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GE 217 COMP II 30 August 2012 Sexual Education Education is a major part of development in all societies. Through education, changes in behavior, thought and personal growth can be incited in today’s youth. Parents and teachers strive as a whole to make sure to prepare those same youths for the world in which those youths will soon find themselves. Unfortunately, there is a lot of disagreement on the methodology used and content to be taught. One of the subjects that is highly debated is sexual education. Most can agree that the biology of the developing body and a general knowledge of what intercourse is and leads to should be taught; what is debated is the mechanics and other solutions to the dangers of sex. Abstinence is the most effective way of preventing pregnancy and STDs, but very few hold to it. The curriculum and teaching method should reflect that truth, not the belief by many parents and politicians that just excluding information other than abstinence will curtail our youth from sexual indiscretions. It was America’s third president, Thomas Jefferson, who said “ I know no safe depository of the ultimate powers of the society but the people themselves; and if we think them not enlightened enough to exercise their control with a wholesome discretion, the remedy is not to take it from them, but to inform their discretion by education. " What Jefferson meant was that it is the people who should have the power and that if it is not believed that they can make good decisions in the use of those powers the answer is not to take their freedom and right to make those decisions away, but to inform and guide them in the correct way to deliberate and come to a sound choice. A comprehensive sexual education should be taught in American high schools because it will better prepare teens on the healthy workings of their bodies and it is more effective at preventing pregnancy and STDs. Topics that should be included in a good program with which to educate the youths are the biology of the human body, to include its parts and processes, how they should function and when, and what utilizing them may lead to. The curriculum should go in depth into why the body reacts to stimuli of sexual situations in the manner it does. Knowing why their bodies react in a certain way will help teens to not feel so overwhelmed when first encountering those responses. The Planned Parenthood website, plannedparenthood. org, goes into detail about what the sexual response cycle is and what happens within each of the phases of the cycle. Information like what is included on this site would allow kids to truly understand themselves and the way their bodies work, which will in turn allow them to make decisions knowing the why and how. If they don’t know the reasons or even the differences in their body’s responses they will be confused and less likely to make the smart decision that may counter act the overpowering feelings that were brought out. When someone is reacting to a situation based solely on their impulses and feelings they are less likely to think logically of the consequences of their actions. The consequences in these situations are the chance of catching an STD and becoming or getting someone pregnant. One study, “ The Heat of the Moment: The Effect of Sexual Arousal on Sexual Decision Making", looked at how people make decisions while in a state of arousal: Our results further suggest that the change in attractiveness influences the intensity of motivation to have sex relative to other goals. Specifically, the increase in motivation to have sex produced by sexual arousal seems to decrease the relative importance of other considerations such as behaving ethically toward a potential sexual partner or protecting oneself against unwanted pregnancy or sexually transmitted disease. […] [A] secondary implication of our findings is that people seem to have only limited insight into the impact of sexual arousal on their own judgments and behavior. Such an under-appreciation could be important for both individual and societal decision making. (Ariely, Lowenstein 95) This study indicates that if teens had a better understanding of how their own natural responses may influence their decision making they would be better able to plan ahead and reduce their chances of partaking in risky behavior. The result of teens engaging in sexual congress unprotected may lead to not just to a problem for the teen, but it is also a public health hazard. Preventative measures to protect our youth are paramount. Although this would seem to be the logical response, there are still others who view any message other than abstinence as risky and morally suspect. The views and points made by the opposition cannot be ignored or brushed away. Those views must be taken and weighed with solutions or valid arguments brought forth. One of the most common refrains heard from the opposition of comprehensive sexual education is that it is not wholesome or prudent to give youths, who have poor decision making skills, information that is more of a guide in bad behavior then a hindrance. Misinformation or lack of information, whether caused by peers, parents or different media outlets, is one of the hazards that hinder youths being aware that there are choices that can be made and letting them make the healthier choices. Rachel Sheffield writes, “[t]eens need to be taught that abstinence is the best option for them. And they also need to understand that waiting until after marriage to have a child is crucial to avoiding poverty and achieving a stable future". Yes abstinence is the best option, but it’s not the only option that should be given to these youths. Teaching their children to make an informed decision on those options is what parents should be focused on, restricting the information they receive is a losing battle. It is better to make sure that they receive correct information to prevent the problems (STDs, Pregnancy) than to just assume teens will abstain from all sexual contact and then have to deal with the consequences when they do not. Many parents and politicians believe that going too in depth on reproductive processes will give teens a curiosity to try and engage in that behavior, but they fail to realize that the curiosity is already there and many teens are already actively engaging in sexual situations. The Guttmacher Institute found that 50 percent of teens between the ages of 15 and 19 in the US have had oral sex and the indication is that oral sex is beginning to be seen as a safe alternative to intercourse. Teens do not always know that you can still contract STDs via oral contact. The youth of this country are at higher risks to contract STIs and STDs. According to CDC findings reported on their website, “[y]oung people (15 to 24) have four times the reported Chlamydia [and gonorrhea] rate of the total population (10-65+ years) [as well as two times the rate for syphilis]. " These figures show us the severity of the problem and what happens when teens use unsafe practices. The idea that just saying no to sex is the only message to be given to the youth of America is not truly taking into account the sheer number of kids who are already past that point. Family First Aid, an organization that helps parents deal with troubled teens, reports that 60. 7 percent of 12th graders have engaged or are engaging in intercourse. The focus needs to be on making sure that they are truly informed on what the consequences are for succumbing to their baser needs and the ways they can reduce the risk to themselves and others. No one is saying that sexual education is totally out of the hands of the parents. With a good curriculum being taught at the school and parent intervention and involvement at home, teens stand a much better chance of learning the vital information and retaining the wherewithal to make judicious choices. It is already known that information about sex is out there. With movies, games, music and product marketing making a big emphasis on sex appeal to draw in big audiences, the youth of today are a lot more knowledgeable about sex (at least most of them view themselves as such), but they do not have the proper guidance on how to act on the information they have taken in. Whereas most parents and policy makers viewed the answer as just ordering kids to not engage in such activities, history has shown that it helped but the biggest change came from teens acting safer. Heather Boonstra reported that “ The [Alan Guttmacher Institute] analysis concluded that approximately one-quarter of the decline in teenage pregnancy in the United States between 1988 and 1995 was due to increased abstinence. […] Approximately three-quarters of the drop resulted from changes in the behavior of sexually experienced teens. " Those numbers show that the biggest reason to approve of comprehensive sexual education is that it is working. The stats show that trends amongst teens and American youths are improving: Teens are waiting longer to have sex than they did in the recent past. In 2006— 2008, some 11% of never-married females aged 15—19 and 14% of never- married males that age had had sex before age 15, compared with 19% and 21%, respectively, in 1995. […]The majority of sexually experienced teens (78% of females and 85% of males) used contraceptives the first time they had sex. […]In 2006—2010, some 96% of sexually experienced female teens had used a condom at least once, 57% had ever used withdrawal and 56% had used the pill. Smaller proportions had used other methods. […]Overall, 68 pregnancies occurred per 1, 000 women aged 15—19 in 2008. The 2008 rate was a record low and represented a 42% decline from the peak rate of 117 per 1, 000, which occurred in 1990. (Boonstra) These figures show that teens are delaying the start of sexual activity and when they do decide to engage in intercourse are now more likely to use protection. Sexual education is a subject that needs to be viewed as a platform for tackling some of the hazards facing youths. Some parents, politicians and religious leaders would state that the best way to keep the youth from those hazards is to preach abstinence and the only time sexual intercourse should be done is in marriage. This ideal would be the best case scenario and should be strived for, but it cannot be done by impeding the education of youths. It is already proven by history and statistics that Abstinence Only programs don’t get rid of the problems of teen pregnancy or the high rates of STD among young adults. By educating teens on the use of prophylactics and contraceptives, it provides a more concrete solution to the immediate problem of high STD and pregnancy rates amongst teens. Of course, it doesn’t mean that a high-quality comprehensive curriculum at the school level is the only thing needed. True education comes from many sources. Parental involvement via a strengthening of the relationship with their teen, and clearly defining their views and beliefs about teen sex and sex before marriage, is another solution. While it is proven that parental views and their perceived disapproval may help delay a teen’s initiation into the sexual arena, see figure 1, it does not stop more than 60 percent of older teens (Kim). Figure 1. This chart was used by Christine Kim to demonstrate the different influences on a teens’ decision concerning the initiation of sexual activity. Delayed initiation of intercourse is a great step in the right direction, but it still does not address what to do for those teens that will eventually take that next step. Just telling teens not to have sex is not enough, as a whole the message of safety for themselves and the public is one that needs to be reiterated often. It is better to teach the younger generation preventative measures as well as touting the benefits of waiting until marriage before having sex. The teens and sex issue does not have a one answer fits all, but if enough bases are covered, between parents, policies, and education teens can be made as safe as possible. Since it helps to stop the costly effects of teens engaging in sex and guides them in judicious choice making, a good educational course on sexual matters is something to get behind. With the education the nations’ youth receives and the help of parental involvement, strides are being made. Through statistics and trends we see the number of teens having intercourse has dropped and of those engaged in it the number practicing being safe has increased. It shows that the message being given to teens is being received and acted upon. It is also acknowledged that self-restraint and waiting to be in a steady and supportive relationship before initializing a sexual lifestyle is the pinnacle of options, but this does not allow us the freedom of being remiss in teaching the teenagers information that is vital to their future health. The matter of choice should always be given to the individual and not taken away lightly. Misinformation about the alternatives teens have to unsafe sex can be combated as long as parents, lawmakers, religious leaders, and the educational system make every effort to give a comprehensive and cohesive message the impact of which will be seen in future resulting statistics. That message should include an overview of the bodies purpose and how and why it behaves the way it does. The nation’s youth are taught many things through many different types of messages that are taught both at home and outside of it. When children are young, parents make sure to instruct them on how the body gets sick and why. They hear how to protect themselves from colds at school. The media they are exposed to have songs, and cute phrases to emphasize the point. STDs and pregnancy should be handled in the same manner as those early lessons with education at home and at school and the message being driven home with the help of the community. Works Cited Ariely, Dan and Loewenstein, George “ The heat of the moment: the effect of sexual arousal on sexual decision making"Journal of Behavioral Decision Making J. (2006): 87-98. Boonstra, Heather. “ Teen Pregnancy: Trends and Lessons Learned. " The Guttmacher Report on Public Policy 5. 1 (Feb 2002). Web. n. pag. 13 Jul 2012. Centers for Disease Control and Prevention. Department of Health and Human Services, 2 Feb 2011. Web. 9 Jul 2012 Family First Aid. N. p. n. d. Web. 7 Jul 2012. Guttmacher Institute. N. p. n. d. Web. 12 Jul 2012. 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