

RETHINKING SEXUAL EDUCATION

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The topic I will be talking about today is one of the most important issues that concern the health of our children. It is sexual health that cannot be accomplished without sexual education.

Today the youth in my country and, I believe, in many other countries are bombarded with information from the media (teenage newspapers, commercials, teenage soap operas, teenage movies) that are dominant in building up their attitudes... Parents don't have enough time to talk to their children about sexuality; sexuality is often a taboo and many of them may be grateful for not having enough time to talk about it.

Parental supervision can result in lower sexually transmitted disease rates in urban high-prevalence populations (Arch Pediatr Adolesc Med, July 1, 2004; 158(7): 666-670). Another article says given the independent association between the amount of unsupervised time and sexual behaviors (with STD rates suggestive of particularly risky sexual behaviors) and substance use behaviors, it is worth considering increasing youth supervision, if not by parents, then by programs organized at school or other community settings (PEDIATRICS Vol. 110 No. 6 December 2002, pp. e66).

Such circumstances often result in risky sexual behaviour of the youth and negative consequences, from the physical ones, such as unwanted teenage pregnancies and STDs to those referring to the whole person and their personal happiness now and in the future, such as later readiness and capability of a successful marriage and family life.

To help parents and teenagers many sexual educational programs and approaches have been started. Some of them are based on promoting abstinence; others are based on promoting contraception and "safe sex" if something as safe sex exists at all... There are only few programs that are dealing with sexuality and are focused on the whole person and sexual anthropology. One of them is the TeenSTAR program.

A universal approach in sexual education doesn't work because there are many cultural differences in understanding sexuality, its moral grounds, beliefs and epidemiological situation.

Unfortunately, due to the danger of infections many people think that the only thing that matters is to give condoms and contraceptives to teenagers and then they can do what they want because they will be safe. But this approach can promote risky sexual behavior because the sense of safety can push teenagers into promiscuity and risky sexual intercourses.

Recently I read the book "Rethinking AIDS prevention" by E. Green. There are some interesting data regarding AIDS prevention. The author is an anthropologist (Harvard University). Most of his professional life he worked in AIDS prevention - promoting condoms. He realized that the program that was introduced in Africa was only a slightly modified program as the one that was introduced to the population at risk in the USA (homosexuals, prostitutes, promiscuous persons...). He pointed out the example of some African countries that reduced the HIV infection incidence among the youth by promoting fidelity, abstinence...

Although the number of AIDS patients in Europe has been reduced, there is still an increased number of HIV infected persons. The condom is the fundamental in most programs in Europe and we all are aware that the condom is easy to get in Europe.

A Cochrane review meta-analysis was recently conducted of effectiveness when condoms were used consistently in heterosexual relationships by Weller S, Davis K. The review indicates that consistency results in 80% of the HIV incidence, and it is concluded that condom effectiveness is similar although lower than, that for contraception. Protection from the genital HSV is also limited.

The condom report that was presented by the US Government's Department of Health also states that condom effectiveness in preventing HIV infection is only 80% in heterosexual intercourse, it also stated the fact that condom does not protect from HPV infection that was revealed by many other articles.

Some authors think that there is also a very important cumulative risk and that the usage of condoms will only postpone acquiring HIV not prevent it for good. The primary behaviour and secondary behaviour changes ought to be implemented in every AIDS prevention programme.

So the programs that are dealing only with AIDS and are promoting a condom risk HPV epidemic, knowing that almost 15% of freshmen are infected with HPV - the leading cause of cervical cancer.

The use of combined oral contraceptives in the adolescent population is also controversial since there is a specific concern that these methods might interfere with the maturation of the hypothalamic-pituitary-ovarian system of postmenarchial adolescents. Also not many studies were performed on the influence of hormonal contraception on adolescent health.

The harder, but also more effective way to teach about sexuality is to talk with the young people about the meaning of sex, about love, and then they start to acquire new understanding of sex... We use this approach in TeenSTAR.

Teen STAR (Teaching Sexuality in the context of Adult Responsibility) is a holistic educational program for teenagers in cooperation with their parents. It helps a young person to make free, informed and responsible decisions and commitments.

The students learn about the male constant and female cyclic fertility. Simultaneously, they explore the emotional, physical, intellectual, social and, where appropriate, spiritual implications of growing into manhood or womanhood.

Unlike the so-called "authentic abstinent" programs, the Teen STAR program includes all the factual information about STDs and contraception. The students get lots of information, but at the same time they discuss and discover the meaning and value of human sexuality.

All program components are confidential and include informed voluntary participation, parental permission for minors, individual interviews, parent meetings, oral or written class work, questionnaires and evaluation.

The curricula are developmentally appropriate for: junior high: ages 13-14 (two semesters), high school: ages 14-16 (two semesters), college (a one-semester college-level program) and teen parents (secondary prevention). Teachers must be trained at a one-week training workshop, followed by supervised practice and are bound to attend the seminars aimed at permanent professional training.

Teen STAR program helps students to:

- reflect on their personal feelings and desires
- improve their identity and self-esteem
- understand better feelings and attitudes of the opposite sex

- examine and interpret sexual messages from the media
- strive towards developing healthy sexual attitudes
- become aware of their own fertility
- begin to recognize the power of procreation
- develop a respect for the gift of life
- be able to recognize the positive and negative consequences of sexual behavior
- be able to understand that sexual activity only finds congruity within a totally committed relationship
- be able to recognize the importance of quality communication within the family

The Teen STAR program was begun in 1980 by Hanna Klaus, M.D., who is today the executive director of the Natural Family Planning Center of Washington, D.C. At the moment the program operates in more than 30 countries all over the world.

Without "preaching" abstinence or promoting condoms, the program continues to show positive behavioral outcomes among students and demonstrates its ability to postpone sexual involvement.

The recent study presented at NASPAG (North American Society for Pediatric and Adolescent Gynecology) May 20, 2005 in New Orleans showed again that the Teen STAR program was effective in delaying sexual activity in teenagers (primary abstinence) and in increasing discontinuation of sexual activity (secondary abstinence) among the sexually active youth.

The results of another study, conducted in Chile and published in the Journal of Adolescent Health 36 (2005) 64-69, showed that the Teen STAR sex education reduced the rate of unintended adolescent pregnancy by more than five times. The study included 1259 girls from a Santiago high school, randomly assigned to control and intervention groups and followed up for 4 years.

In Croatia the Teen STAR program has been present since 1995, but its realization as an experimental program in the primary and secondary schools in Croatia began in the academic year of 2003/2004. The Teen STAR Association in Croatia was founded in 2003 and has been responsible for carrying out the Teen STAR program in Croatia.

During its ten-year long existence in Croatia the program has been presented to a few thousand people, mostly school teachers. Altogether 10 training workshops have been held and attended by more than 400 teachers who are now qualified to offer and lead the program with the pupils in their schools.

In the academic year of 2003/2004 the program was running as an extracurricular activity in 32 primary and secondary schools all over Croatia, was led by 50 trained Teen STAR teachers and attended by 780 young people.

In the academic year of 2004/2005 the program was led by 84 teachers in 57 schools. About 1300 young people were included in the program.

The Teen STAR program in Croatia also has an official recommendation issued by the Ministry of Science, Education and Sports in 1997, 2004 and 2005 and a positive expert opinion by the School Institute from 2003 and 2005.

(Web site international: www.teenstar.org; for Croatia: www.teenstar.hr)