

Sex Education for Parent of the school age child

Title of course

Instructor's Name

Date

ABSTRACT

This study is will be centered on the creation of a sex education program to be presented to parents of school age children 15 to 19. Several studies and researches regarding sex education programs and their relative success will be taken into account in our sex education curriculum.

The outline and the sex curriculum will be derived based on research and comparison of existing modules and lecture types that are being implemented in most of the schools in the United States to date. Contents of the lecture were derived from two main styles that are being employed by schools in the United States namely: Abstinence sex education and Contraceptive sex education.

Both schools of thought have the same purpose and statistical data from previous studies were compared and best practices from both techniques were adapted to create a comprehensive method of conveying sex education to parents. It has been taken into account that sex education should start in the family. Studies will be cited across this paper and conclusions were deduced on the results and validity of all the cases that was taken into account in the paper. The effectiveness and recommendation for this module that was derived from this study is based purely on analysis of statistical data and demographics from recent studies done on several areas and schools in the United States.

Proposed Sex Education Module for Parents of School Age Children

Sex education can be considered as one of the subject's that has the most controversy associated with it. Conservative educators place great caution in teaching this sensitive subject to students. But behind all its controversies there is an underlying importance to provide our children with the most adequate and effective means to teach them regarding their sexuality and how to deal with it. We will attempt to create a module that will be presented to the parents for approval and acceptance. For this purpose we will focus and discuss the following questions:

1. What particular Age group needs to be addressed and why?
2. What are the current curriculum being used in schools?
3. How we can integrate current sex education modules?
4. What are the implications of our new method to our schoolchildren?

The development of the module will be dependent to the answer we derived from these four questions that we will discuss today:

What particular age group needs
to be addressed and why?

Our children nowadays are exposed and influenced by their environment more often than not. Their decision making process is influenced by both the family, peers, social interactions, advertisements and educators. Based on these facts there is an obvious need to educate our school children to make healthy decisions regarding sexual activity to avoid unwanted pregnancy and sexually transmitted diseases. According to a study made by the Alan Gutmacher Institute (AGI), The age group where risk for children getting unwanted pregnancies and sexually transmitted diseases is around 17 to until their middle

to late 20's (AGI, 2002, p. 8). According to the study this extends to after a decade before marriage. According to another recent study during April 2004, about "800,000 teenage women become pregnant, and 80% of these pregnancies are unintended" (Henshaw, AGI, 2004).

We can clearly see that sex education must start early into puberty where we can find the least chances of teenage sexual contact and try to educate our children as early as 15. We have seen a decline in teenage pregnancy rate by about 28% from 1990 to 2004. This is primarily due to the efforts of our educators and sex education curriculum that was developed in the past decade. Although we have seen a significant decline especially in sexually transmitted diseases, we still have a significant figure to date for unwanted pregnancies and STD infection.

What are the current curriculum being used in schools?

We have two main educational methods being employed by schools to this day. We have proponents of the school of abstinence and the school of contraceptives. The school of abstinence is a more widely accepted module because of its conservative nature. Schoolchildren are being educated on a moral context, avoiding sexual contact until marriage and pre-marital sex being preached as morally wrong. The proponents of contraceptive use focus on educating students with methods to prevent pregnancy and how to avoid sexually transmitted diseases. This method has been the target of numerous debates and arguments by conservatives that we might be sending our children the wrong message. Statistics have shown that 75% of the decline in unwanted pregnancies and STD's were caused by more effective contraceptive use and methods. Only a quarter of the decline was due to abstinence (Darroch, 1999). Another known fact is that teenagers

in other developing countries act the same way as teenagers in the United States. But unwanted pregnancy rate and STD transmission is less rampant in other countries. The reason for this is teens in the U.S. are less likely to use contraceptives than their peers (AGI, no. 3, 2001).

How we can integrate current sex education modules?

It is evident from our study that both methods of sex education have impacted the decline in unwanted pregnancies and STD's in the U.S. in different proportion. We can therefore deduce that due to their varying impact an integrated module would allow for a well rounded curriculum that should cover for the missing areas not covered on each of the modules. The only hindrance to creating this module is policies that some schools have against teaching about contraception. Several surveys found out that most of our teachers do not cover of on the use of contraceptives and abortion topics in schools. They also found out that about 41% of our children are asking for more information regarding contraceptives. A part of the study also suggests that two out of three parents in the U.S. are requesting for broader topics regarding sex education (Kaiser Family Foundation, 2000). We propose that we educate our schoolchildren starting from the basics. Our module would start with morality and abstinence as the best way to avoid unwanted pregnancy and STD's. Then we educate our children on the use of contraceptive methods as an option and its implications. In this way we start early in setting the children expectation when they first hit their adolescent stage and what to avoid. The implications of premature sexual contact and its impact to their lives. We then cover of means to avoid pregnancy and STD's should our children find themselves in that situation that sexual contact cannot be avoided. Scientific evidence proves that educational programs that

include both abstinence and contraception programs significantly help teenagers delay or avoid sexual contact. It is also mentioned that teenagers who went through this program had fewer sexual contacts and increased in contraceptive use when sexually active (Kirby, 2001). We therefore decrease the risk of our children engaging in unhealthy sexual relationships. We therefore need to promote and not withhold any information regarding contraceptives and use of condoms. We also need to realize that most of the sexual contact that they have happens outside. Looking over our children every time is simply not possible and we cannot be assured that sexual contact is not going to happen at some point in time. With this realization we need to consider a back up plan and teach them to address the situation in a mature way to avoid unwarranted results. The current curriculum that we have is simply inadequate and the statistics speak for themselves. Children left to their curiosity are more susceptible to practice sex at a very early age. In recent studies children that are solely thought to abstain until marrying age are more likely to have sex and have more partners in life. Various effects of this kind of behavior is increasing the risk for STD's. A disease that is plaguing American society today. Education on STD's have recently opened with the likes of Magic Johnson and a few others leading the way. Open talks regarding the topic has brought about awareness and fear and also practices on how to avoid it. Movements like this are clear examples on how awareness can impact understanding and significantly decrease the cases of HIV. It is beyond further doubt that we need to adopt this type of open communication when it comes to sex education of our schoolchildren.

What are the implications of our new method to our schoolchildren?

We need to understand that sex education starts from the basic family unit. We also need to accept the fact that our children are sexual beings and the onset of sexually active age cannot be avoided. We need to change our approach towards sex education. We also need to change our notion of sexual topics as taboo in the classroom environment. Awareness is the key word that we need to focus on. Next to awareness is understanding and love for our children. We need to accept the fact that changes occur naturally to our children so that we can teach them better. It is also important to keep in mind that strong relationship and open communication with parents will definitely aid our children in understanding the complexities of their sexual life and behavior. It is interesting to note that recent studies stressed the importance of healthy communications among partners as a major factor in maintaining a healthy and responsible sexual relationship. Healthy and responsible relationships also apply to sexual behaviors of gay, lesbian, bisexual and transgender relationships (Crooks, Chapter 14, 2005). Overall the new movement that must be adopted to have greater impact is to create an open mind to our children. We must lay the foundation and provide adequate information to them regarding the possible ramifications of their sexual lives. In this manner we increase the chances of our children making the correct decision when it comes to sexual behavior.

It is evident that leaving our children uneducated on sex has caused numerous cases of trauma to the basic family unit and to their future. Mature decision making can only be achieved if the child has full understanding of his or her sexuality. We play a major role in our child's future and acceptance is the first step. We need to revise the way

we look at our children's sexuality. Only then can they understand a responsible sexual life.

References

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