

Sex Education and Mental Health*

The following are our premises in exploring the topic:

- *sexual behavior is a fundamental aspect of life*
- *sexual development is a natural part of growing up*
- *lifestyle learning/teaching begins early at home and at school, with peers playing a significant role*
- *young people are receiving messages regularly about, and engaging in, sexual activity*
- *everyone has the right to equity of opportunity in learning how to lead a healthy life*
- *it is society's responsibility to provide youth with the essential tools for developing the knowledge, skills, and attitudes associated with pursuing a healthy life*
- *discussions about sexual behavior that ignore mental health considerations are grossly deficient.*

Much of the advocacy for sex education emphasizes its implications related to physical health (e.g., preventing unwanted pregnancy and sexually transmitted diseases). In a previous Information Resource, we expanded that focus to encompass positive social and emotional development (<http://smhp.psych.ucla.edu/pdfdocs/sexed.pdf>). The information in the box below is excerpted from that resource to highlight what a comprehensive sexuality education curriculum might embrace.

Our intent here is to further expand the topic to encompass mental health considerations.

A Synthesis to Illustrate What a Comprehensive Sexuality Education Curriculum Might Encompass

Sexuality education draws from what science can offer related to sexual knowledge, attitudes, and behavior. The teaching emphasizes that sexuality is a natural part of healthy living. It encompasses biologically and medically accurate information about sexual activity as well as sexuality. It relates the diverse values and beliefs represented in a community, society, and culture. In a psychological and societal context, it promotes healthy social and emotional development. Properly taught, it enhances feelings of self-determination, competence, and connection with significant others and expands knowing oneself.

Schools can complement and augment what children learn from their families, religious and community groups, peers, health care professionals, and from the media. A comprehensive approach starts in kindergarten, continues through high school, and entails lifelong learning. It covers a wide range of topics in ways that are a good match with a student's development, motivation, and cultural background.

Examples of topics include sexual and reproductive knowledge, puberty and development, responsible sexual expression and decision making, sexual orientation, body image, relationships, masturbation, gender identity, sexual violence, abstinence, contraception and condoms to prevent unwanted pregnancies and sexually transmitted diseases, and more. Embedded in all this is the need and opportunity to facilitate social and emotional learning (e.g., appreciation of and respect for self and others, enhanced personal and interpersonal competence, including mental health coping and problem solving abilities).

*The material in this document reflects work done by Tal Boussi as part of her involvement with the national Center for MH in Schools & Student/Learning Supports at UCLA.

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What's Current State Policy?

The National Conference of State Legislatures reports that, as of March 1, 2016, all states are involved to some degree with sex education for public school children. As reported:

- 24 states and the District of Columbia require public schools teach sex education (21 of which mandate sex education and HIV education).
- 33 states and the District of Columbia require students receive instruction about HIV/AIDS.
- 20 states require that if provided, sex and/or HIV education must be medically, factually or technically accurate. State definitions of “medically accurate” vary, from requiring that the department of health review curriculum for accuracy, to mandating that curriculum be based on information from “published authorities upon which medical professionals rely.” (See table on medically accuracy laws at <http://www.ncsl.org/research/health/state-policies-on-sex-education-in-schools.aspx#2> .)

Many states define parents’ rights concerning sexual education:

- 38 states and the District of Columbia require school districts to allow parental involvement in sexual education programs.
- Four states require parental consent before a child can receive instruction.
- 35 states and the District of Columbia allow parents to opt-out on behalf of their children. <http://www.ncsl.org/research/health/state-policies-on-sex-education-in-schools.aspx>

What is the School's Role?

Schools are places where concerns about sexual identity and behavior regularly arise. Such concerns have a variety of mental health implications. Sex education courses are logical venues for discussing mental health matters related to sexual identity and behavior. And it is essential to do so since the course content can accentuate and even exacerbate a variety of concerns. Beyond discussion, the instructor may well become aware of the need to refer a distressed student for help.

For schools, core aims related to sex education are to (a) teach about sexual health, (b) engender responsible sexual behavior and relationships, and (c) promote personal well-being. Such teaching includes a focus on cognitive development (knowledge), emotional development (feelings, values, attitudes), and behavioral development (effective communication, positive relationships, appropriate decision-making, personal and interpersonal problem-solving, etc.).

As with any content, effective personalized teaching and learning requires matching a learner’s motivation and levels of cognitive, social, and emotional development. Guidelines from those who have developed standards, curriculum, and lessons plans for comprehensive sexuality education mainly stress age-appropriate content (see resources at the end of this document). Effective instruction requires refining such guides to better match a learner’s current motivation, capabilities, and states of being.

Various subgroups are mentioned frequently as being at elevated risk for physical and mental health problems related to the transition to puberty and sexual behavior. Concerns about equity also have highlighted the need to ensure that all students have an equal opportunity to receive comprehensive sex education. All this underscores the need for paying particular attention to the needs of and ensuring greater representation of marginalized and stigmatized subgroups (e.g., youth of color, LGBTQ+ youth, those in special education, homeless youth, those in foster care, immigrants, sexually abused youth). For example, the CDC reports that homosexual students are less likely to engage in safe sex (CDC, 2016). At the same time, advocates indicate that only about 5% of LGBTQ+ students experienced a positive view of homosexuality in their curriculum, and only 12% report even discussing same-sex relationship (Kosciw, Greytak, Palmer, & Boesen, 2014). Mainstream sexual education curriculum also does not address any information for future intimacy of individuals with disabilities or concern about the fact that teens and pre-teens with disabilities are frequent victims of sexual abuse.

Is There a Downside?

Concerns about the downside of sex education tend to be overstated (e.g., claims that it increases premature sexual behavior). Still, it is important to acknowledge that more research is needed to determine relevant costs and benefits and to maximize good outcome and minimize bad ones. Sexuality education raises moral, relational, and spiritual considerations. How should these be addressed and what is the impact of doing so? What is the long-term impact of sex education that stresses abstinence-only? Are courses too focused on prevention at the expense of emphasizing positive youth development? Is there a need for more emphasis on countering harmful images, models, and “information” generated by media and social networking sources that bombard many children and adolescents?

The availability and use of pornography has become almost ubiquitous among adults and adolescents. Consumption of pornography is associated with many negative emotional, psychological, and physical health outcomes. These include increased rates of depression, anxiety, acting out and violent behavior, younger age of sexual debut, sexual promiscuity, increased risk of teen pregnancy, and a distorted view of relationships between men and women.

American College of Pediatricians

While the correlations highlight by the college of pediatricians are a bit speculative, the reality is that young people encounter a great deal of sexual behavior and misbehavior. They are likely to hear confusing messages and considerable misinformation. Mental health concerns are bound to arise, and for those with existing mental health problems, their distress may be exacerbated.

Clearly, a sex education course is an insufficient mechanism for comprehensively meeting the core aims cited above. As with all human development and lifestyle learning, the process begins early at home and continues at school and in other venues in which a youngster has experiences.

Some References Used in Preparing this Information Resource

- American College of Pediatricians. (2016). *The impact of pornography on children*. Online <https://www.acped.org/the-college-speaks/position-statements/the-impact-of-pornography-on-children>
- Centers for Disease Control and Prevention (CDC) (2017). *Reproductive health: Teen pregnancy*. Online <https://www.cdc.gov/teenpregnancy/about/index.htm>
- Centers for Disease Control and Prevention (CDC) (2017). *Sexually transmitted diseases (STDs)*. https://www.cdc.gov/std/healthcomm/fact_sheets.htm
- Collier-Harris, C.A., & Goldman, J.D. (2016). Puberty and sexuality education using a learning and teaching theoretical framework. *Educational Review*, 69, 393-410. doi:10.1080/00131911.2016.1225672
- Collier-Harris, C. A., & Goldman, J. D. (2016). Some sociological contexts for consideration when designing a school puberty/sexuality curriculum. *Cambridge Journal of Education*, 47, 189-205. doi:10.1080/0305764x.2016.1143450
- Collier-Harris, C. A., & Goldman, J. D. (2016). What educational contexts should teachers consider for their puberty education programmes? *Educational Review*, 69, 118-133. doi:10.1080/00131911.2016.1183592
- Donovan, M. K. (2017). The looming threat to sex education: A resurgence of federal funding for abstinence-only programs? <https://www.gutmacher.org/gpr/2017/03/looming-threat-sex-education-resurgence-federal-funding-abstinence-only-programs>

- Goldman, J.D.G. (2015), UNESCO's guidance on puberty and sexual health education for students aged 9–12 years compared to an upper primary school curriculum. *Health Education Journal*, 74, 340-350. <http://journals.sagepub.com/doi/pdf/10.1177/0017896914537004>
- Human Rights Campaign. (n.d.). *LGBTQ youth need inclusive sex education*. Online <https://www.hrc.org/resources/a-call-to-action-lgbtq-youth-need-inclusive-sex-education>
- Kosciw, J.G., Greytak, E.A., Palmer, N.A., & Boesen, M.J. (2014). *The 2013 National School Climate Survey: The experiences of lesbian, gay, bisexual and transgender youth in our nation's schools*. New York: GLSEN.
- Ross, C. C. (2012). *Overexposed and under-prepared: The effects of early exposure to sexual content*. <https://www.psychologytoday.com/us/blog/real-healing/201208/overexposed-and-underprepared-the-effects-early-exposure-sexual-content>
- Vernacchio, A. (2018). *Sexuality education*. Presentation at TEDxWakeForestU in North Carolina, Winston-Salem. <https://www.youtube.com/watch?v=kpfsQbFV5-U>

Special Resources

The following are online sources to aid schools and communities in teaching sexuality:

- United Nations Educational, Scientific and Cultural Organisation [UNESCO] (2018). (2nd rev.) *International Technical Guidance on Sexuality Education: An Evidence-Informed Approach*. (Paris: UNESCO. http://www.unaids.org/sites/default/files/media_asset/ITGSE_en.pdf
- *The Future of Sexuality Education (FoSe)* – offers the National Sexuality Education Standards for quality school-based sexuality education. <http://www.futureofsexed.org/documents/josh-fose-standards-web.pdf>
- *Sexuality Information and Education Council of the United States (SIECUS)* – For over a decade, SIECUS has published *Guidelines for Comprehensive Sexuality Education* (now in its 3rd edition) to help educators create new sexuality education programs and evaluate already existing curricula - <http://sexedu.org.tw/guideline.pdf>
- SIECUS also has a SexEd Library that provides a comprehensive online collection of lesson plans for sexuality education - <http://www.sexedlibrary.org/index.cfm>
- *Centers for Disease Control and Prevention (CDC)* - CDC offers a *Health Education Curriculum Analysis Tool (HECAT)* designed to help school districts, schools, and others analyze health education curricula based on the National Health Education Standards and the Centers for Disease Control and Prevention's Characteristics of an Effective Health Education Curriculum - http://www.cdc.gov/healthyyouth/hecat/pdf/HECAT_Module_SH.pdf
- *Science and Success: Sex Education and Other Programs that Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections*. <http://www.advocatesforyouth.org/storage/advfy/documents/thirdeditionexecutivesummary.pdf>
- *Sexual Health Education for Young People with Disabilities - Research and Resources for Educators*. From Advocates For Youth. <http://www.advocatesforyouth.org/publications/publications-a-z/2559>