

Adolescent Sexual Health Education

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Introduction

Patient education is one of the most important components in the nursing profession, as it facilitates expansion of the patient's knowledge base and promotes optimal health. Not only is it crucial that the teaching be effective, but it is equally important for the patients to receive the most timely and most valuable health information as evidenced by research literature. Nurses are often faced with situations in which the teaching topic may be part of a legal or ethical argument. It is not uncommon for nurses to have a personal difference in opinion with the literature, particularly because of religious beliefs. Regardless, nurses are responsible for providing information that is most beneficial to the health of all patients.

One highly controversial and highly debated topic regarding sex education is which educational approach is most beneficial to both the sexual and overall health of adolescents. The two opposing outlooks are known as abstinence-only and comprehensive sex education. This is a topic of concern to all nurses, not only in the school setting, but also in the community, clinics, and hospitals. It is important for adolescents to receive accurate sexual health education because it can have a major impact on numerous aspects of their life, such as education, health, relationships, and future. The use of research studies and literature reviews as the basis for the most effective sex education methods can be helpful because they demonstrate the most successful methods used previously and they display the areas in need of improvement. In addition, they help to establish a more uniform standard for adolescent sexual health education.

The purpose of this paper is to discuss the two conflicting methods of adolescent sex education and to identify the viewpoints established by each side. The author will explore the

impact of sex education on the health and sexual practices of adolescents. The government's involvement in support and funding of sex education programs will also be reviewed.

Review of Literature

Abstinence-only sex education is a method of teaching which promotes abstinence from sexual activity until marriage, adding that it is the only proven method to prevent sexually transmitted infections (STIs) and premarital pregnancy (Stammers & Ingham, 2000). It includes discussion of values, character building, and refusal skills. Comprehensive programs encourage abstinence from sexual activity until marriage as well; however, they also teach about condom use, contraception, safe sex practices, abortion, and prevention of STIs and HIV (Bleakley, Hennessy, & Fishbein, 2006).

Those in support of abstinence-only education argue that condoms and contraception are not "fool-proof" in preventing pregnancy or STIs and that abstinence is the only fully effective method of prevention (Stammers & Ingham, 2000). Advocates of abstinence-only also feel that comprehensive sex education actually encourages early sexual activity among adolescents. Those on the side of abstinence believe that morals, values, and religious beliefs should be a significant deciding factor among adolescents and sex related decisions, specifically, waiting until marriage to have any type of sexual activity (Santelli et al., 2006).

Comprehensive program supporters believe that it is important to provide sexual health education in order for adolescents to protect themselves in sexual situations (Collins, Alagiri, & Summers, 2002). They deny that providing contraceptive information encourages early sexual activity, but instead they believe it equips adolescents with the information they need to make healthy sex decisions when they decide they are ready. They too believe that abstinence should

be primarily encouraged, but feel that it would be an injustice not to inform adolescents about contraception and STIs (Collins et al., 2002).

The study by Kohler, Manhart, and Lafferty (2007) reported that teens who received comprehensive sex education were significantly less likely to report teen pregnancy while there was no significant effect found in those that received abstinence-only education. It also found that abstinence-only education did not reduce the likelihood of adolescents engaging in vaginal intercourse whereas the comprehensive approach was associated with a lower report of having engaged in vaginal intercourse (Kohler et al., 2007).

The method supported by the United States Federal Government for over a decade has been abstinence-only sex education. In order for schools to receive Federal funding, they have had to follow the eight central abstinence program components outlined in the Social Security Act of 1996 (Bleakley et al., 2006). Surprisingly, even with governmental support and funding, the number of studies assessing abstinence-only education is very few in comparison with those evaluating comprehensive approaches.

The study by Collins et al. (2002) stated that there is no reliable evidence that the millions of dollars spent by the federal government on abstinence-only education has had any positive effect. As a result of this and numerous other studies, President Obama has proposed a shift from abstinence-only education to a comprehensive approach including teen pregnancy prevention, which would allocate 178 million dollars for education and community-based programs (Jayson, 2009). Obama's proposal would include discussion about abstinence but would not initially set funds aside to support abstinence-only education.

Even more recently, however, the Senate voted to pass an amendment to Obama's proposal in order to restore Title V of the Welfare Reform Act which includes 50 million dollars

in grants for abstinence-only education programs (Kliff, 2009). Although many thought that Obama's plan would make abstinence-only education a topic of the past, this move by the Senate proves that the debate is not yet over.

One nationwide poll conducted among middle school and high school parents found that 90% believed it was very or somewhat important to have sex education taught in school and of those parents, only 15% wanted it to be abstinence-only teaching (Santelli et al., 2006). The shift in Obama's proposal would provide the funding and new teaching approach that the majority of the parents in this study support. The other 15% would also still have the option of abstinence-only and some funding available to them through the amendment by the Senate.

One primary weakness has been identified in both of the opposing sex education approaches. The study by Beshers (2007) pointed out that not only is the topic of sex education controversial, but the terms "abstinence-only" and "comprehensive" also create confusion. Abstinence can have a variety of definitions and generally each individual decides what it means to him or her. Some see abstinence as not having sexual intercourse while others view it as not engaging in any sexual activities (Beshers, 2007).

It is also unknown what exactly the comprehensive programs include since there are no universal standards. For example, some programs include condom-use instruction and demonstration while others simply encourage condom use (Santelli et al., 2006). There are also some that address the topic of abortion, another highly controversial subject. No matter which program is in place, this lack of standards and consistency is creating an inadequate learning environment for adolescents receiving sexual health education.

Conclusion

It is important for adolescents to receive instruction on all sexual health topics from abstinence to contraception, to pregnancy and STI prevention, especially since they are faced with a vast number of risks related to sexual health. The greater their knowledge base, the more likely they are to make educated decisions in relation to sexual activity. Regardless of personal opinion or religious beliefs, nurses are responsible for acting as patient advocates and providing adolescents with the most current, evidence-based sexual health information.

Although supporters of both abstinence-only and comprehensive programs agree that the objective of sex education is to reduce the risk of STIs and teen pregnancy as well as delay initiation of sexual activity, both sides feel strongly that their method is the superior approach. The proposed changes by President Obama would create a move away from the method funded and supported over the past decade; however, the amendment by the Senate reinstates some of the abstinence-only approach. Because there is currently not a unanimous agreement, both approaches still need further study to evaluate their effectiveness, especially since each side offers pros and cons. As a result of the ongoing disagreement at both the public and governmental levels, the topic of adolescent sexual health education will continue to be one of ethical controversy.

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