SEX EDUCATION FACT OR FICTION?

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OPSOMMING

Geslagsvoorligting vir tieners is noodsaaklik om menslike seksualiteit in perspektief te stel sodat hulle ingeligte besluite oor hulle eie lewenswyse kan maak.

Basiese doelstellings vir so 'n voorligtingsprogram is onder andere om 'n gemaklike klimaat vir bespreking te skep, angs en wanopvattings oor seksualiteit uit die weg te ruim en om inligting oor alle aspekte van menslike seksualiteit te verskaf.

Verantwoordelikheid vir geslagsvoorligting berus by die ouers, godsdienstige instellings, skole asook gesondheidspersoneel.

INTRODUCTION

The words *Sex* and *Sexuality* when coupled with the word *Love* should make a most exciting phrase. Sexual love is a source of power that makes life worth living. We seek each other out for comfort, pleasure, companionship, intellectual compatibility, inspiration and more importantly, our powerful sexual drives ensures the existence of mankind through reproduction. Human sexuality has the potential to provide us with an important source of goodness in our lives. It rewards us to know as much as we can about it and how to make it work positively for us and our children.

WHY SEX EDUCATION?

When discussing such an emotional issue, it is important to consider both objective facts and personal values. Many conflicting opinions and values exist, reflecting the inherent complexity that surrounds the question of human sexuality.

Social and medical-technological changes have been taking place with increasing speed, leading to the erosion of the foundations on which sexual behaviour was previously based. Concern is being expressed over the breakdown of *family life*. Statistics show that there is a higher percentage of single-parent families — through divorce, death or by choice. The approach to relationships appears to be more permissive, and no longer necessarily linked to marriage. This can lead to confusion about, and a lack of sexual identification with, male, female and parenting roles.

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This article won second prize in the category for registered nurses in the 1985 Johnson and Johnson — Curationis Writing Competition. The topic was "Nursing the Youth" and entries had to be either a case study or a review on one or more of the contemporary health education needs of the youth.

Women's liberation has resulted in many women choosing to delay marriage in favour of a career. They then have to resolve the problem of whether or not to remain sexually inactive at a time when the primitive sexual drive is reaching a peak.

The availability of effective contraceptive methods together with this changing attitude regarding relationships has been marked by an alarming increase in the incidence of sexually transmissible diseases. Some more recently identified organisms are proving resistant to known medical treatments.

The average age of onset of puberty is also younger than it was twenty years ago. Adolescents may therefore be physically mature enough for sexual relationships, but find it difficult to deal with the full implications of such relationships as they may not have acquired emotional and intellectual maturity or social responsibility.

Schoolgirl pregnancies continue to occur frequently. Often through ignorance, indifference, as a means of escape, or more unfortunately, because of a fatalistic belief that *it can't happen to me, only my friends.*

A certain amount of stigma is still attached to the unmarried mother and her illegitimate child. Labels are readily attached to her. We must also consider the sequelae such as interruption of education; rejection by family, peers and boyfriend; social isolation; financial worries; having to choose and accept the responsibility of keeping the child or giving it up for adoption; the emotional pain and difficulty of coping with negative feelings such as guilt, fear, anger; the increased risk of child abuse and many more.

There are many who feel that by giving information regarding sex means you are also giving permission for the adolescent to become sexually active. This is not so, as one cannot forget the natural curiosity of the child, nor the probing, questioning of the adolescent.

Exposure by the media, including television, films, advertising, books, and magazines, has given sexuality a prominent place in our lives. It is a topic that is widely discussed and heatedly debated because of the controversy that often surrounds it, for example, homosexuality and other sexual deviance.

AIMS

Sexual development is a life long process, from the moment of conception, through to death. As the years pass the way must be open for knowledge, understanding and responsibility so that a healthy attitude towards sex can be developed and nourished. Sex must finally be accepted as a human reality.

Sex education extends far beyond the imparting of imformation as the subject is so vast and complex. It is a matter of getting human sexuality in proportion and perspective. In providing such education, the intention is not to suppress or control the natural sexual drives, but rather to emphasise the immense possibilities for fulfilment that human sexuality offers.

The aim of sex education is therefore to provide teenagers and young adults with all of the information available, both positive and negative, to enable them to make an informed choice regarding their individual life-styles. Decisions about sexuality must be taken on the basis of knowledge, not ignorance.

Of all the topics for health education, the provision of education relating to sexual behaviour demands the greatest tact, sensitivity, integrity, tolerance and understanding of human behaviour and inter-personal relationships.

OBJECTIVES

A sex education programme must be flexible, as the social situation, level of education, age and stage of development, sexual experience plus other factors will vary from group to group and culture to culture. The programme must therefore be adaptable to suit the needs of each group and yet remain within the wide framework of known objectives.

Content should be given coherently, in logical sequence, and if possible co-ordinated and integrated into the overall education of the individual. A number of basic objectives must be incorporated into the programme in order to achieve the aim of a sex education module:

— provide a comfortable climate conducive to honest discussion within the group regarding the issues of sexuality

— provide adequate accurate information on anatomy and physiology of both sexes and of different rates of growth and development and recognition of problems

— alleviate fears and anxieties, remove misplaced shame and misconceptions about sexuality

— develop objective and understanding attitudes towards the biological, religious, ethical, psychological and socio-cultural aspects of sexuality in self and toward others

— develop an awareness of sex roles, obligations and responsibilities associated with relationships, including friends, spouse, parent

— discussion on conception and contraception and formulation of a decision-making framework for preventing pregnancy

— create awareness of sexual values and rights and responsibilities concerning sexual behaviour

— provide information on types of sexual behaviour and deviance to avoid exploitation and mental health trauma

— create an understanding of the implications of issues such as abortion, venereal disease, divorce, prostitution.

RESPONSIBILITY

Parents

Traditionally, the parents have been held accountable for the sex education and family life teaching that is done in the privacy of the home. Many parents feel comfortable about answering the simple questions of a five-year-old, but less so when it comes to the more complex questions of the adolescent.

Feelings of inadequacy arise when confronted with the issue, often because of their own lack of knowledge, embarrassment about their own sexuality, distorted ideas, poor or absent family interaction, ineffective communication or uncertainty on how to broach and then discuss the subject. The adolescent may himself thwart any efforts the parents may make to deal with the topic.

The manner in which sex education is given may precipitate wrong attitudes or force the adolescent to seek the knowledge by other less reputable means such as from friends. While most adolescents would rather have sex education from someone outside of the home, and preferably not from a teacher either, parent education is vital.

Parents may not be actively involved in the sex education of the adolescent, but if this child is participating in such a programme, they must have given consent and they should be aware of the course objectives and contents in order to be able to deal with any queries or discussion that may occur subsequently within the family.

Peer group

Pressure from the peer group must never be underestimated. The need to conform to the values and be accepted by the group is great. A tremendous conflict then arises as the adolescent is torn between two loyalties.

Religious teaching

Sex education also forms part of moral education and is incorporated into religious teaching. However, many families choose not be associated with any particular religious group, so those adolescents cannot be expected to observe constraints that are imposed on religious grounds.

The question at the heart of sexual morality today, is not about sexual abstinence, but about considerate personal sexual relationships versus egocentric, depersonalised sexual outlets.

Schools

Ideally, sex education in schools should supplement what has been given at home. One advantage of implementing programmes at school is that we are sure of having a captive audience. Sexuality can be included naturally in subjects such as Biology, Literature and Art and it should be part of the Health and Guidance syllabus.

Specialist health educators need to be appointed to co-ordinate such a programme throughout the whole school. The school sister is in an ideal position as she should already be known to the parents, teachers and pupils and health education is an important part of her role in promoting good health.

She needs to be aware of and have insight into her own sexuality. Because of her training, she is equipped with the right knowledge and so should feel comfortable with the subject, unembarrassed, open and honest in her communication with parents and children, using terminology, visual aids and explanations appropriate to the level of education. She should have a non-judgemental attitude and be respectful of the views, values and norms of others.

The most difficult part of sex education to adolescents is how to make the principles of responsible sexual behaviour attractive enough to be spontaneously accepted, and so the personality of the educator is important. She needs to be lively, confident, kind in manner, a good listener, perceptive of undercurrents, unafraid of admitting she may not know all the answers, and most important, have a keen sense of humour. The adolescent needs to feel that he can trust her and that she will maintain confidentiality.

Health professionals

Other health professionals such as doctors and nurses are also able to promote the development of healthy attitudes regarding sexuality. The majority of sex education is done informally, and through contact with parents, children and adolescents health professionals have limitless opportunities such as in wards, out-patient clinics, consulting rooms, ante- and post natal clinics, home visits, family planning clinics and even in influencing their own families and friends.

CONCLUSION

Much more time needs to be spent on life-style education and sex education is a part of that whole. Existing programmes need to be evaluated and up-dated and new programmes need to be devised and implemented.

One thing that has emerged and which is very clear is that no one person, nor one professional discipline can accept the sole responsibility for providing education on sex and human sexuality. A multi-disciplinary approach with co-ordination of inter-disciplinary efforts must exist if we are to ensure that all adolescents reach the full potential that human sexuality offers.

Have you thought about your role yet?

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(Vervolg vanaf p. 17)

SLOT

In hierdie artikel is bestuursvaardigheidsevaluering bespreek. Eerstens is daarop gewys dat bestuursopleiding en -ontwikkeling in die verpleegkunde toenemend geïmplementeer word sonder dat daar genoegsaam aandag aan die logiese beginpunt, naamlik bestuursvaardigheidsevaluering, bestee word. Hierna is hierdie evaluering omskryf as 'n tegniek om grys areas in bestuur aan te dui.

GEVOLGTREKKING

Hoewel geen objektiewe bestuursgedragsresultate gerapporteer kan word weens die subjektiewe evaluering in hierdie navorsingsmodel nie, word uit die bestuursevalueringsvraelys afgelei dat dié tegniek in 'n belangrike behoefte, naamlik die uitwys van grys areas in bestuursvaardighede by verpleegkundiges, kan voorsien.

Die algemene tegnieke in bestuursvaardigheidsevaluering is genoem en die bestuursevalueringsentrum is in die besonder bespreek deur na die verskillende tipes meettegnieke te verwys. Hierna is die bestuursgedragsdimensies waarvolgens die evaluering plaasvind genoem en omskryf.

Laastens is 'n empiriese toepassing van die bestuursvaardigheidsevalueringsentrum, by 'n groep verpleegkundiges, gerapporteer. Meer spesifiek is die resultate ten opsigte van die waarde hiervan gerapporteer. Hieruit blyk dit dat dié tegniek 'n belangrike behoefte in die verpleegkunde kan bevredig deur dit toe te pas nog voordat bestuursopleiding en -ontwikkeling begin.

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