VIEWPOINT

# Sex Education and Sexual Socialization: Roles for Educators and Parents

*By Ronny A. Shtarkshall, John S. Santelli and Jennifer S. Hirsch*

*Ronny A. Shtarkshall is head of the Social Science and Health Behavior Program, Braun School of Public Health, and of community medicine at the Hebrew University and Hadassah Medical Organization, Jerusalem. John S. Santelli is professor of clinical population and family health and clinical pediatrics, Heilbrunn Department of Population and Family Health; and Jennifer S. Hirsch is associate professor of sociomedical sciences–both at the Mailman School of Public Health, Columbia University, New York.*

Sexuality is an essential component of healthy development for young people. Both the World Health Organization and the report from the 1994 International Conference on Population and Development emphasize the importance of healthy sexual development to overall mental and physical well-being.[1,2] In 2001, U.S. Surgeon General David Satcher echoed these sentiments, stating that, "sexuality is an integral part of human life," and "sexual health is inextricably bound to both physical and mental health."[3]

Despite the widely recognized importance of sexual health, education to promote it remains a sensitive and sometimes controversial issue. Underlying the social conflicts that surround sex education programs are disagreements about the role of government in family life and sex education; parental control of the content of sex education; core values to be included in sex education, such as gender equality and personal responsibility; and, fundamentally, what constitutes appropriate adolescent sexual behavior.[4–7] The array of popular literature and research on the topic (for example, see Woody[8] or Blakey and Frankland[9]) indicates that parents of all political stripes feel uncomfortable approaching their children about sexual matters. Yet liberal and conservative views on the appropriate manner of providing sex education remain widely divergent. Central to disagreements about sex education have been questions about the basic premises and content of sex education and about who is best able to provide it–i.e., whether parents or schools should be the primary sex educators.

In this commentary, we propose that clarifying the distinction between sex education and sexual socialization will help resolve some aspects of this controversy. We argue that promoting healthy sexuality is not the exclusive domain of parents or educators; instead, we support a collaboration between home and school that best provides adolescents with the tools they need to become sexually healthy adults.

## EDUCATION AND SOCIALIZATION

Education is an intentional, structured process to impart knowledge and skills, and to influence an individual's developmental course.[10] Literacy involves more than learning facts and identifying symbols; it encompasses the skills needed to combine knowledge in a meaningful way, allowing one to express ideas, make decisions and solve problems. Research on sex education suggests that effective programs should promote sexual literacy–going beyond dispensing knowledge to include the development of personal and social skills.[11] By promoting sexual literacy, sex education can contribute to psychosocial development and well-being throughout adolescence and adulthood. The absence of sexual literacy can be the source of many health and social hazards, including STDs and unintended pregnancy.

Socialization, in contrast, is the process through which an individual acquires an understanding of ideas, beliefs and values, shared cultural symbols, meanings and codes of conduct.[10] Sexual socialization of babies and children begins at home, where parents have the opportunity to emphasize their most deeply held values (whether or not these are shared by mainstream society). From a very young age, children are exposed to messages about modesty, nudity and privacy, including gender-specific messages about proper conduct. Parental responses to infant masturbation, displays of physical affection between parents and the instruction children receive about appropriate physical contact with others influence children's understanding of their own sexuality. Discussions of physical differences between men and women and parents' responses to the ways in which children use sexual language help shape children's awareness of sexuality. Parents teach children about their values and behavioral expectations through these explicit and implicit messages and actions. These essential forms of early sexual socialization[12,13] are generally not considered part of formal sex education.

Sexual socialization also takes place outside the home as children and adolescents observe community norms, consume mass media, and participate in cultural and religious activities. This sexual socialization includes learning about religious values, which may include views of sexuality as a divine gift and sex as limited to marriage. Children and adolescents are also exposed to a diversity of cultural viewpoints on abortion, birth control and gender roles. Such issues sometimes remain unaddressed in schools, as teachers may feel reluctant to explore these diverse opinions, fearing that such discussions will be perceived as endorsing or refuting specific religious and cultural values. However, exploring and understanding both family and community influences on sexuality is an integral component of sex education.

We believe that three sets of considerations–adolescent development, parental influence on adolescent behavior, and parents' and adolescents' preferences–help clarify parents' roles in sexual socialization and professional

sex educators' roles in improving sexual literacy and health.

First, theories of adolescent development support the idea that while parents are, and should be, the primary socializing agents for most children, they may not be the best providers of specific factual information and social skills training.[14,15] During adolescence, a young person begins to create a new identity, building upon parental role models but turning increasingly from parents to peers and social institutions, such as schools, to define his or her own social values.[16,17] Erikson characterized this key developmental task as identity formation.[15] As part of normal development, adolescents form new peer relationships and become increasingly interested in romantic and potentially intimate sexual partners. In addition, adolescents crave privacy in a variety of realms, including matters related to their bodies and their relationships with peers. Consequently, parents often are the last persons an adolescent will consult for information about new physical and social realities; rather, peers, educators and other adults may become important new data sources and confidants.

Second, research on parental influences on adolescent sexuality suggests that while parents influence their children in critical ways, they rarely provide the type of information that schools or health programs do.[18] Parental monitoring and parent-adolescent relationship quality—forms of socialization—are strongly influential on adolescents' sexual behaviors. Parental monitoring, or supervision of adolescents' social activities, has been consistently associated with delayed sexual initiation and a decrease in sexual risk behavior.[19–22]

Adolescents who describe their relationship with at least one parent as warm and supportive, compared with those who do not describe their relationships this way, are more likely to delay the initiation of sexual activity and less likely to engage in frequent sexual intercourse.[23–25] Connectedness to family (as well as to school) is another important factor in reducing adolescent sexual risk-taking. When parents disapprove of adolescent sexual activity, adolescents are less likely to be sexually active and, if they are sexually active, tend to have fewer sex partners.[23,26,27]

By itself, however, verbal communication between parents and adolescents seems to have little or no influence on initiation of sexual intercourse or selected other sexual behaviors.[28] Many adolescents find it difficult to talk to their parents about sex, and the majority of parents, especially fathers, feel uncomfortable broaching the subject.[29,30] For example, in one study, adolescents reported that communications with their parents on sexual topics not only were infrequent, but commonly were limited in scope and included only certain family members (mothers and daughters, for example).[30] Parents often have incomplete or inaccurate information on issues such as the medical effectiveness and safety of condoms and other contraceptives. In addition, communication with parents about sexual matters often happens only after adolescents initiate coitus.[31] And finally, parents and adolescents often disagree on what was actually discussed, suggesting that parents may not be communicating the messages they think they are.

A third set of considerations pertinent to education and socialization are parent and adolescent preferences concerning sex education. Parents express support for a robust school-based program of sex education, as do large proportions of young people, who also value the input of their parents. A 2004 survey of the parents of middle school and high school students in the United States found overwhelming support for sex education in school: Ninety percent believed it was very or somewhat important that sex education be taught in school, and only 7% did not want it to be taught.[28] Most parents supported a comprehensive approach emphasizing abstinence, and only 15% wanted abstinence-only sex education.

A study from Israel asked adolescents about their degree of preference for each of four possible sites for sex education: home, school, clinics, and youth movement or community centers.[32] The majority of both males and females of all grades put school as their preferred source of sex education and home as their last choice; one-quarter of surveyed youth wanted parents to be their primary source. A study in the United Kingdom suggested that whatever their primary source of sex education, large proportions of adolescents preferred to receive additional information from parents (33%) and schools (34%).[33]

## REMAINING ISSUES

Clarifying the differences between sex education and sexual socialization does not solve all issues in the ongoing debate over sex education. Left to be clarified are the roles of health educators in teaching social skills and secular values. Many health education professionals support and are trained in the provision of instruction about social skills, such as how to refuse sex and negotiate condom use, as part of comprehensive sex education. However, teaching these skills may appear to undermine parents' values concerning proper sexual conduct. Likewise, the question of who is best prepared for and should be given the role of teaching secular values, such as responsibility, honesty and respect for diversity, remains unanswered. Schools have traditionally taught about such values as they relate to children's conduct in school and the formation of a strong citizenry. One can argue for a shared responsibility between parents and professionals in teaching about values, but parent beliefs will not always coincide with secular beliefs, particularly as they apply to sexual behavior.

## CONCLUSIONS

Both parents and educators have essential roles in fostering sexual literacy and sexual health. We believe that parents should play the primary role in imparting to their children social, cultural and religious values

regarding intimate and sexual relationships, whereas health and education professionals should play the primary role in providing information about sexuality and developing related social skills. Schools and health professionals should acknowledge and support the critical role of parents in sexual socialization. Parents, in turn, should support schools in providing sex education.

School programs' consultation with and involvement of parents is essential to supporting healthy, responsible sexual conduct among adolescents. We, however, believe that parents who oppose school-based sex education should not have veto power over sex education in schools or control over the content of sex education for other parents' children. Instead, research on sexual risk-taking and program efficacy should guide health professionals and educators in determining the content and form of classroom sex education. Importantly, new program models are needed to facilitate collaboration between parents, educators and health professionals to effectively provide sex education to young people. Components of these models might include a more explicit focus on values, electronic discussion groups to foster parent-teacher dialogue, Internet-based sex education for parents and development of joint statements of principles about sex education that involve educators and parents.

None of these statements imply that parents who are qualified and are comfortable dealing with the sex education of their adolescent children should not educate them. Indeed, accurate parental input can complement children's school-based sex education. However, parents are generally not prepared to provide complete education about sexuality. Therefore, health and educational systems have an obligation to provide sex education for adolescents and young adults.

Sex education in schools should treat social and familial values respectfully and professionally. We believe it is appropriate for educators to explore different belief systems, through classroom discussions, in a sensitive and respectful way. Sex education should promote youth dialogue about sexual values with parents and in religious, cultural and social organizations, while providing the skills training and factual information that all adolescents need.

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**Author contact:** *js2637@columbia.edu*