal communication. Further effort is given to understanding the roles played by the media, the community, the peer group, and the family within the intrapersonal, cognitive, and social-sexual development of the individual.

**Sexuality Education in the Schools: The Psycho-Social Development of Relationships,
Intimacy, and Sexuality in Children and Adolescents**

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Introduction

This paper investigates the present state of sexuality education in the American school system. Within this examination, the paper looks to clarify several aspects of sexuality education in the United States which include:

- What is currently being done and if these practices are effective and beneficial for the students who receive them;
- What should be in a human sexuality/intimacy curriculum and why those certain elements should be included;
- The problems and issues effecting sexuality education; and
- A discussion, including recommendations, concerning educational programs and curriculums across the U.S. dealing with human relationships, intimacy, and sexuality.

These questions and issues are investigated by conducting a comprehensive investigation of the scientific literature dealing with sexuality education and how these programs complement the social cognitive development of the individual. More specifically, the investigation seeks to identify current practices concerning the teaching of human sexuality, relationships, gender roles, and interpersonal communication. Further effort is given to understanding the roles played by the media, the community, the peer group, and the family within the intrapersonal, cognitive, and social-sexual development of the individual.

Sexuality Education Curricula

A potentially important and influential source of information about human sexuality is the schools. Schools have the potential to be a place where students of all ages can receive accurate information and discuss the issues that deal with human relationships and sexuality. This is especially pertinent since 95% of all U.S. youth, ages 5-17, are enrolled in schools (National Center for Educational Statistics, 1993). The research on the attitudes concerning the availability and content areas of sexuality education in the schools are clear, with 96% of students, 94% of teachers, and 85% of parents reporting that sexuality education should be a part of schooling (Greydanus, Pratt, & Dannison, 1995; Silverstone, 1992). Although a majority of people throughout the United States are in favor of sexuality education in the schools, the topic is a volatile issue. At the core of the dissension regarding sex education is how it should be taught.

There are various types of curricula which differ in their theoretical underpinnings. Among the most common philosophical stances concerning intimacy and sexuality are: abstinence until marriage, which is supported by many religious groups and Public Law 104-193; the education and prevention of AIDS/STDs; the education and prevention of teenage pregnancy; and a comprehensive approach to teaching about human sexuality, an eclectic approach which includes many of the teachings of the other curricula. Three types of curricula that will be examined in this paper include: 1) comprehensive sexuality education curricula; 2) abstinence-based sexuality education curricula; and 3) STD/AIDS and pregnancy prevention curricula.

Comprehensive Sexuality Education Curricula

Sexuality education curricula are all geared to teach the individual about human sexuality, but are all unique in their approach and, ultimately, their emphasis on what should be taught. Before the paper investigates these different types of curricula, it is necessary to delineate what are the key concepts for a superior comprehensive sexuality education program. According to the Sexuality Information Education Council of the United States (SIECUS) *Guidelines for Comprehensive Sexuality Education:*

Kindergarten-12th grade (National Guidelines Task Force, 1991) the key concepts that a quality comprehensive sexuality education program must include are:

- human development;
- relationships;
- personal skills;
- sexual behavior;
- sexual health; and
- society and culture.

These are broad categories which cover a myriad of different topics which provide a foundation for what should be taught in a good sexuality education course. However, due to their broad nature, these general content areas are of little use for delineating the more specific topics that should be taught, nor do they help teachers in the investigation or evaluation of what constitutes a good sexuality education curriculum. Ogletree, Rienzo, Drolet, and Fetro (1995) developed a more detailed set of criteria based on the “. . . concepts and subconcepts as outlined in SIECUS Guidelines for Comprehensive Sexuality Education” (p. 187) and present a detailed description of what is potentially taught in the schools as well as how it is to be taught. Their criteria were also developed for helping professionals in the selection and/or evaluation of sexuality education curricula. They

created three main categories which included: sexuality related content, skill building strategies, and teaching strategies.

1. The sexuality related content categories largely dealt with content areas which promoted information about the various topics seen below:

- puberty;
- body image;
- gender roles;
- reproductive anatomy and physiology;
- conception and birth;
- sexual identity and orientation;
- relationships;
- parenting;
- sexual expression;
- STD transmission;
- HIV transmission;
- abstinence;
- pregnancy prevention;
- STD prevention;
- HIV prevention;
- sexual exploitation; and
- reproductive health.

2. The skill building strategies stress the importance of students participating, or watching others, in role playing situations which combine the behavioral skills indicated below with the content areas covered to identify the consequences of possible decisions:

- examining personal values;
- increasing self-awareness/building self-esteem;
- examining influences on decisions;
- addressing peer norms;
- examining perceived pregnancy risk;
- examining perceived STD/HIV risk;
- accessing community resources;
- building general communication skills;
- building assertiveness skills;
- building refusal skills;
- building conflict-management skills;
- building decision making skills; and

- building planning/goal setting skills.

(3) The teaching strategies include various methods to help educators find new ways of disseminating information and involving students and their families in the sexuality education course:

- ground-rules;
- anonymous questions box;
- teacher lecture;
- large group discussion;
- student worksheets;
- journals/story writing;
- cooperative learning small/large group;
- case studies/scenarios;
- skills practice and rehearsal;
- audiovisual materials;
- community speakers/involvement;
- peer helper component; and
- parent/guardian involvement. (Ogletree et al., 1995, p.188)

The above list presents educators with an extensive and detailed description of topics that, according to SIECUS, should be included in a comprehensive sex education curriculum. The SIECUS recommendations corroborate the view that an educator must deal with a wide variety of topics which are pertinent and important to an individual when trying to fully understand the intricacies of human sexuality. However, along with this large amount of content comes an enormous amount of responsibility to properly implement these curricular areas to maximize students' knowledge about the topics that surround human sexuality.

Because of human sexuality's complexity and extensive content base, it is important to note that curricula are only as effective as the people who use them. It is also important to note the amount of time and effort that must be given to properly implement a quality sexuality education curriculum. Presently there are two major obstacles that

sexuality education faces- a shortage of qualified professionals to teach human sexuality and too little time spent directly teaching about topics which fall under the above categories (SIECUS, 1999; Ogletree et al., 1995).

Abstinence-Based Sexuality Curricula

Within the school system the most financially backed ideology of sexuality education is abstinence-based sex education. This is due to Public Law 104-193 which awarded schools nationwide over 88 million dollars in federal and matching state funds (Edwards, 1997; Daley, 1997; SIECUS, 1999). However, this money is only accessible for schools which adhere to federally set criteria which dictates what constitutes the school's sexuality education curriculum. These programs were defined in the welfare reform legislation, Public Law 104-193, as an educational or motivational program which:

- has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
- teaches abstinence from sexual activity outside marriage as the expected standard for all school age children;
- teaches that abstinence from sexual activity is the *only* certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;
- teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity;
- teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;
- teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society;
- teaches young people how to reject sexual advances and how alcohol and drug use increase vulnerability to sexual advances;
- teaches the importance of attaining self-sufficiency before engaging in sexual activity; and
- cannot provide information about contraception or the prevention of Sexually Transmitted Diseases. (Daley, 1997, p. 3)

Furthermore, Public Law 104-193 (Daley, 1997) gives individual communities, schools, or teachers little flexibility , "It is not necessary to place equal emphasis on each element of

the definition, however, a project may not be inconsistent with any aspect of the abstinence education definition” (p. 8). Not only does Public Law 104-193 disallow any contributions to refine this preset criteria, the government definition of abstinence-only programs also became law without the benefit of public input or Congressional debate (Edwards, 1997). The government in essence passed an entitlement program funded by United States tax dollars which utilizes a purely abstinence-based ideology to teaching about human sexuality, a stance which contradicts popular opinion.

SIECUS (1999) published a report reviewing the changes induced by the federal funding of abstinence-only-until-marriage education entitlement programs. The ways that this legislation has changed and continues to change the face of sex education in America’s schools include (SIECUS, 1999):

- All but two states used federal funding for a new abstinence-only effort in 1998;
- state health departments retained authority over the program in a majority of states, despite strong efforts by the proponents of abstinence-only to have state governors take primary control (coincidentally a Republican majority);
- states awarded 698 new abstinence-only grants nationwide;
- 27 states used the funds for abstinence media programs, 20 of which began new abstinence media programs; and
- five states have now passed state laws requiring that sexuality education programs teach abstinence-only-until-marriage as the standard for school aged children. (<http://www.siecus.org./media/press/press0004.html>, p. 2)

SIECUS president Haffner (SIECUS, 1999) comments on the results, “This new report demonstrates that the federal abstinence-only program is beginning to change the landscape of sexuality education. Too many American young people are now being denied life-saving public health information”.

(<http://www.siecus.org./media/press/press0004.html>, p. 2) Haffner further states that, “There are no published studies in the professional literature indicating that abstinence-

only-until-marriage programs will result in young people delaying intercourse” (<http://www.siecus.org./media/press/press0004.html>, p. 2). This is a very important statement which forces an 88 million dollar question. What does the research literature report about the effectiveness of abstinence-based curricula which adhere to these or similar guidelines?

Research Findings on the Effectiveness of Abstinence-Only Programs

Kirby (1997) reported that only six studies of abstinence-only programs have been published prior to 1997, none of which found consistent and/or significant program effects which delayed the onset of intercourse or which reduced pregnancy. A study that validates the ineffectiveness of abstinence based sex education curricula was conducted on 7,326 seventh and eighth graders in California who participated in an abstinence-only program (Cagampang, Barth, Korpi, & Kirby, 1997). The results found that the program did not have a measurable impact upon either sexual or contraceptive behaviors (Cagampang et al., 1997). The study went on to report that the abstinence-only initiative did not increase the number of young people who abstained, but in one school, more students reported having sexual intercourse after having participated in it. The research is consistent that abstinence based sexuality education curricula are ineffective in promoting abstinence and delaying the onset of first intercourse and decreasing the frequency of intercourse or pregnancy rates.

Studies which examine student attitudes towards abstinence-only programs are mixed. In the book, *Teens Talk About Sex: Adolescent Sexuality in the 90s*, it is reported that nearly two-thirds of the adolescents asked stated that teaching “just say no” is an ineffective deterrent to teenage sexual activity (Roper Starch Worldwide, 1994).

However, a study by Eisenman (1994) suggested that students did develop conservative attitudes toward sex, as indicated by increases in agreement with conservative values on four areas of sexual behavior after receiving materials from Sex Respect (an abstinence-based curriculum). However, Eisenman (1994) went on to describe the narrowly focused curriculum as “better thought of as persuasion or propaganda” (p. 77), and stated that there is no evidence that this increase in conservative attitudes precedes any behavior change nor was there any measurement of long-term attitudes. McKay (1993) corroborates these statements when citing a previous research:

In all cases, attitudes became significantly less accepting of premarital intercourse in the short term. However, these effects may have been produced primarily by response biases, and the studies either did not measure long-term effects or, alternatively, they measured long-term effects and found the effects had greatly diminished. (Kirby, 1992, p.282)

The results touch on the important point of the accuracy of evaluations of sexuality education programs. There are companies that produce abstinence-only curricula that claim that they have conducted studies that show that these programs have significantly reduced pregnancy rates among students who have taken these courses. However, none of these studies have been reviewed by outside/independent scientists and some of the claims for their effectiveness in reducing pregnancy rates have apparently been found to be fraudulent (Elmer-Dewitt, 1993). In sum, to date there is no scientifically credible data to support the claim that abstinence-only sex education reduces adolescent pregnancy rates (Haffner, 1997).

Abstinence-only sex education programs are frequently criticized on the grounds that they present a biased perspective of adolescent sexuality, provide selective and sometimes inaccurate information, rely on fear to shape adolescent behavior, and violate

students' rights to a comprehensive educational program upon which to base their personal decisions (Haffner, 1997; Whatley & Trudell, 1993; Kantor, 1993; Sedway, 1992; Trudell & Whatley, 1991; Sanderson & Wilson, 1991). Other criticisms are that they do not teach about contraception and they often teach that condoms are not effective. This could unfortunately reverse the significant strides American youth have made towards having safer sex during the last two decades. In 1979, fewer than 50% of adolescents used a condom at first intercourse compared to over 70% who used them in 1990 (Haffner, 1994). An abstinence based approach to sexuality education also opposes the research by Mauldon and Luker (1996) which reports that teenagers who receive contraceptive education in the same year that they become sexually active are 70-80 percent more likely to use contraceptive methods such as condoms and more than twice as likely to use the pill.

There are no published studies located in the professional literature indicating that abstinence-only programs will result in an alteration in adolescent sexual behavior, most notably onset of first intercourse and pregnancy rates. It seems clear that these curricula do not accomplish any behavioral goals and at best the research only backs the claim that they will transmit and strengthen a conservative ideology. Haffner (1997) quotes the National Institutes of Health's Consensus Panel on AIDS concerning the abstinence-only approach to sexuality education, when writing that abstinence-only sexuality education, "places policy in direct conflict with science and ignores overwhelming evidence that other programs are effective" (p. 9). The research lends itself to the interpretation that abstinence-based sex education curricula are, in a sense, unethical to implement due to their narrow conservative value dominated content, emphasis on associating adolescent

sexuality with fear and shame, and the nonexistence of life-saving information about contraception, STDs, and AIDS. This becomes especially important when looking at the United State's adolescent pregnancy, STD, and abortion rates compared to other countries. Adolescents are having sex at similar rates, but with far different outcomes. According to the Alan Guttmacher Institute's extensive study of teenage pregnancy in 37 countries, the U.S. has an astonishingly high teenage pregnancy rate that is twice as high as the next highest country, England, and seven times that of the Netherlands, both of which also have drastically lower STD and abortion rates (Alan Guttmacher Institute, 1986; Jones et al., 1985).

AIDS/STD and Pregnancy Prevention Curricula

Sexually transmitted diseases are a major health concern throughout the United States. SIECUS (1999) reports:

Of the top ten most frequently reported diseases in the United States in 1995, half—accounting for 87 percent of all cases—were STDs. With approximately 12 million new cases occurring annually, rates of curable STDs in the United States are the highest in the developed world.
(<http://www.siecus.org/pubs/fact/fact0008.html>, p. 1)

Not only are STDs affecting more than 12 million Americans each year but also they cost the country, publicly and privately, 10 billion dollars (SIECUS, 1999). Sadly, of this population, approximately 3 million of the infected individuals are teenagers. The primary STDs include: the bacterial STDs (chlamydia, gonorrhea, urinary tract infections, and syphilis) and the viral STDs (genital warts, genital herpes, hepatitis A or B, and HIV/AIDS. HIV/AIDS is a relatively new health concern. It is transmitted through HIV-infected semen, blood, or vaginal secretions. As of 1999, there has been no cure found for this potentially fatal disease. According to the Centers for Disease Control and Prevention

(CDC) (1993), there had been 1,167 reported cases of AIDS among individuals ages 13-19. Although this number is relatively low, it masks the true depiction of adolescent HIV infection. Given that people infected with HIV are asymptomatic for 3-10 years, with half of the people infected with HIV being asymptomatic for 10 years, it is probably more useful to look at the AIDS rate of the 20-29 year old age group to ascertain how infections in the teen years are likely to contribute to AIDS cases. The CDC (1993) reported that there were 10,949 AIDS cases reported among 20-24 year olds and 44,171 among 25-29 year olds. Thus the adolescent infection rate can be from 10 to 40 times higher than that of reported cases.

STD/AIDS and Pregnancy Prevention Education

In 1981, HIV (human immunodeficiency virus), which causes AIDS (acquired immune deficiency syndrome), was identified and changed the face of human sexuality. Since then intercourse has been understood to be potentially fatal. However, as HIV/AIDS began to spread, so did an emphasis on sexual health. The renewed emphasis on sexual health can be seen in state legislation. As of 1998, 36 states mandated that accurate information must be taught concerning STDs and AIDS (SIECUS Public Policy Department, 1998). STDs and AIDS are a major health concern for the United States and a sensible and far-reaching approach to educating people about AIDS and other STDs can effectively and efficiently be done through the U.S. school system. The National Commission on AIDS (1994) states that to halt the spread of HIV among America's adolescents, teenagers must obtain, at the minimum, a clear understanding of the following:

- the range of sexual and drug-taking activities in which young people engage;

- recognition of these issues;
- the health and social service needs of adolescents;
- the social and economic contexts in which many young people live;
- the range of values and attitudes that individuals associate with drug-using and sexual behavior;
- the combination of knowledge, attitudes, skills, and services necessary to influence behavior change; and
- the role of parents, schools, and other youth-serving organizations, as well as young people themselves, in prevention. (p. 39)

These goals can be met by using a variety of quality sexuality education curricula designed to teach students about AIDS and STDs. In an article, *Sexuality Education Curricula: A SIECUS Annotated Bibliography (1998)*, a few AIDS/STDs curricula which were identified included: *Act SMART: An HIV/AIDS Education Curriculum for Three Age Groups*; *Becoming A Responsible Teen (BART): An HIV Risk Reduction Intervention for Adolescents*; *Be Proud! Be Responsible! Strategies to Empower Youth to Reduce the Risk for AIDS*; *Choosing Health-High School: STD & HIV*; *POWER Moves: A Situational Approach to HIV Prevention for High-Risk Youth*; and *Safer Choices*. The curriculum that is being used to represent the class of HIV/AIDS & pregnancy prevention sexuality education programs in this paper is *Safer Choices*, due to its comprehensive nature and multicomponent approach.

Safer Choices was developed to reduce risk behaviors and/or increase protective behaviors to prevent HIV infection, other STDs, and pregnancy in students ages 14-18 (Coyle et al., 1996). It seeks to reduce the number of students engaging in unprotected sexual intercourse by reducing the number of students who begin or have sexual intercourse during their high school years, and by increasing condom use among these students who have sex (Coyle et al., 1996). Secondary purposes include reducing the

number of students who have multiple sex partners or who use drugs, particularly injectable drugs, and increasing the number of students who seek HIV/AIDS counseling, testing, and consultation of those students whose past or current behavior put them at risk for HIV/STD infection (Coyle et al., 1996). Safer Choices includes five primary components: school organization, curriculum and staff development, peer resources and school environment, parent education, and school-community linkages (Coyle et al., 1996). The curriculum uses a multicomponent approach that addresses change at the student, school, and community level. Coyle et al. (1996) further describe the curriculum:

The curriculum consists of separate 10-lesson series for ninth and 10th grade students. The 10th grade series reinforces and builds on the ninth grade lessons . . . Consistent with social cognitive theory and social influence models, the lessons address attitudes and beliefs (including self-efficacy), social skills (particularly refusal and negotiation skills, functional knowledge, social and media influences, peer norms, and parent-child communication. (p. 92)

This curriculum is behaviorally based and uses a lot of skill training and modeling. It is a unique curriculum because it goes beyond a knowledge-based curriculum only and adds skill training and getting the community physically involved through different community interventions, such as parental letters and student projects which investigate different community resources. The curriculum also pushes for staff training and curriculum development, a process which gets teachers involved (Coyle et al., 1996).

Safer Choices is basically a HIV/AIDS and pregnancy prevention curriculum that is easily transformed into a comprehensive sexuality education curriculum due to its broad nature and flexibility. It seems to have a strong theoretical background and uses research to support its different components. However, it should be noted that Safer Choices only

recommends 10 lessons per year for two years (Colyle et al., 1996). Is it possible that all the goals of the curriculum could be met in this restrictive time set-up?

Birth Through Adolescence: How Individuals Learn to Interact in Relationships

The relational development of the individual from early childhood, through middle and late childhood, and into the adolescent years is complex and can be tied to the biological, social, and psychological evolution of the individual and its effects on attitudes towards relationships, friendships, intimacy, and human sexuality. To aid in the understanding of the development of relationships and sexuality in individuals, a social cognitive perspective is taken, which states that “behavior, cognitive and other personal factors, and environmental factors all operate interactively as determinants of each other” (Bandura, 1986, p. 23). Social cognitive theory views the development of human relationships, intimacy, and sexuality as a result of an interaction between a person’s environment, which includes a myriad of rewards and punishments which are contingent on socially constructed value systems, and the individuals cognitions, or perceptions, of past and future interactions with different environments and their perceived consequences. These aspects include societal, community, and familial value systems as well as human intimacy, gender roles, interpersonal and intrapersonal communication, and human sexuality. This information is instrumental in understanding the learning process that is developmentally appropriate for the individual learning about human sexuality and gives a logical foundation from which a professional can make sound judgments about what should be taught and how it should be taught. Without an accurate background of information about how an individual learns about human sexuality and the ecological (i.e., societal, community, parental, media, peer influences) and/or biological effects (i.e., genetics, body shape/size, attractiveness, cognitive development) that influence the individuals social-sexual development, it is difficult for professionals to knowledgeably

disseminate comprehensive information on topics dealing with human relationships, intimacy, and sexuality.

From the moment of birth, the social environment gives people a multitude of examples that help define what behaviors are and what behaviors are not appropriate. Some of the behaviors that children learn include: gender roles, appropriate or inappropriate touch, giving and receiving love, communication, and relationships. Parents and others close to children model, and subsequently teach, their beliefs to children in everyday life by how they talk to them, dress them, show affection, and teach them about their body parts. From the moment of birth, it is important for the child to experience the involvement, concern, tenderness, and awareness of others. It is here that the child begins to learn the meaning of love and develops attitudes about intimacy. This early interaction with parents and others close to the child is essential in the development of the child. This critical time, which takes place during infancy and early childhood, begins to give the individual a cognitive foundation of intimate knowledge. Bandura (1986) elaborates, “Children learn to encode, organize, and retrieve information about themselves and others in terms of a developing gender schema” (p. 97). Individuals, throughout their lifetime continually learn, both experientially and vicariously, about the meaning of love and intimacy, how to demonstrate it from the interactions with those around them (i.e., their parents, siblings, and peers), and from the general culture in which they are raised (Bandura, 1986).

An important aspect in the relational development of the child is the feelings of self-efficacy within the individual. Self-efficacy is defined as, “people’s judgments of their capabilities to organize and execute courses of action required to attain designated types

of performances” (Bandura, 1986, p. 391). Feelings of self-efficacy give an individual confidence to approach and positively interact within different and new environments (Bandura, 1986). Self-efficacy is largely nurtured through the environment and can be assumed to be instrumental in how an individual interacts within their present and, subsequently, future relationships. It is through these perceptions of the self, the environment, and the interaction between the two, which individuals symbolically assess, that they gain insights about the possible repercussions of their behavior within the various environmental contexts (Bandura, 1986).

The experiences a child has in their first years of life presents them with a foundation of ideas and expectations which molds their attitudes and behavior. Thus, the way people express love and what they define as love are the product of perceptions about past experiences and future interactions. Children learn not only through direct interaction, but also by watching other people in different contexts and situations, a term Bandura (1977) refers to as vicarious learning. Bandura (1986) discusses learning, specifically vicarious learning, and its essential role within the social and physiological evolution of the individual:

Humans come with few inborn patterns. This remarkable plasticity places high demands on learning. People must develop their basic capabilities over an extended periods, and they must continue to master new competencies to fulfill changing demands throughout their life span. It therefore comes as no surprise that humans have evolved an advance vicarious learning capability. (p. 20)

As children interact within relationships with their primary referent groups they continually receive messages, both vicariously and experientially, about sexually appropriate, gender-typed, and intimate behaviors, attitudes, and values from their siblings, parents, and peers (SIECUS, 1998, Sexuality education in the schools: Issues and

answers; Bandura, 1986). This transactional learning structure with the family and others concerning human relationships, intimacy, and sexuality is instrumental in the formation of a child's cognition's towards relational behavior and feelings of self-efficacy.

Ages 1-11: Gender Role Development

Childhood is a time of self-exploration and an essential part of the formation of an individual's perception of the self. As noted in Bandura (1986), children are socialized and subsequently learn about many things that begin to define their attitudes, values, and beliefs through direct experiences, vicarious learning, and modeling. Some of the social and personal issues confronted by individuals include gender roles, communication styles, relational behavior, and their biological attributes. During early and middle childhood children are reinforced through their environment and begin to learn the masculine or feminine roles that are associated with their biological gender (Bandura, 1986). Although these roles are assigned by the biological anatomy of the individual, sex-typing behavior is largely a result of socialization, Bandura (1986) explains:

Although biological characteristics form a basis for gender differentiation, many of the social roles that get tied to gender are not ordained by biological differences. Thus, biology confines gestation to women, but it does not confine women to a permanent homemaking role. Gender-role development is, therefore, largely a psychosocial phenomenon. (p. 92)

Bandura (1977) stated that children learn culturally defined gender roles through observations of adults and older siblings and through the reinforcement and punishment of gendered behaviors. Children start out displaying similar behaviors, but parents and other referent groups reward them for conforming to the socially constructed gender roles that correspond to their biological sex and punish them for contradictory behavior (Beal, 1994).

Gender roles are very important in the individual's formation of attitudes concerning human intimacy. Bandura (1986) adds:

Some of the most important aspects of human functioning, such as the interests and competencies people cultivate, the occupational paths they pursue, and the conceptions they hold of themselves and others are prescribed by cultural sex-typing. The stereotypic gender conceptions that people adopt have lasting effects on how they perceive and process social information and how they use their capabilities. (p. 92)

The gender roles that people learn are important determinants of their definitions of love and an important influence on the relational behaviors that they adopt. This can be observed in how it is not masculine to show tenderness and how sexual aggressiveness is not considered "feminine" as well as the different styles of communication used by males and females (Beal, 1994).

As the number of referent groups associated with by individuals increase, children begin to confront and experience new value systems and learning environments, which expands their foundation of knowledge concerning intimacy, communication, and relationships. Not only are children exposed to sexual attitudes and values by their families, they begin to be exposed to the social attitudes modeled through the media's portrayal (books, television programs, advertisements...etc.) of human intimacy, relationships, and sexuality. This description of the environmental influences emphasizes one of the components of Bandura's (1986) model of reciprocal determinism. More specifically, Bandura (1986) describes this as triadic reciprocal determinism in which, "behavior, cognitive and other personal factors, and environmental influences all operate interactively as determinants of each other" (p. 23). In essence, reciprocal determinism emphasizes the transactional process between the environment, the individual's cognitions,

the person's behavior, and how they continually interact and influence each another. Through this ever evolving process of social learning, individuals formulate and subsequently refine the cognitive schemas that assimilate, accommodate, or reject information regarding the sexual, communicative, intimate, and relational attitudes and behaviors that are used throughout their life span (Bandura, 1986).

A relational schema plays an important part in an individual's expectations concerning what constitutes appropriate or non-appropriate intimate behaviors. However, these schemas are not unchangeable foundations but are cognitive tools which aid in the interpretation of one's environment. Thus, by their very nature, relational schemas both transform and are transformed by the environments they interact within, which can be observed in the plasticity of value systems in differing environmental contexts. As a child, information about human relationships, intimacy, and sexuality are transmitted on several planes—the media, friends, parents—and are largely reinforced throughout American society. As a child enters their teen years, educational sources about what proper relational, intimate, and sexual behaviors are continue to diversify with an increased influence of the peer group. At this time children and budding adolescents begin to use their peer group as a major resource in refining their attitudes about approaching and maintaining relationships as well as appropriate ways to show love and caring in acceptable ways. However, since both boys and girls mostly associate with their own gender in late childhood, a heavily gender-biased notion of what delineates a positive relationship is continually reinforced as they enter adolescence (Beal, 1994; Bandura, 1986).

Adolescent Informational Sources About Human Relationships and Sexuality: Society's

Teachers

Adolescents of the United States continue to learn about human sexuality through many of the same sources as their younger counterparts. However, adolescents relate and often times confuse issues of human intimacy (love, gender roles, communication, and relationships) with human sexuality. This happens because of the onset of physiological changes which bring on a new set of developmental and emotional issues they encounter (Strong & DeVault, 1997). A particular developmental issue encountered is the construction of their self-identity (Beal, 1994). Individuals reassess their self-identity because they begin to experience a confusion of roles. In childhood, relationships and self-esteem are largely associated with evaluations from people of the same sex (Beal, 1994; Strong & DeVault, 1997). However, as adolescence begins, individuals confront confusion due to their new found role expansion and sexuality. Adolescents begin to formulate their identity by gauging how they are perceived by various groups (peers, parents, males, females) which creates a particular susceptibility to experimental behaviors, especially in the areas of human intimacy and sexuality which they have little direct experience with or accurate information about. It is important to clarify that although families, peers, and the media give adolescents a theory base regarding intimate relationships, they give little direct instruction on the pressures that adolescents experience or how adolescents should deal with these new found pressures. This uncertainty that accompanies adolescence manifests itself as a curiosity to seek answers to questions that surround the various topics central to understanding human relationships and sexuality

(e.g., gender roles, interpersonal relationships, intrapersonal relationships, dating, overt sexual behavior, and healthy communication strategies).

Adolescents not only begin to deal with the social-emotional aspects of their sexuality, but also to confront the physical changes that accompany puberty. Hormonal changes early in adolescence have direct biological influence on sexual interest and motivation. These changes not only effect the individual internally, but also have an indirect influence on sexual involvement by altering the adolescent's physical appearance and attractiveness (Miller, Christopherson, & King, 1993). As adolescents begin to confront the biological pressures to engage in overt sexual behaviors such as kissing, petting, and/or intercourse, they encounter conflicting messages from parents, religion, and schools, which largely ignore and/or condemn adolescent sexuality, while encountering social pressures from their peers and the media, which often reaffirms human sexuality. This uncertainty with their sexual identity coupled with a variety of conflicting messages leave adolescents confused and unsure about the appropriate ways to approach, initiate, and maintain intimate and/or sexual relationships (Beal, 1994, Strong & DeVault, 1997; Cox 1999). Cox (1999) explains:

What we find in America is a society that supposedly prohibits premarital sexual relations, yet actually encourages them through the mass media and the support of early boy-girl relations. Young people are often thrown completely on their own resources to determine what their sexual behavior will be. In the end they will make the decision about the extent of their sexual relationships, based on their attitudes, peer influences, and the pressures of the moment. (p. 91)

In order to reduce the confusion of dating, intimate relationships, human sexuality, and many of the other new obstacles facing them, adolescents seek to validate or invalidate the

various messages they receive about the multitude of topics surrounding human sexuality by gathering information and by personal experimentation.

Adolescents are given information through various sources, but from which ones do they want to receive information from, and to whom do they end up listening? When it comes to topics about human sexuality and relationships, adolescents want to first and foremost receive information from their parents (White & DeBlassie, 1992). Other popularly sought out informational sources include siblings, peers, school courses, magazines, books, movies, and television. Although adolescents receive information from many different sources and contexts, rarely do they have access to a consistent source of accurate information about human sexuality. In fact, the research reports that adolescents receive a majority of their information from either their peers or the media, both of which too commonly give false and unreliable information and/or stereotypes about human sexuality and relationships (Thornburg, 1981; Davis & Harris, 1982; Strasburger, 1990).

Parents

The information about human sexuality that children receive from their parents is usually learned indirectly through observations (King, Parisi, & O'Dwyer, 1993). Children learn what activities, attitudes, and values are appropriate for what genders. They learn patterns of affection, touch, and communication; and they learn very important lessons from the silence that accompanies topics such as intercourse, nudity, and most overt sexual behaviors (Roberts, 1983). This type of non confrontational communication style carries over into the parent-adolescent relationship. Furthermore, the sexual behaviors that parents are usually silent about are very similar to the behaviors that adolescents are most interested in learning about: birth control, sexual intercourse, sexually transmitted

diseases, and pregnancy (McCormick, Folcik, & Izzo, 1985). When topics that deal directly with these issues are discussed, it is usually done without going into much depth or breadth and is usually not brought up again. This less than desirable communication can be attributed to many factors, including parental ambivalence toward the adolescent's developing sexuality, the parental belief that their children (daughters especially) will become sexually active if they acquire information about human sexuality, parental embarrassment, a perceived incest barrier between parents and their child, and a parental lack of information concerning human sexuality and intimacy (Rice, 1996). A reason that parents lack the information is the fact that few of them, less than 15%, received sexuality education in junior high or high school (King & Lorusso, 1997). It is very possible that uncomfortable feelings about their own sexuality prevent parents from having positive and open discussions concerning human sexuality with their children (King & Lorusso, 1997). The effects of communication about human sexuality that is of limited breadth, depth, and frequency present in most parent-adolescent relationships were reported in a study by Newcomer and Udry (1985) involving 500 adolescents and their mothers. Newcomer and Udry (1985) found that whatever parent-child communication about human sexuality took place had no measurable effect on teenagers subsequent sexual and contraceptive behaviors. They interpret their results as being due to the superficial nature of the discussions. LoPiccolo (1973), found that parents were not only uncomfortable with discussing human sexuality with their children, but they also most likely lacked an understanding about adolescent attitudes towards human sexuality.

An example of how parents' discussions and teachings are effected by their misconceptions can be observed by their emphasis on adult concerns about sexuality

instead of listening to and discussing the problems and issues faced by adolescents (Campbell & Campbell, 1990). Campbell and Campbell (1990) illustrate the difference in cognitive development between adults and adolescents when perceiving the consequences of sexual behavior:

Adults understand that early pregnancy can restrict or severely limit educational opportunities, career development, financial independence, and the resources available to children of adolescent parents. The adolescent may be relatively unconcerned with such abstract issues. From the perspective of the adolescent, more immediate and concrete concerns may loom largest. Current behavior may be guided primarily by the current emotional state, current group norms, and the short-term consequences of actions. (p. 189)

Confounding the fact that parents and adolescents think about human sexuality differently is the fact that parents feel they do an adequate job in disseminating their views about sexuality to their children. This phenomena of parent-child miscommunication was reported in a study by King and Lorusso (1997) in which 530 students and at least one parent for each student responded to similar questionnaires about meaningful discussions they had about human sexuality with each other. Of the 530 students for whom at least one parent responded, 315 (59.4%) said that they had *never* had a meaningful discussion about sex with either parent. In contrast, 394 (66.8%) of the 530 parents reported that they had meaningful discussions about sex with their children (King & Lorusso, 1997).

Although a positive parent-child relationship which promotes open discussion about human sexuality can be difficult to achieve and maintain, its positive effects are well documented and encouraging. Open communication between parents and their children about human intimacy and sexuality has been documented to positively influence adolescent sexual behavior, decrease permissive sexual behavior, and increase the level of sex education in the home (Lewis, 1973; Baldwin & Baranoski, 1990; Mueller & Powers,

1990; DiBlasio & Benda, 1992). Children want to be educated about human sexuality by their parents, but are obviously not receiving “meaningful information” from them. There are many obstacles impeding a positive parent-adolescent relationship that achieves and maintains open communication about sexual behaviors such as pregnancy, intercourse, masturbation, birth control, and sexually transmitted diseases in the meaningful context of adolescent life. Because of this, adolescents seek out alternative informational sources, namely their peers and the media.

The Peer Group

Adolescents also look to their peers as a referent group with which they identify. Peers are seen as vital informants about human sexuality and relationships during adolescence in order to diminish the level of confusion concerning romantic relationships, gender roles, and sexual thoughts, sexual feelings, and overt sexual behaviors. Controversial topics about human sexuality are more openly discussed due to the less threatening relational context between adolescent peers as compared to their parents. Another factor in the communication about topics concerning human sexuality is that adolescents think that they understand what each other is going through as compared to discussions with older people with whom they do not relate as well. Adolescents use their friends to get feedback about different ideas, thoughts, and feelings that they encounter. Collectively these discussions represent adolescent folklore.

Folklore is described by Henken and Whatley (1995) as a “part of every single person’s everyday life no matter how ‘civilized’, westernized, urbane or mainstream.... Folklore is the unofficial culture of a group, the means by which information and attitudes are transmitted and interpreted within the group” (p. 47). Adolescent folklore represents

the stories told that allow information about sexuality and relationships to be shared by peers (Henken & Whatley, 1995). This knowledge is important for adolescents because it helps them accept or discard learned information while helping to create a congruent sexual schema which reduces the confusion surrounding their sexuality while solidifying their attitude and value systems which formulate their sexual identity. Such schemas also allow them to be better able to assimilate and/or accommodate information gathered through future discussions and experiences. The schemas allow individuals to predict what behaviors are, or are not, socially acceptable and how to act differently in front of the different referent groups (males, females, parents,... etc.) that they interact with. It is from this knowledge that adolescents begin to formulate many aspects of their self-development (sexual identity, self-concept, and self-esteem) through their social interactions with both their male and female peers. Although this seems like it could have beneficial effects, the research shows that adolescents are learning false information about human sexuality from their peers. In a study by Henken and Whatley (1995) a few of the beliefs about how a woman could avoid pregnancy held by middle school, high school, college students, and adults included if/when:

- The first time she had intercourse.
- She holds her breath when the man comes.
- She douches with any of the following: a commercial preparation, ice water, Coca-Cola, 7-Up (either before and/or after), 5-Alive (either before and/or after), or vinegar.
- She has intercourse standing up, in a hot tub, in water, in the shower, or with the woman on top.
- She jumps up and down after intercourse.
- She only has sex a few times.
- She takes a long hot bath immediately.
- She urinates after intercourse.
- The man drinks alcohol before intercourse. (p. 52)

Ways that the sample of people thought women could get pregnant included:

- kissing,
- sitting on a boy's lap,
- from a toilet seat,
- going to the bathroom after a boy,
- from a swimming pool,
- dancing too close to a boy,
- sperm getting on the woman's leg,
- sperm touching the woman anywhere,
- lying on top of a boy while naked,
- rubbing genitals together while wearing underwear,
- and only during the girl's period (p. 54).

Other studies identified some of the same myths, as well as some new ones. A study by Zelnik and Kantner (1979) reported that over half the teenage women surveyed who did not use contraception during intercourse did so because they thought they could not get pregnant. Frequent reasons specified included that they were too young, they had intercourse only a few times, and because of "the time of the month." In a different study using focus groups of teenagers, Kisker (1985) reported that adolescents specified many myths, including not getting pregnant the first time of intercourse or if intercourse was infrequent. Furthermore, a majority of teenagers did not know when the most fertile phase of a woman's menstrual cycle is likely to occur. In fact, very few students had a clear grasp of the menstrual/ovulatory cycle, even after sexuality classes.

The list of sources of faulty information and mythical beliefs includes sex education materials, many of which have been aided by the brief and uncomprehensive abstinence based curriculums endorsed and funded by Public Law 104-193 and implemented in the U.S. education system (Edwards, 1997; Daley, 1997; SIECUS, 1999). Since adolescents hold and disseminate these erroneous beliefs among their peers, there is a good possibility that they both fear situations they should not and simultaneously believe that they are safe

in much riskier situations (Henken & Whatley, 1995). Such incomplete or erroneous beliefs could be an essential part why approximately three million teenagers are infected with a sexually transmitted disease each year (SEICUS, 1998, Sexually transmitted diseases in the United States) and more than one million American adolescent females become pregnant each year (Strong & DeVault, 1997).

The Mass Media

Peers often misinform each other about the facts and consequences of sexual behaviors such as intercourse. In the 1990s, peers not only share misconceptions formed about romantic relationships and intimacy- attitudes that are learned from peers, but also from an increasingly important educator of what constitutes appropriate or inappropriate social, relational, and sexual behavior- the media (Greydanus et al., 1995). Adolescents of all ages, races, cultures, and genders are exposed to sexual images, allusions, talk, and themes in the mass media on a daily basis through billboards, talk shows, soap operas, prime time series, movies, music lyrics, magazines (including the popular teen magazines), and the Internet (Brown & Steele, 1996). Television is the most accessible storyteller in American culture and continually reinforces the myths and ideologies that define and legitimize societal attitudes, values, and beliefs throughout a lifetime of television viewing (Brown & Steele, 1996). Brown and Steele (1996) report that “a steady dose of television by Americans, over time, acts like the pull of gravity toward an imagined center” (p. 6). America’s youth spend an average of 23 hours per week watching television filled with sex references, innuendoes, and jokes but only 1% of that time deals with the realistic aspects of sex and birth control, sexually transmitted diseases, or abstinence (Strasburger, 1990) and they are exposed to, on average, between 1,900 and 2,400 sexual references

per year which focus on promiscuous sexual behavior while ignoring contraception use (Brown, Childers, & Waszak, 1990). In a study of prime time television programming, Lowry and Shidler (1993) found an average of 10 instances of sexual behavior per hour, a slight decrease from earlier studies. However the majority of the decrease was represented in the least explicit sexual category- physical suggestiveness- and was offset by a 50% increase in the rate of heterosexual intercourse.

The findings of increased exposure to sexuality are important because of television's potential to shape the expectations and value systems of its viewers, especially children and adolescents. The effect that the mass media, and largely television, has on children and adolescents is not exactly known. However with the mass media's overrepresentation of sexually provocative behaviors and stereotyped gender roles paired with a gross under-representation of contraceptive use and normal body types, it has been hypothesized that the myriad of conflicting messages are both confusing and misleading (Strasburger, 1995). A study by Brown and Newcomer (1991), which surveyed 391 adolescents commented on the relationship between watching sexually provocative television programming and overt sexual behavior:

... the relationship between viewing a high proportion of sexy television and engaging in sexual intercourse even after controlling for the perceived influence of male and female friends and previous non-coital sexual experience. Although this is not a conclusive test of the causal sequence between television viewing and adolescent sexual behavior, it does suggest that teenagers who selectively view sexy television are more likely to have had sexual intercourse, regardless of their friends' encouragement or discouragement to have sex and regardless of their previous sexual experience. (p. 87)

Television not only deals with overt human sexuality, but also portrays males and females in stereotypical roles, reinforcing traditional stereotypes. For example, one study

found that teenage girls on television were depicted as being primarily concerned with dating, shopping, and their appearance while rarely discussing academic or career goals (Campbell, 1988). Television programming also conveys highly stereotypical images of how the sexes relate to each other (Hansen & Hansen, 1988). Such images should be of special concern when they are being viewed by adolescents who are forming and refining their notions and expectations about what delineates appropriate sexual behaviors and romantic relationships.

A longitudinal study by Kimball (1986) investigated the attitudes of residents of a small town in western Canada which had not yet acquired television and compared it to two other towns selected as comparison groups. The initial assessment concluded ~~that~~ gender stereotyping and television viewing were correlated. Kimball (1986) then investigated children's stereotyping two years after television had been introduced to the town. The results showed a significant increase in gender stereotyping after exposure to television programming, with the effect being particularly large for boys. These results strongly suggest that watching television actually caused children to become more stereotypical in their ideas about how men and women should behave.

Television offers viewers a variety of different program genres to choose from. Some of the more popular, for adolescents, include soap operas and talk shows. What are such programs teaching adolescents about human relationships, sexuality, and human intimacy? Soap operas, which are popular with adolescents and women, have received substantial research attention. Greenberg and Bussele (1996) found that soap operas averaged approximately 5 sexual incidences per hour in 1994, up from a 1985 sample which contained 3.7 sexual incidences per hour. Almost two-thirds of the sexual

references made were to intercourse. The people being represented as having intercourse the most were people not married to each other, 2.4 times per hour and often in the form of extramarital affairs, compared to married couples who were depicted having intercourse .72 times per viewing hour. Even though there was an exaggerated emphasis on intercourse, safe sex and contraception was a topic area that was rarely encountered, only six references in 50 episodes, even though there were 15 different story lines about pregnancy over a two month period.

Although a majority of the content of soaps was negative, positive trends in soap opera programming were observed by Greenberg and Busselle (1996). They reported that soap operas were beginning to cater towards their younger audience by dealing with issues such as date rape, pregnancy, and learning to say no to sexual relations. However, this content is monstrosly overshadowed by the traditional lusty sexual relationship that was, and still is, consistent with soap operas in the 1970s, 1980s, and the 1990s. There is no doubt that soap operas focus on human sexuality. In fact, the plots revolve around sexual activity and relationships. However, relational intimacy in soap operas is usually intense, unstable, and desperate and relationships are usually stormy and short lived, setting the scene for jealousy and revenge, sending viewers untypical messages about how these aspects of human life really occur. Even though the vast negative overrepresentation of human sexuality is definitely present in soap opera programming, Greenberg and Busselle (1996) concluded that both accurate and inaccurate depictions of sexual behavior are presented in daytime soap operas and which message was perceived more strongly by viewers was unknown with out further investigation.

Another genre of television programming that frequently explores human sexuality is talk shows (e.g., Jerry Springer, Montel Williams, Sally Jesse Raphael, Rikki Lake). Greenberg, Rampoldi-Hnilo, Sherry, and Smith (1997) investigated 200 episodes of 11 different talk shows and found that topics most often dealt with were family-related topics that highlighted sexual relationships 33% of the time, infidelity 20% of the time, and gay and lesbian relationships 12% of the time. Talk shows over-represent negative conflicts in familial, dating, and sexual relationships, but also confront many of the issues that parents and the schools are afraid to discuss, even though they bring negative behaviors to center stage. However, Greenberg et al. (1997) raise some positive educational effects of talk shows:

... these shows provide a unique-if not intelligent-source of sexuality information. The shows are taking a position on these behaviors that is consistent with social norms. Guests taking part in questionable sexual practices (such as cheating on their spouse) are most often treated with disdain by both host and audience. (p. 8)

Although talk shows present viewers with rather extreme examples of human behavior which can distort perceptions of what is normal, the guests are perceived as being real people with real problems. Similar to soap operas, talk shows present viewers with a mix of positive and negative depictions of human sexuality and relationships. Which messages viewers take from watching these programs needs to be further researched.

Human sexuality has permeated American popular culture via television, but different informational sources commonly accessed by adolescents include magazines and most recently the information superhighway, better known as the Internet. A readily accessible informational source of the mass media are magazines. Adolescent males often peruse the pages of Sports Illustrated's annual swimsuit edition as well as the popular

adult magazines Playboy and Penthouse. In these magazines adolescent males read little literature about human sexuality. However they are given other ways to formulate attitudes and opinions about human sexuality-mainly through pictures.

Not only male-oriented magazines focus on human sexuality. Adolescent females also are submersed in discourse that deals with human sexuality and gender roles through magazines such as Redbook, Playgirl, Seventeen, Glamour, and Cosmopolitan. McMahon (1990) investigated the articles in Cosmopolitan magazine over a 12 year period and reported that almost all the articles surveyed dealt directly or indirectly with sex. These articles often present readers with conflicting messages about what sexual behaviors are acceptable and what sexual behaviors are not. A discourse analysis of the popular teen magazine, Seventeen, by Carpenter (1998) corroborated this view, stating that in the 1990s, Seventeen magazine began to recognize female desire, ambivalence about sexuality, homosexuality, masturbation, oral sex, and even recreational sexual activities. However, the articles in Seventeen generally resolved controversies in ways that reinforced dominant gender and sexual norms. Although the pluralistic trend regarding female sexuality could be a positive attribute in exposing adolescents to a more realistic and well rounded depiction of human sexuality, the magazine's effort to favor traditional sexual scripts may discourage challenges to the sexual and gender status quo.

The Internet

The Internet is a relatively new medium on which information can be shared, people can communicate, and individuals can entertain themselves. Its popularity and usage has grown enormously. As of the spring of 1998 approximately 62 million American adults had home access to the Internet compared to only 46 million which had access in

1997 (Portelli & Meade, 1998). The Internet has not only expanded across the homes of the U.S., but also throughout educational institutions, both schools and colleges, and is quickly becoming a very important and influential informational source to evolving computer literate generations. Since families often find sexuality to be an extremely difficult topic, children and adolescents can use the Internet for information and guidance about the subjects that are rarely confronted in the home or schools. It offers them a readily accessible informational source which provides them an anonymous and relatively risk free opportunity to satisfy their sexual curiosity. Internet sites revolving around topics that deal with sex are frequently searched for on the web and offers users a wide array of sexual content to sample, from credible educational sites to sites crammed full of explicit pictures and stories. But what exactly does this mean to the development of children and adolescent sexual identity and to their knowledge about human sexuality?

The relative newness of the Internet has prohibited the scientific investigation of its long-term effects on children and adolescents developing sexuality. However, both its potential positive and detrimental effects have been recently discussed in the sexuality research. The group most excited about the Internet are sexuality educators. The Internet is viewed as having endless potential due to the vast amount of information it could offer children and adolescents about human sexuality. But, at the same time, the amount of contradicting information could be even more prevalent. Roffman, Shannon, and Dwyer (1997) report:

For American adolescents, the sudden, easy, and ubiquitous availability of unrestrained sexual content through the Net is a monumental and exquisitely ironic development, and a striking new example of the dramatically mixed messages the culture conveys about the appropriateness of sexual openness. (p. 52)

This is consistent with the large amount of conflicting messages they get at the present time. However, the Internet, unlike the mass media and many parents, gives sexuality educators direct access to the content and the ability to keep information factual and current. If children are taught how to harness the informational power of the Internet concerning human sexuality they could receive a vast amount of accurate and potentially life saving information, information that they often do not get through home or school. Another positive aspect of the World Wide Web is its potential to provide a simple and flexible way to offer people of all ages instant access to curriculum materials of various media types-including text, graphics, sound, and video-at the individual's discretion and pace (Shannon & Dwyer, 1996). This medium will be able to reach some individuals of all ages that have previously never received accurate information about sexual health and human sexuality and present them with life enhancing information in a non-threatening and somewhat personal format.

Although the Internet has the potential to present adolescents with an informational source that disseminates accurate and up-to-date information, it also presents individuals with an added option of receiving false information. The sheer quantity and array of sexual information accessible on the Internet is mind-boggling (Roffman et al., 1997). The Internet provides ready, private access to pornography, but unlike movie houses and video stores has a more difficult time accurately screening participants. Children and adolescents have an enormous amount of curiosity about human sexuality. Schnarch (1997) makes an interesting statement in which he discusses his experiences as a child and how it related to the formation of his sexuality identity:

When I was in second grade, looking up forbidden words in the school library's massive dictionary was a thrill. Now our dictionary is the library's of the world-but whether the person doing the looking is acting more adult is very much at question. (p. 16)

This statement puts a child's developmental level in perspective and gives insight into the kinds of questions which are asked. The anatomical or slang words entered on an Internet search engine could offer children information that will not be conducive to positive growth and personal development.

A misconception that is fueling the celebration of the Internet as a truly effective sexuality education tool is that people get too carried away about the power of information about sexual health, when it comes to human sexuality. The Internet could adversely effect adolescent perceptions about what constitutes proper sexual behaviors and healthy relationships. The Internet presents its viewers with, at the least, contradictory information and at the most a large amount of potentially harmful information. It must be remembered that a purely informational source-whether in a book, on a video tape, or on the Internet- is simply not enough to alter adolescent sexual behavior. However, if children and adolescents know, and use, the scientifically credible sites from which to obtain sexual information, its potential to disseminate accurate and current information can be a valuable contributor to the successful development of individuals sexual and relational development (Schnarch, 1997; Roffman et al., 1997).

The mass media is one of the major contributors to what expectations and ideas individuals develop regarding human sexuality. These influential mediums could be valuable tools in disseminating accurate information about topics such as-contraception,

STD prevention, sexual orientation, body image, and depicting sexual relationships positively. Sadly, these topics are rarely dealt with (Strong & DeVault, 1997).

The author's position is that nearly all forms of the mass media present people with inaccurate, and often times conflicting, messages concerning what sexual behaviors are acceptable, or not, to a majority of regular U.S. citizens. This comes as no surprise as the mass media's main objective is not to educate but to entertain. The information presented to, and most likely learned by, children and adolescents about human sexuality from the media is alarming because of the impact it can have on how they formulate their values and beliefs about relationships, gender roles, and sexual behavior. The information plays an integral part in the validation or reconstruction of their value systems and how they interact and perceive the information being transmitted by a myriad of other referent groups, which include: families, peer groups, churches, and even communities.

Obstacles to Presenting a Comprehensive Sexuality Education Curricula

There are various problems and issues facing the implementation of sexuality education programs throughout schools across the nation. One of the largest problems facing quality sexuality education programs is the number of differing agendas in the school as well as throughout the community. Strong and DeVault (1997) write, “Among parents, teachers, and school administrators, there is substantial disagreement about what a comprehensive course in sex education should include” (pg. 177). This reflects the complexity of human sexuality and the myriad of differing value systems that accompany the topic. These value judgments largely influence what concerned parents and community members think should be taught in their schools.

The Preparation of Teachers

Another issue that is affecting sexuality education is the availability of teachers who have received substantial training in the different topics which are advised to be included in a comprehensive sexuality education program. Although a majority of teachers who disseminate information about human sexuality and relationships want to assist students in acquiring accurate information and developing skills which will help them deal with the myriad of relationships they will encounter throughout their lives, many teachers do not feel adequately prepared to do this. This becomes especially true when teaching about topics central to human sexuality, Ogletree et al. (1995) state, “Specifically, teachers claim they need more information on many topics, better instructional materials, and better teaching strategies” (p. 186). Other studies have found similar results with teachers, who are teaching sexuality education, expressing their concern about their ability to teach and their knowledge base about subjects such as HIV/AIDS, STDs, sexual orientation, and

risk behaviors that include drug use and safe sex practices (Kerr, Allensworth, & Gayle, 1989; Levinson-Gingiss & Hamilton, 1989; Ballard, White, & Glascoff, 1990). A reason for this could be the lack of focus on the preparation for teachers of sexuality education. In a study, “What Public School Teachers Teach About Preventing Pregnancy, AIDS and Sexually Transmitted Diseases” by Forest and Silverman (1989), a majority of the professionals teaching sexuality education reported receiving their education about HIV/AIDS prevention and other topics within sexuality education in short workshops or seminars. This limited amount of instruction about human sexuality restricts teachers overall understanding of human sexuality, decreases the accuracy, depth, and breadth of the information that teachers present students, and also prevents them from confidently choosing the best available curricula, not only for their own teaching styles, but also for the correct developmental stages for their students. In an article titled, *Teaching Our Teachers to Teach: A SIECUS Study on Training and Preparation for HIV/AIDS Prevention and Sexuality Education*, Rodriguez, Young, Renfro, Asencio, and Haffner (1999) corroborates both Forrest and Silverman (1989) and Ogletree et al. (1995):

The teaching of comprehensive sexuality education from kindergarten through 12th grade begins with the proper training of the teachers. Too often, they do not have the skills, knowledge, or inclination to teach such courses. Few have received training in sexuality education, and even fewer have received certification as sexuality educators. . . . the nation’s elementary and secondary school teachers are not adequately prepared at the pre-service level to provide HIV/AIDS prevention and sexuality education. (<http://www.siecus.org/pubs/teach/teac0001.html>, p. 1)

These statements are generalized from the results of a review of course catalogs for 169 collegiate institutions offering undergraduate preparation for teachers. The study (Rodriguez et al., 1999) addressed three questions:

1. Do teacher certificate programs offer courses designed to prepare pre-service teachers to teach health education, sexuality education, and HIV/AIDS prevention education?
2. Are courses required or elective?
3. Are sexuality education programs comprehensive?

(<http://www.siecus.org/pubs/teach/teach0001.html>, p. 1)

The findings support the hypothesis that pre-service teachers are not adequately prepared to teach HIV/AIDS prevention and/or comprehensive sexuality education. This is alarming when taking into account that both parents and various governments support and through laws, often, require comprehensive sexuality and HIV/AIDS prevention education (Kenney, Guardado, & Brown, 1989; Haffner & DeMauro, 1991; Edwards, 1997; Daley, 1997; Portelli, 1998; SIECUS, 1999). Ultimately, the people who are put in charge of teaching about human sexuality lack the necessary training to feel comfortable teaching topics dealing with human sexuality. This statement makes sense when reviewing the results found in the *Teaching Our Teachers to Teach: A SIECUS Study on Training and Preparation for HIV/AIDS Prevention and Sexuality Education* (Rodriguez et al., 1999). According to the SIECUS publication, only 14 percent of the surveyed institutions required health education courses for all of their pre-service teachers and none required a course in human sexuality (Rodriguez, et al., 1999). Sadly, this translates into elementary, secondary, or physical education programs offering teaching certification requiring courses in human sexuality only 2 percent, 1 percent, and 6 percent of the time, respectively (Rodriguez et al., 1999).

Who Teaches Sexuality Education

In the elementary schools, classroom teachers are most likely the people providing health-related instruction (Hausman & Ruzek, 1995). However, elementary teachers rarely are exposed to course work in human sexuality. Rodriguez et al. (1999) elaborate, “A survey of 156 inner-city elementary teachers showed that only 19 percent report any pre-service training in health education. Only one had received training within five years” (<http://www.siecus.org/pubs/teach/teac0001.html>, p. 3). In fact, results reported few required courses in the areas of health education, human sexuality education, or HIV/AIDS prevention education for a majority of the elementary teacher certification programs with less than half of the schools (48 percent) requiring a health education course which dealt with human sexuality topics, only two percent requiring a sexuality course, and only three percent requiring courses covering HIV/AIDS for pre-service elementary teachers (Rodriguez et al., 1999).

At the middle and high school level, pre-service classroom teachers are taught even less about human sexuality with only 16 percent of the institutions requiring a health education course which dealt with human sexuality, one percent requiring course work in human sexuality, and two percent requiring classes dealing with HIV/AIDS (Rodriguez et al., 1999). These figures look worse than the elementary pre-service teachers. However, the people who educate about human sexuality at the middle and high school level tend to be more specific to a particular teaching field. Physical education teachers account for the largest number of individuals providing sexuality education in middle and high school levels, followed by health educators, biology teachers, home economic teachers, and school nurses (Forest & Silverman, 1989). Although having professionals who are

specialized in teaching sexuality education is a step in the right direction, the most educated about the topics surrounding human sexuality, health educators, are not teaching about human sexuality as often as physical education teachers, which does not reflect their required course work. Eighty-six percent of schools required a general health education course (of which a part dealt with human sexuality) for pre-service health educators and 61 percent required a course in human sexuality (Rodriguez et al., 1999). Pre-service physical education teachers, who teach about human sexuality more than health educators, were required by 57 percent of the schools to take classes dealing with health education and only 6 percent of the collegiate institutions required course work in human sexuality (Rodriguez et al., 1999). Although the percentages for pre-service health educators, and to some extent physical education teachers, regarding educational requirements about the topics surrounding human sexuality are substantially higher than both elementary, middle, and secondary education majors, much more progress needs to be made. After all, there are health educators in numerous institutions that can graduate without ever taking courses that comprehensively deal with human sexuality and the only way physical education majors usually receive sexuality education is through elective course work (Rodriguez et al., 1999).

It seems that much of the blame for the lack of confidence in teachers to teach about topics central to human sexuality is placed upon teacher education programs, but a large reason that these trends have been created is due to policy makers. A majority of the states throughout America mandate that some form of human sexuality be taught in public schools, whether it be based on a comprehensive, STD/AIDS prevention, pregnancy prevention, or abstinence based approach (Division of Adolescent and School Health,

CDC, 1997; Daley, Orenstein, & Wong, 1998). Oddly, only 12 states require any separate certification for people who teach HIV/AIDS or comprehensive sexuality education classes and only six states require training for HIV/AIDS prevention education (SIECUS, 1999). It seems counterintuitive to mandate that a subject be taught to nearly every student in the United States, but do not require the professionals who are teaching to be knowledgeable about topics which deal with human sexuality.

Another social-political factor which influences sexuality education in the schools is the parents and people in the communities. Schools do not operate in a vacuum but in a social context. It is this context that makes it difficult to adopt or create sexuality education programs that will make a majority of the people happy. Since sexuality education can cause disagreement and stir emotions among people in the community many administrators and teachers probably shy away from confronting these issues (Greydanus et al., 1995).

Time Restraints on the Dissemination of Information

Not only does human sexuality reflect the intricacies of the individual, both psychologically and physiologically, it also encompasses the diversity of social and cultural influences as well. This wide spectrum of influences on the development of an individual's sexuality and its impact on relationships can be observed in the complexity of many of the sexuality curriculums on the market. A good "comprehensive" curriculum must deal with human development, relationships, personal skills, sexual behavior, sexual health, and society and culture. Each of these subjects could make up a semester long class on their own, perhaps longer. Since being topics dealing with human sexuality are usually taught in physical education, it becomes apparent that time is limited. In the research study by

Ogletree et al. (1995) titled, "An Assessment of 23 Selected School-Based Sexuality Education Curricula," 23 different curriculums were investigated. Within their assessment was a delineation of how much time, or lessons, the curricula recommended be taught in order to adequately teach the material. The study found an average of approximately 18 lessons per curriculum be taught, with a range of 5-43 lessons, the range most likely was indicative of the comprehensiveness of the evaluated curriculum (Ogletree et al., 1995).

It is logical to think that the more comprehensive the curriculum the more lessons would be needed to satisfy its criteria. No studies could be located that assessed how long sexuality education was taught to students. However, it is possible that human sexuality is directly taught well under the 18 lessons that the curricula suggests. This reasoning is derived from an assumption that the majority of people who teach about human sexuality do it in physical education, health classes, family/consumer science classes, or biology, all of which focus on many other topics. Human sexuality most likely takes a back seat to the more traditional lessons in those respective classes. It should be noted that topics dealing with human relationships are often infused throughout much of the course work encountered separate from a class in sexuality education. For example, elementary schools often teach children ways to properly behave within groups and other individuals. These practices include accepting individual differences, respecting others, and positive ways to properly and efficiently communicate, all of which are instrumental in human relationships.

Discussion and Recommendations

The United States education system is designed to provide students with a variety of skills which gives individuals the ability to self-actualize and to be a valuable contributor to their family, community, state, nation, and earth. When most people think about what schools do, they envision academic tasks like math, reading, writing, and science, however a major goal of schooling in the U.S. is to instill and reinforce the major value systems which exist within American society (this can be observed in the development and reinforcement of individualism, competition, and other value or belief systems which are influential in shaping and maintaining “proper” gender, family, and relationship roles). Although society expects the school system to produce individuals who possess enough knowledge to adequately understand and behave accordingly with the aforementioned value systems, there are few, if any, of these essential lessons being overtly taught in the schools.

The schools want graduates to be able to positively interact within relationships and the different roles that give meaning to life, (American citizen, husband, wife, father, mother, neighbor, friend, ... etc.) and believe that this goal can be accomplished indirectly through teaching traditional academic subjects. This can be seen in the abundance of course work which revolve around a “basics” curriculum compared to the amount of classes which directly teach about topics concerning human relationships, like communication (interpersonal, intrapersonal, or familial), gender roles, intimacy, and sexuality. For example, schools teach separate courses on how to write a scholastic essay or complete an algebraic equation, but they do not present students with separate courses

which teach about gender roles, how they can be conducive to certain conflicts within a relationship, and successful ways to overcome such differences; teach how to dissect a frog or a worm, but they do not teach how to dissect relational conflict nor positive ways to replace mal adaptive communicative strategies; and extensively teach how to find an adverb and preposition in a sentence, but teach only limitedly about human sexuality, even though a lack of information could lead to contracting a lifelong sexually transmitted disease (STD), a teenage pregnancy, or even death.

Although there is little agreement on exactly what should be taught concerning human relationships and more specifically sexuality education, there is a trend that has been reported. The general public has given its opinion of the issue and overwhelmingly supports (80%-90%) comprehensive sex education which includes information about contraception, STDs, pregnancy, and ways to deal with the sexual confusion and pressures that exists in every teenager (Kenney et al., 1989; Haffner & DeMauro, 1991). However, surveys provide a striking contradiction of what the people want, what their children receive, and what the government mandates with approximately 10% of youth receiving comprehensive sexuality education (Haffner & DeMauro, 1991). In fact, Congress recently passed the welfare reform bill, Public Law 104-193, which earmarked over 88 million dollars in federal and matching state funds towards abstinence-only programs which have no empirical evidence backing their effectiveness (Edwards, 1997; Daley, 1997; Portelli, 1998; SIECUS, 1999). They mandate that American youth be taught that sexual activity outside heterosexual marriage is “physically and psychologically harmful” even though there is absolutely no research to back up their claim (Portelli, 1998, p. 2).

Relationships Are Not Simple, So Why Teach Them That Way

It is apparent, through recent practices, that both the American school system and parts of the government, contrary to overwhelming parental and student opinion, are persistent in viewing human intimacy, relationships, and sexuality as simplistic human processes. The view operates from a philosophical stance which is rooted in a reductionistic ideology that corroborates the idea that these topics do not need a detailed analysis but short, incomplete overviews. There is a strong resistance to take a holistic approach when teaching about topics central to human sexuality. When teaching about human sexuality, educators often focus on distinct areas such as disease/pregnancy prevention, AIDS education, or, like some elements of the government, they take a one-sided, incomplete, ineffective, and impractical approach like abstinence-only education. They are not accounting for the context in which human sexuality takes place nor are they concentrating on the relational, developmental, and societal processes which socialize and maintain human intimacy, and from which an individual's behavior, attitudes, and beliefs about love, communication, gender and family roles, relationships, and sexuality arise.

Why Are We Not Teaching Adolescents About Intimacy?

The reductionistic pedagogical practices present in some of today's schools pave the way for educators to isolate specific topics such as AIDS, STDs, and pregnancy, while failing to acknowledge the myriad of factors, such as gender roles, peer pressure, communication, and intimacy, which play important roles in adolescent relationships. This stance on educating teens about human sexuality unknowingly increases the influence of the socialization agents, such as peer groups and especially the media, which disseminate much of the information that adolescents, directly and indirectly, receive. When schools

and parents refuse to confront the sexual issues faced by adolescents in a serious, thoughtful, and honest manner and in a realistic context they are doing a disservice to adolescents. Many times both the school and parents transmit an abstinence until marriage message. However, assuming that males enter puberty at about age 14 and marry at an average of 26 years, they must wait approximately twelve years, a similar estimate for females, if they follow this advice (Cox, 1999). Complicating this message are adolescent peer groups and the mass media who often encourage the early maturity of young teens. To see this in action look no further than how teens are bombarded with messages about everything from make-up to adult fashions, with many of these advertisements being marketed through sex appeal. Other factors complicating adolescent attitudes towards being sexually active include the undeniable biological urges experienced by teens and their new found freedom from adult supervision, especially with the accessibility of automobiles to the present generation.

Many of the groups that adolescents identify with promote their sexuality while parents and schools largely ignore or condemn adolescent sexuality. Unfortunately this leaves numerous young people to rely on their own resources to make decisions regarding sexual relationships. Too often they are making decisions about their behavior based on their attitudes, peer influences, and both the biological and societal pressures of the moment. This, often times, leads adolescents to attempt to subdue the confusion about their sexuality and relatively newfound sexual relationships through experimental behaviors. These periods can be especially dangerous because early sexual experimentation can promote future reliance on sexual activity while repressing the healthy development of intimate behaviors. This happens because people often times look to their

behavior to define and drive adolescent sexual behavior, an assumption which Cox (1999) corroborates, “Sexual intercourse does not end the preoccupation with sex but exaggerates it” (p. 91). Although it is not an accomplishable, desireable, or realistic goal to prevent adolescents from engaging in sexual intercourse, it is important for parents and educators to give adolescents meaningful, realistic, accurate, and trustworthy information to allow them to make better, possibly lifesaving, choices and to express their sexuality in comfortable and healthy ways. The ability to do this will foster many attributes including positive communication skills, trustworthiness, more favorable early sexual experiences- all of which can positively influence how individual’s will perceive and behave in future relationships. Many of these attributes do not specifically deal with sex but are undoubtedly crucial components to the intimate context of many sexual relationships.

The ability of an individual to deal with relationships and human intimacy is an important aspect of their ability to positively experience intense intellectual, emotional, and, when appropriate, physical experiences with other human beings. Although, sexual relationships can exist separately of intimate relationships, they usually take place within close relationships. Positive outcomes of these relationships include self-confidence and a heightened sense of identity, well-being, and security. Relationships and intimacy are central to family life and the healthy development of individuals. However, accurate information about these topics is rarely available in the general public or the schools. This practices seems odd when taking into account that physical, intellectual, and/or emotional closeness with others seems to be a basic need for most people.

In American society, intimacy includes a plethora of different things, a few of which are companionship, marriage, sex, and feelings of self-efficacy. Intimacy has, and is

given many meanings throughout the popular literature. Sometimes it is even used as a euphemism for sexual intercourse. However, the definition given in the scientific literature defines intimacy as, “the experiencing of the essence of one’s self in intense intellectual, physical and/or emotional communion with another human being (Kieffer, 1977, p. 267). Human sexuality has encountered a similar problem of keeping a stable definition. Many people see sexuality as a physical act whereas others see it encompassing many aspects of an individual’s personality (e.g., a style of dress or in the way a person carries themselves). The fact is, there are as many different definitions’ as there are individuals because both intimacy and sexuality are viewed on a continuum. This continuum is not stable. What is “normal” constantly changes to fit the expectations of the culture or society that people interact within. This is what gives the interrelated concepts of intimacy and sexuality an enormous amount of adaptability across different cultures at different times with different people. However, this also breeds a large and diverse set of strongly held values and attitudes which, due to their private nature, make these topics very volatile, which in and of itself poses a huge and very real challenge to how to educate about human sexuality in a classroom setting.

The Refinement of Sexuality Education

Several aspects of sexuality education have been identified that need to be improved. In order for schools to properly implement effective, beneficial, and meaningful sexuality education programs, cooperation from multiple groups must be obtained. Among these groups are school personnel, community members, parents, students, training institutions, and state and federal governments.

Aspects that limit the effectiveness of sexuality education programs at the present time are the training requirements and certification laws for teachers who teach human sexuality. Research shows that many of the teachers who teach human sexuality feel under-qualified to teach about human sexuality (Rodriguez et al., 1999). Improvements could be made by requiring certification, special training, or coursework for teachers who teach human sexuality at their school. The new skills would not only increase the pedagogical skill level of teachers in human relationships, intimacy, and sexuality but also would allow them to confidently select curricula that would compliment the scientific literature.

Human sexuality, and more specifically adolescent sexuality, is largely a taboo subject in our society which evokes highly emotional reactions from many people. Because of the taboos, schools are often intimidated and reluctant to challenge the small, but loud, minority who oppose comprehensive sexuality education. While this will always be a problem, educators can reach out to the parents who favor comprehensive sexuality education as well as discussing the concerns of community members who oppose it. In fact, non-profit organizations like SIECUS provide community start-up kits to help with this process. It is imperative that decisions and input about sexuality education is not confined to the schools, but that parents and students are consulted and represented in discussions concerning curricular decisions. The research literature has consistently acknowledged the complexity of human sexuality and how its transmission is made on several different planes. Because of this, consistency throughout the community is a logical, but difficult, step. Educators should attempt to openly communicate with the

community and keep parents and students informed about and included in decisions concerning what is being taught.

Another aspect of sexuality education that must be changed is the amount of time spent disseminating information to students. Although schools are doing a decent job of infusing, reinforcing, and sometimes directly teaching about relationship skills from kindergarten to 12th grade, a more systematic, complementary, and developmentally appropriate system could be adopted which addresses human development, relationships, personal skills, sexual behavior, sexual health, and the societal and cultural influences on these domains. In order to do this effectively, teachers must be given adequate training, quality curricular materials, and enough time to give these complex subjects an adequate amount of instruction. Students need to develop an understanding about human relationships, intimacy, and sexuality, practice useful skills in these areas, and have meaningful discussions that will help them learn about, understand, and effectively deal with these issues.

To train teachers, buy books, offer courses, obtain community support, and initiate parental, community, and student input and support, the schools need resources. Dedicated teachers, administrators, psychologists, and volunteers are needed to give time and effort, as well as seek out and obtain money from different sources through grants. Large sources of funding are the federal and state governments, who already have earmarked in excess of 80 million dollars for abstinence-only sexuality education and likely offer money for communities and schools who want to take an alternate approach to abstinence-only sexuality education.

Conclusion

A clear indicator to the importance and need for comprehensive sexuality education can be observed by looking at the contextual complexity of human relationships and sexuality. The source that consistently influences peoples' attitudes, beliefs, and values towards these issues is the family. Families lay the foundation for many of the attitudes surrounding intimacy and subsequently maintain that foundation. However, there are other influences like the peer group, the media, and society which influence the individual in many ways as well and will often override the indirect value transmissions of families. The information that individuals learn from these different sources continually shapes how they view human intimacy and its role within their relationships. The thoughts, feelings, and beliefs that individuals develop from this plethora of sources about intimacy plays important roles in how people approach, maintain, and improve relationships, both platonic and sexual, and are made up of various components including: gender roles, interpersonal and intrapersonal communication, perceived appropriate intimate and sexual behavior, self concept, and self-efficacy.

Much of the previously reviewed research has suggested that informational sources such as peers and the media can exert a stronger influence over adolescent sexual behavior than either parents or schools, but the research also points out that adolescents are confused and want to learn about human sexuality, in a meaningful and realistic context, from trustworthy and reliable sources, most notably their parents. Unfortunately, parents and schools are saying and doing little, while peers and the media constantly disseminate a wealth of information, including much misinformation, concerning human sexuality. Bandura (1986) discusses research conducted on sexual behavior; more specifically,

presenting what the research states concerning the effects of how people learn about and display sexual knowledge:

Sexual behavior has been subject to many cultural taboos. Consequently, the effects of sexual modeling on sexual arousal and behavior have only recently received systematic study. Sexual modeling can effect sexual behavior in several ways. It can teach amorous techniques reduce sexual inhibition, alter sexual attitudes, and shape sexual practices in a society by conveying norms about what sexual behaviors are permissible and which exceed socially acceptable bounds. (p. 293)

Bandura (1986) goes on to talk about the effects of socialization on human sexuality:

. . . most cultures, including our own, present discontinuities in the socialization of sexual behavior. Overt sexual expression is prohibited during childhood and adolescence, yet it is not only expected but considered essential to a satisfying heterosexual relationship in adulthood. Therefore, the more successfully inhibitory training is achieved in early formative years, the more likely is heterosexual behavior to serve as a source of guilt and anxiety in adulthood. (p. 296)

These two statements about the socialization and learning of sexual attitudes and behaviors are essential in explaining and emphasizing the importance of sexuality education in the schools, involving parents, in a nonjudgmental, realistic, and meaningful context that centers around human relationships and intimacy. The lack of education concerning human relationships, intimacy, and sexuality promotes confusion and, most likely, sexual experimentation that can inhibit the development of intimacy and healthy sexual expression, which can result in the association of “guilt and anxiety” with “heterosexual behavior” in future intimate relationships. Bandura (1986) states that “sexual modeling,” which can be interpreted as a mode of teaching about sexuality, can, “effect sexual behavior in several ways. It can teach amorous techniques, reduce sexual inhibition, alter sexual attitudes, and shape sexual practices” (p. 293). This is an essential

point in the premise that sexuality education is worthwhile and can, if done properly, influence adolescent relational, intimate, and sexual behavior. Many opponents of sexuality education would scoff at this notion, but it seems to me that the sources who spend time confronting and providing adolescents with information that they perceive to be genuine and rooted in a realistic context about human sexuality, namely peers and the media, are quite influential. It is sources like parents and the schools who are uninfluential because of their reluctance to recognize or acknowledge the complexity of adolescent sexuality, or that it even exists, and to begin to try and relate to the powerfully salient thoughts, feelings, and emotions that are encountered by adolescents on a daily basis. There is an apparent and strong reluctance of adults in society (besides advertisers) to admit the strength and realness of adolescent sexuality. This reluctance to confront these issues by the community, especially schools and parents, feed into the, “discontinuities in the socialization,” (Bandura, 1986, p. 296) or contradictory messages concerning sexuality, which occur not only throughout childhood and adolescence, but throughout the life span. This is what pushes teens away from sources that they report they want to receive sexual information from, to rely on the inaccurate informational sources. This leads me to believe that how parents and schools are presently dealing with the educational responsibilities of teaching children and adolescents about human sexuality is unwittingly sabotaging the potential happiness available to many individuals because parents, and to a large extent society, fail to socialize adolescents to recognize and deal with the complexities of human sexuality, relationships, and intimacy. Until parents and educators understand these complex contextual factors that surround human relationships, intimacy, and sexuality and

their influence on the individual and his/her interaction with the environment, it will be difficult to expect to adequately teach children and adolescents

There are few required curricula in the schools that deal directly with human intimacy, except for units dealing with human sexuality, which often present a limited amount of content. Although schools are indirectly teaching about human relationships and intimacy as well as offering occasional courses dealing with sexuality education, the depth, breadth, and intensity of these are usually unsatisfactory. This can be noted in the presence of day long, possibly week long, units in biology, health, or physical education classes taught by instructors who usually present a curriculum consisting of the sexual anatomy, STDs, AIDS, and/or possibly contraceptive education. These pedagogical styles focus on narrow aspects of human sexuality which are usually negatively associated with human sexuality. Rarely is anything mentioned about the role of communication, peer pressure, self-esteem, or relationships in human sexuality nor are the thoughts, feelings, and pressures that students face being discussed in a realistic context. These practices follow the reductionistic trend in place in sex education throughout the American school system which either teaches facts or preaches fundamentalists ideology, both of which refuse to engage adolescents in meaningful dialog about the pressures that accompany adolescent sexuality. Their feelings, attitudes, and opinions are not recognized or openly discussed in a serious and meaningful manner, while the contexts of their relational interactions are largely ignored. Sadly, this type of education only adds to the ignorance and confusion about human intimacy and leads adolescents to try and work through many difficult decisions on their own. This, undoubtedly, confounds many of the problems present in the U.S. which happen within the context of intimate relationships, such as

maladaptive communication practices, divorce, verbal, physical, and emotional abuse, teenage pregnancy, STD, abortion rates, and overall happiness to the individual. This cycle will most likely continue until some of the deficiencies in the education of children and adolescents about human relationships, intimacy, and sexuality are improved.

References

- Alan Guttmacher Institute. (1986). Teenage pregnancy in developed countries. New Haven, CT: Yale University Press.
- Baldwin, S. E., & Baranowski, M. V. (1990). Family interactions and sex education in the home. Adolescence, 25, 573-582.
- Ballard, D., White, D., & Glascoff, M. (1990). AIDS/HIV education for pre-service elementary school teachers. Journal of School Health, 60(6), 262-265.
- Bandura, A. (1977). Social learning theory. Englewood Cliffs, NJ: Prentice-Hall.
- Bandura, A. (1986). Social foundations of thought and Action: A social cognitive theory. Englewood Cliffs, NJ: Prentice Hall
- Beal, C. R. (1994). Boys and girls: The development of gender roles. New York: McGraw-Hill.
- Brown, J. D., Childers, K. W., & Waszak, C. (1990). Television and adolescent sexuality. Journal of Adolescent Health Care, 11, 62-70.
- Brown, J. D., & Newcomer, S. F. (1991). Television viewing and adolescents' sexual behavior. Journal of Homosexuality, 21(1), 77-91.
- Brown, J. D., & Steele, M. S. (1996). Sexuality and the mass media: An overview. SIECUS Report, 24(4), 3-9.
- Cagampang, H. H., Barth, R. P., Korpi, M., & Kirby, D. (1997). Education now and babies later (ENABL): Life history of a campaign to postpone sexual involvement. Family Planning Perspectives, 29(3), 109-114.
- Campbell, C.Y. (1988, August 24). Group raps depiction of teenagers. Boston Globe, p.44.

Campbell, T. A., & Campbell, D. E. (1990). Considering the adolescent's point of view: A marketing model for sex education. Journal of Sex Education and Therapy, 16(3), 185-193.

Carpenter, L. M. (1998). From girls into women: Scripts for sexuality and romance in Seventeen magazine, 1974-1994. The Journal of Sex Research, 35(2), 158-168.

Centers for Disease Control and Prevention. (1993). HIV/AIDS surveillance. Year-end edition.

Christopher, S., & Roosa, M. (1990). Evaluation of an adolescent pregnancy prevention program: Is "just say no" enough? Family Relations, 39, 68-72.

Coyle, K., Kirby, D., Parcel, G., Basen-Engquist, K., Banspach, S., Rugg, D., & Weil, M. (1996). Safer Choices: A multicomponent school-based HIV/STD and pregnancy prevention program for adolescents. Journal of School Health, 66(3), 89-94.

Cox, F. D. (1999). Human intimacy: Marriage, the family, and its meaning (8th ed.). Belmont, CA: Wadsworth Publishing Company.

Daley, D. (1997). Exclusive purpose: Abstinence-only proponents create federal entitlement in welfare reform. SIECUS Report, 25(4), 3-8.

Daley, D., Orenstein, S., & Wong, V. (1998). SIECUS looks at states' sexuality laws and the sexual rights of their citizens. SIECUS Report, 26(6), 4-15.

Davis, S. M., & Harris, M. B. (1982). Sexual knowledge, sexual interests, and sources of sexual information of rural and urban adolescents from three cultures. Adolescence, 17, 471-492.

DiBlasio, F. A., & Benda, B. B. (1992). Gender differences in theories of adolescent sexual activity. Sex Roles, 27(5-6), 221-236.

Division of Adolescent and School Health, CDC. (1997). School-based HIV-prevention education - United States, 1994. Journal of School Health, 67(3), 103-105.

Edwards, M. (1997). 88 million dollars for “abstinence-only”. SIECUS Report, 25(4), p. 2.

Eisenman, R. (1994). Conservative sexual values: Effects of an abstinence program on student attitudes. Journal of Sex Education and Therapy, 20(2), 75-78.

Elmer-Dewitt, P. (1993, May 24). Making the case for abstinence. Time, 54-55.

Forrest, J. D., & Silverman, J. (1989). What public school teachers teach about preventing pregnancy, AIDS, and sexually transmitted diseases. Family Planning Perspectives, 21(2), 65-72.

Greenberg, B. S., & Busselle, R. (1996). What’s old, what’s new: Sexuality on the soaps. SIECUS Report, 24(5), 14-16.

Greenberg, B. S., Rampoldi-Hnilo, L., Sherry, J. S., & Smith, S. W. (1997). Television talk shows: Making intimacies public. SIECUS Report, 25(5), 8.

Greydanus, M. D., Pratt, H. D., & Dannison, L. L. (1995). Sexuality education programs for youth: Current state of affairs and strategies for the future. Journal of Sex Education and Therapy, 21(4), 238-254.

Haffner, D. (1997). What’s wrong with abstinence-only sexuality education programs? SIECUS Report, 25(4), 9-13.

Haffner, D. W. (1994). Facing facts: Sexual health for America’s adolescents. New York: Sexuality Information and Education Council of the United States.

Haffner, D. W., & DeMauro, D. (1991). Winning the battle: Developing support for sexuality and HIV/AIDS education. New York: Sexuality Information and Education Council of the United States.

Hansen, C. H., & Hansen, R. D. (1988). How rock music videos can change what is seen when boy meets girl: Priming stereotypic appraisal of social interaction. Sex Roles, 19, 287-316.

Hausman, A., & Ruzek, S. (1995). Implementation of comprehensive school health education in elementary schools: Focus on teacher Concerns. Journal of School Health, 65(3), 81-85.

Henken, E. R., & Whatley, M. H. (1995). Folklore, legends, and sexuality education. Journal of Sex Education and Therapy, 21(1), 46-61.

Jones, E. F., Forrest, J. D., Goldman, N., Henshaw, S. K., Lincoln, R., Rosoff, J. I., Westoff, C. F., & Wulf, D. (1985). Teenage pregnancy in developed countries: Determinants and policy implications. Family Planning Perspectives, 17(2), 53-63.

Kantor, L. (1993). Sacred chaste? Fear-based educational curricula. SIEUS Report 21(2), 1-15.

Kenney, A. M., Guardado, S., & Brown, L. (1989). Sex education and AIDS education in the schools: What states and large school districts are doing. Family Planning Perspectives, 21, 56-64.

Kerr, D., Allensworth, D., & Gayle, J. (1989). The ASHA national HIV education needs assessment of health and education professionals. Journal of School Health, 59(7), 301-307.

Kieffer, C. (1977). New depths in intimacy. In marriages and alternatives: Exploring intimate relationships. Edited by R. Liby and R. Whitehurst, 267-293. Glenview, IL: Scott, Foresman.

Kimball, M. M. (1986). Television and sex role attitudes. In T. M. Williams (Ed.), The impact of television: A natural experiment in three communities (pp. 265-301). Orlando, FL: Academic Press.

King, B. M., & Lorusso, J. (1997). Discussions in the home about sex: Different recollections by parents and children. Journal of Sex & Marital Therapy, 23(1), 52-60.

King, B. M., Parisi, L. S., & O'Dwyer, K. R. (1993). College sexuality education promotes future discussions about sexuality between former students and their children. Journal of Sex Education and Therapy, 19(4), 285-293.

Kirby, D. (1992). School-based programs to reduce sexual risk-taking behaviors. Journal of School Health, 62, 280-287.

Kirby, D. (1997). No easy answers: Research findings on programs to reduce teen pregnancy. Washington, DC: The National Campaign to Prevent Teen Pregnancy, 1997).

Kisker, E. E. (1985). Teenagers talk about sex, pregnancy and contraception. Family Planning Perspectives, 17(2), 83-90.

Levinson-Gingiss, P., & Hamilton, R. (1989). Teacher perspectives after implementing a human sexuality program. Journal of School Health, 59(10), 427-431.

Lewis, R. A. (1973). Parents and Peers: Socialization agents in the coital behavior of young adults. The Journal of Sex Research, 9, 156-170.

LoPiccolo, J. (1973). Mothers and daughters: Perceived and real differences in sexual values. The Journal of Sex Research, 9, 171-177.

Lowry, D. T., & Shidler, J. A. (1993). Prime time TV portrayals of sex, safe sex, and AIDS: A longitudinal analysis. Journalism Quarterly, 70(3), 628-637.

Mauldon, J., & Luker, K. (1996). The effects of contraceptive education on method use at first intercourse. Family Planning Perspectives, 28(1), 19

McCormick, N., Folcik, J., & Izzo, A. (1985). Sex education needs and interests of high school students in a rural New York county. Adolescence, 20, 581-592.

McKay, A. (1993). Research supports broadly-based sex education. The Canadian Journal of Human Sexuality, 2(2), 89-98.

McMahon, K. (1990). The cosmopolitan ideology and the management of desire. The Journal of Sex Research, 27, 381-396.

Miller, B. C., Christopherson, C. R., & King, P. K. (1993). Sexual Behavior in Adolescence. Newbury Park, CA: Sage.

Mueller, K. E., & Powers, W. G. (1990). Parent-child sexual discussion: Perceived communication style and subsequent behavior. Adolescence, 25, 469-482.

National Center for Educational Statistics. (1993). Digest of education statistics, 1993. Washington, DC: US Dept of Education, Office of Educational Research and Improvement.

National Commission on AIDS. (1994). Preventing HIV/AIDS in adolescents. Journal of School Health, 64(1), 39-51.

National Guidelines Task Force (1991). Guidelines for comprehensive sexuality education: Kindergarten-12th grade. New York, NY: Sex Information and Education Council of the United States.

Newcomer, S. F., & Udry, J. R. (1985). Parent-child communication and adolescent sexual behavior. Family Planning Perspectives, *17*, 169-174.

Ogletree, R. J., Rienzo, B. A., Drolet, J. C., & Fetro, J. V. (1995). An assessment of 23 selected school-based sexuality education curricula. Journal of School Health, *65*(5), 186-191.

Portelli, J. D. (1998). Sexuality and the law. SIECUS Report, *26*(6), 2-3.

Portelli, J. D., & Meade, C. W. (1998). Censorship and the Internet: No easy answers. SIECUS Report, *27*(1), 4-9.

Rice, P. F. (1996). The adolescent: Development, relationships, and culture (8th ed.). Boston: Allyn & Bacon.

Roberts, E. (1983). Childhood sexual learning: The unwritten curriculum. In C. Davis (Ed.), Challenges in Sexual Science. Philadelphia: Society for the Scientific Study of Sex.

Rodriguez, M., Young, R., Renfro, S., Asencio, M., & Haffner, D. W. (1999). Teaching our teachers to teach: A SIECUS study on training and preparation for HIV/AIDS prevention and sexuality education.
[Http://www.siecus.org/pubs/teach/teac0001.html](http://www.siecus.org/pubs/teach/teac0001.html).

Roffman, D. M., Shannon, D., & Dwyer, C. (1997). Adolescents, sexual health, and the Internet: Possibilities, prospects, and challenges for educators. Journal of Sex Education and Therapy, *22*(1), 49-55.

Roosa, M. & Christopher, S. (1990). Evaluation of an adolescent pregnancy prevention program: A replication. Family Relations, *39*, 363-367.

Roper Starch Worldwide. (1994). Teens talk about sex: Adolescent sexuality in the 90s. New York: Sexuality Information and Education Council of the United States, p. 18.

Sanderson, C., & Wilson, S. (1991). Desperately seeking abstinence: A critique of the teen-aid curricula for sexuality education. SIECUS Report, 19(5), 28-29.

Schnarch, D. (1997). Sex, intimacy, and the Internet. Journal of Sex Education and Therapy, 22(1), 15-20.

Sedway, M. (1992). Far right takes aim at sexuality education. SIECUS Report, 20(3), 13-19.

Shannon, D., & Dwyer, C. (1996). Sexuality education and the Internet; The next frontier. SIECUS Report, 25(1), 3-6.

SIECUS. (1998). Sexuality education curricula: a SIECUS annotated bibliography. SIECUS Report, 26(6), 27-33.

SIECUS Fact Sheet. (1998). Sexuality education in the schools: Issues and answers. <http://www.siecus.org/pubs/fact/fact0007.html>.

SIECUS Fact Sheet. (1998). Sexually transmitted diseases in the United States. <http://www.siecus.org/pubs/fact/fact0008.html>.

SIECUS Public Policy Department. (1998). SIECUS looks at states' sexuality laws and the sexual rights of their citizens. SIECUS Report 26(6), 4-15.

SIECUS (1999). Between the lines: States' implementation of the federal government's section 510(b) abstinence education program in fiscal year 1998. <Http://www.siecus.org/media/press/press0004.html>.

- Silverstone, R. (1992). Sexuality education in adolescents. State of the Art Reviews: Adolescent Medicine, 3(2), 195-205.
- Strasburger, V. C. (1990). Television and adolescents: Sex, drugs, rock 'n roll. State of the Art Reviews: Adolescent Medicine, 1(1), 161-194.
- Strasburger, V. C. (1995). Adolescents and the media: Medical and psychological impact. Thousand Oaks, CA: Sage.
- Strong, B., & DeVault, C. (1997). Human sexuality: Diversity in contemporary America. Mayfield Publishing Company. 2nd Ed.
- Thornburg, H. D. (1981). Adolescent sources of information on sex. Journal of School Health, 51, 274-277.
- Trudell, B., & Whatley, M. (1991). Sex Respect: A problematic public school sexuality curriculum. Journal of Sex Education and therapy, 17(2), 125-140.
- Whatley, M., & Trudell, B. (1993). Teen-aid: another problematic sexuality curriculum. Journal of Sex Education and Therapy, 19(4), 251-271.
- White, S. D., & DeBlasie, B. (1992). Adolescent sexual behavior. Adolescence, 27(105), 183-191.
- Zelnik, M., & Kantner, J. F. (1979). Reasons for nonuse of contraception by sexually active women aged 15-19. Family Planning Perspectives, 11(5), 289-296.