

SEX EDUCATION: DO OUR TEENS NEED IT?

A

Presentation

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1.0 Introduction

Ladies and gentlemen, welcome to this thought-provoking presentation and let us together map out the direction we wish to see sexuality education take on this continent. We will not pretend to be pioneers in this endeavor, for most probably others have tried to walk the same path. Nevertheless, we can add to the pool of existing knowledge on the issue at hand.

It is my sincere hope that your wealth of experience and valuable contribution, your commends and positive criticism of this presentation, will go along way in shedding some light in favor of healthy, respectful, responsible and pleasurable sexuality, all of which hopefully culminates in convergence and documentation of sexuality-related issues in Africa. I will start by explaining the key issues regarding sexuality, then proceed to explore the place of sexuality education in our life and I will conclude with some recommendations.

Ladies and gentlemen, the implications of sexuality in our African culture make it anything but comfortable for us to address this topic. In my kamba culture for instance, the subject is taboo. One of my tribe's man confirmed this recently when he said that traditionally, sexual activity was performed in the house, at night when it was dark, when the animals and children were asleep, preferably under some cover. These are sacred and mysterious issues you know! In the African culture, sexual matters are discussed in public only when there is a problem. Even then, they are discussed in figurative language and among equals in age. May the African ancestors forgive

us for breaking the taboo this afternoon for neither are we all age-mates nor is figurative language going

1.1 Definition of key terms

When I talk about sexuality this afternoon I mean the feminine/masculine dimension marking the entire personality of every individual, from birth and lasting throughout the lifetime. Sexuality need not be confused with sex and procreation as we often do at the mention of the term. This paper presents sexuality as the total expression of who we are as embodied male and female persons. Sexuality embodies our values, mental attitudes, our beliefs, our emotions, spiritual, physical and psychological selves, as well as social and cultural aspects of relating to one another as male and female. Accordingly, all human relationships are inevitably sexual. Any situation involving both man and woman is experienced partly as a function of their respective sexual identity and in terms of the distinct role that each is called upon to perform. Sexuality is thus energy for our relationships, reaching out to another person. It is no wonder then, being comfortable in my own body enables me to relate more comfortably with you. Part of that sexuality also has its roots in religion. For Christians it is a God-given reality that defines our humanness and our experience of being embodied (Genesis 1 &2). The Quran does also teach the value of sexuality by emphasizing on the value of virginity for a woman before marriage.

From an African perspective, therefore, sexuality would mean the attitudes, values and relationships that we Africans attach to human interactions according to our culture and knowledge.

1.2 Attitudes of Africans towards Sexuality

African indigenous culture has no hung-ups about sexuality. It is clear in its affirmation of sexuality, that, it is good, satisfying and blessed. Hence, a mother confirmed this positive attitude towards sexuality when she said “you sigh with relief when your son experiences his first wet dream or your daughter her first menstruation. For then you confirm that all is normal.

Sexuality in indigenous Africa was looked upon as mysterious and sacred. If misused, evil surely resulted. Sexuality and its powers were understood as permeating every level of human existence. Hence the insistence that, boys behave as male and girls as female. Mbiti (1980) sums up the attitudes of indigenous Africans on sexuality when he observes that ‘on the whole, African peoples do not regard sex as something evil and hence something to be suppressed, even if it must be kept under control’ (p.11).

1.3 The value that Indigenous Africans Attach to Sexuality

The value that indigenous Africans attach to sexuality can be summarized in the following observation: ‘Infidelity and sterility block the channel through which the stream of life flows; they plug the persons concerned into misery, sever him/her from personal immortality and threaten the perpetuation of the lineage’ (Mbiti, 1980,

p. 135). And because the generation of life was a matter of concern to the whole community, there were strong sanctions against people who indulged in sex for selfish reasons.

It follows therefore that in almost all parts and cultures of Africa, all sexual acts that did not fulfill the conditions of marriage and childbearing, were condemned as deviant and severely punished (Benezeri et al, 1997). These are mono-sexual acts such as masturbation, homosexuality, rape and incest. In Iteso culture (Kenya) for instance, a person engaging in such sexual acts is referred to as a witch whose punishment could be death by spearing (Oduyoye et al, 1992).

In general, the norm for male-female relationships centers around marriage. Marriage is regarded as the sovereign regulator of sexuality. In fact the Quran upholds virginity and teaches that sex is only to be enjoyed within the context of marriage. Marriage is seen as the union of persons of opposite sexes for the purposes of procreation and rearing of children. Childbearing is a religious and social duty. In fact the African understanding of sexuality is supported by the Christian teaching on sex in marriage as a means to perpetuate God's creation, communicating love more than speech does, and making couples procreators with God (Kean, 1977). Kean's contention is that sex enables couples to understand their masculinity and femininity from a better perspective viewing sexuality as a gift that touches human persons on all levels of existence.

Contributing to the above debate, Mbiti (1980) asserts that Sexuality affects the physical, biological, psychological, emotional and spiritual growth of every individual at the same time determining the manner in which people relate to themselves and to others. It is with this realization that social groups and individuals have been supporting family planning initiatives to liberate the sexual act from procreation. Sexual union must not always lead to procreation, for if it did, then it becomes very difficult to justify sexual union among infertile partners. One of the major discussion points now concentrates upon the right of everybody to get pleasure from experiences of sexuality. This can be witnessed in the campaign to change female genital mutilation (FGM). In fact, Africa and Kenya in particular is notorious for abuses of sex associated with gender roles and the confusion between the cultural interpretation of the female/ male with femininity or masculinity leaves one uncertain about the place of sexuality in the changing world.

I feel the urge to mention here that, we could simply not discuss this topic without bringing in the idea of boundaries. Boundaries need to be understood, accepted and exemplified in family from an early age. The boy-child and the girl-child need to know that he/she can only be one but not both hence parents and care-takers must educate the child on these differences. It would be valuable if every parent gave proper terminology of sexuality to children in vernacular at first, then, in more universal terms as children's cognition develops. This may help them to know and appreciate their sexuality hence reduce early child marriages and promiscuity which are a currently occurrence and

abuses which destroy the ability to enjoy mature sexual relationships. The sex act of intercourse is not the most important, rather the culmination of sexual relationship within marriage. We may even ask, why do some people forego marriage? Does this deny them their sexuality?

In summary, I have attempted to show in this first part that indigenous Africans valued sexuality and that they regarded it as something sacred.

Now I want to focus on the issue of education and how it relates to sexuality. I have shown that sexuality is the core aspect of being a human being. This being the case, I think we have a responsibility to educate people about it. I now want to look at whether we face up to that responsibility or not.

1.4 Sexuality education.

The issue of sexuality education has become an exceptionally controversial one. The mere mention of sexuality education gives rise to many questions. But before one can ask questions there needs to be clarification and a definition must be given. Sexuality education as defined by SIECUS (Sex Information and Education Council of the U.S) is, 'a lifelong process of building a strong foundation for sexual health through acquiring information and forming attitudes, beliefs and values about identity, relationships, and intimacy. This education takes place on a daily basis in homes, schools, faith-based institutions and through the media. Its curricula encompasses sexual development,

reproductive health, interpersonal relationships, affection, intimacy, body image and gender roles. It is a curriculum that teaches knowledge, behaviors, attitudes and skills that promote committed family relationships, healthful relationships, good character, healthful sexuality and reproductive health. Sexuality education seeks to assist children in understanding a positive view of sexuality, provide them with the skills about taking care of their sexual health and help them to acquire skills to make decisions now and in the future.

Sexuality education addresses the biological, socio-cultural, psychological and spiritual dimensions of sexuality from the cognitive domain (information), affective domain (feelings, values, and attitudes), and the behavioral domain (communication and decision-making skills). Such education enables the young person to know him/herself and hence relate comfortably with others. This is contrary to the misconception that sexuality education encourages sexual activities (Kavivya, 2003). Three (3) studies on the impact of sexuality education on number of sexual partners found a significant decrease in partners (Grusec et al., 1997, Zabin, 1992) and seven (7) studies found no impact (Baldo, 1997, Kirby, 1994) and none found a significant increase. Once more, this is strong evidence that sexuality education programs do not increase the number of sexual partners.

Proponents of sexuality education maintain that sexuality programs teach: knowledge and skills of critical issues related to sexuality, e.g, intimacy, human relationships, sexual identity and gender roles, reproductive anatomy and body image, puberty and the reproductive

anatomy, emotional aspects of maturation, the value of abstinence among teens who are not sexually active, alternative methods of contraception and HIV/STD prevention and the health consequences of avoiding contraceptives and prevention methods among sexually active youth. It is evident that these programs teach so much more than sex. And as human beings, our sexuality is part of our identity. However, the plan of sexuality education includes many aspects of life not only sexual intercourse.

While we may have a plan for ‘how’ and ‘what’ to teach, we also must decide ‘what’ not to teach. The topics mentioned above are standard for a comprehensive sexuality education program that not only teach about responsible sexual activities, but also teach about the struggle of stress, peer pressure, drugs, relationships, and decision-making.

So what ‘don’t’ we teach? Some of us may agree that the most controversial program is the Abstinence- Only Programs. Sexuality education programs need to include discussion on abstinence, but it should not be the only choice. Abstinence only programs promote ‘no-sex’ as the only way to go. These programs include conversations about character building and values, but they neglect reality. We know that teenagers are having sex. ‘Kids are continuing to try sex at an ever more tender age: more than 1/3 of 15-year –old boys have had sexual intercourse, as have 27% of 15-year-old girl (Gibbs, 61) and telling them to ‘just say no’ is not going to change their minds’. Not only are these kids having sex, but they are obviously having

unprotected sex. I am not saying that sexuality education will stop them from having sex, but maybe some of these teenagers will think twice before having unprotected sex. Thinking is the goal of sexuality education programs. Teenagers need to think before they act in many aspects of life, but in sexual contexts even more.

I am not denouncing the practice or the teachings of abstinence, but when it is the only teaching it becomes dangerous. It would be wonderful if everyone were prepared to practice abstinence until they were married, but it is not happening especially among teenagers. For those who are not sexually active yet, abstinence should be encouraged, but what about those who are already sexually active and do not want to stop? Options need to be created. Abstinence takes the options away. When 66% of high school boys and girls have already had sex, the issue has to be addressed to protect them (http://speakout.com/activism/issue_briefs/1086-1.html)

1.5 Sources of Sexuality Education

Have you ever asked yourself from where do young people learn about sexuality? The fact is, sexuality education begins at home. Parents and caregivers are and ought to be the primary sexuality educators of their children. Teachable moments and opportunities to discuss sexuality issues with children occur on a daily basis.

From the moment of birth, children learn about love through touch, and relationships. Infants learn about sexuality when their parents talk to them, dress them, show affection, play with them, and teach them the names of the parts of their bodies. And as children grow into

adolescence, they continue to receive messages about sexual behaviors, attitudes and values from their families and within their social environment.

Some parents and caregivers are comfortable discussing sexuality issues with their children. Other parents feel anxious about providing too much information or are embarrassed about not knowing answers to questions that children ask. Honest, open communication between parents and children through childhood, the pre-teen years, adolescence, and young adulthood can help lay the foundation for young people to mature into sexually healthy adults.

Young people also learn about sexuality from other sources. These include friends, teachers, neighbors, television, music, books, magazine (eg. ** show a magazine), advertisement and the inter-net. These things will bring increasing pressures for young people. It is established that 50% of inter-net sites concern sex. Perhaps we could begin to think of sexual pleasure as a human right. Children also frequently learn through planned opportunities in faith communities, community based agencies and schools.

1.6 Sexuality Education in the Home

What is the situation like? Are parents and children today comfortable discussing sexuality? Where are you in this, be you a parent sitting in this room this afternoon? Where were you in it in your infant, teen and adolescent and young adult years? Has anything changed for worse or better?

Available literature and research testify to the fact that parents and children have a wide range of comfort levels when it comes to discussing sexuality. This is irrespective of race, color, social class, tribe etc. However, children consistently report wanting to receive information about sexuality from their parents.

The guidelines for comprehensive Sexuality Education study conducted in the United States of America on 687 students found that:

- ◆ In grades 9 through 12 year olds, 38% said they wanted to talk to their parents about sex. Of the 405 parents surveyed for this study, 58% felt that their teens wanted to talk to them about sex (National guidelines Task Force, 1996).
- ◆ In study conducted of 374 parents of students in grades 7 through 12 found that 65% of parents were ‘somewhat comfortable’ or ‘very comfortable’ talking to their teens about sexuality (Jordan, et al., 1998).
- ◆ Talking with kids about Tough Issues, a study released in 2001 by the Kaiser Family foundation, surveyed 1,249 parents of children aged 8-15 years and 823 children in that age group. The findings of this study were: 32% of children were ‘very comfortable’ and 45% were ‘kind of comfortable’ talking to parents about HIV/AIDS, 27% were ‘very comfortable’ and 29% were ‘kind of comfortable’ talking to parents about the basics of sexual reproduction while 43% were ‘very comfortable’ and 38% ‘kind of comfortable’ talking to their

parents about what it means to be gay (The Henry J. Kaiser Family Foundation, 2000).

If you are a parent sitting in this room this afternoon, allow me to offer this challenge to you: Do you talk to your child/children about sexuality? For those of you whose children are grown up and out of your house, did you talk to them while they were growing up? In other words are you or have you ever been a channel of sexuality education in your home? These and many others are questions that need answers if sexuality education is to find root in a society that today's child find very turbulent.

Research shows that parents and children do discuss numerous issues related to sexuality, but that, the frequency of these discussions and the topics covered vary as indicated in these researches:

- In a study published by the Journal of School Health, almost all parents (94%) reported that they had talked to their teens about sexuality. However, only 9% of parents believed that most parents adequately communicated with their teens about sexuality (Jordan, 1998). In this study, parents reported speaking 'a great deal' or 'a moderate amount' with their children about the responsibilities of being a parent (46%), STD (40%), dating relationships (37%), and not having sexual intercourse until marriage (35%). In contrast the parents reported that they spoke to their children 'not very much' or

‘not at all’ about masturbation (79%), prostitution (68%), pornography (63%), and abortion (55%).

The Henry J. Kaiser Foundation (2000) notes that parents and children do not always agree about the content or frequency of their conversations. In talking to Kids About Tough Issues, 59% of 8 to 11 year olds whose parents say they talked to them about HIV/AIDS, do not recall the conversation, nor do 39% of 8 to 11 year olds whose parents say they talked to them about the basics of sexual reproduction, or 36% of 8 to 11 year olds whose parents say they talked to them about puberty. In another study, 98% of parents felt they had communicated with their children about alcohol use, drug use, and sex while only 76% of teens said these discussions took place (Teen Today, 2000).

It might be important to mention that when I started preparing this paper, I had hoped to access local empirical studies on this topic. My hopes were almost shattered when my search for what has so far been written in Kenya proved fruitless. However, this remains a challenge for us to re-direct our research interests and provide literature for the local populace. I need to mention that most of the studies referred to in this paper are USA studies. We therefore need similar studies in Kenya.

One of the reasons that has made parents to abdicate their role in their teens sexuality education especially in Kenya today is a feeling that the school and the teachers can replace the parent in imparting this education. The role of the parent as the adult mentor cannot be

overestimated. Children consistently rank their parents as one of their primary sources of information on sexuality issues and studies have shown that adult-child communication can decrease sexual risk behavior. A 1999 study by the Kaiser Family Foundation found that 55% of adolescents 10 to 12 years of age and 45% of adolescents 13 to 15 years of age said that they personally learned the ‘most’ about sexuality from their parents. In addition, a study of the role of adult mentors found that youth who reported having a mentor were significantly less likely to have had sexual intercourse with more than one partner in the six months prior to the study than their peers who reported having not had an adult mentor (Beier, et al, 2000).

1.7 A Review of the Debate on Sexuality Education

Out of all the social influences of sex education one is particularly vocal in its opposition and that is religion. Most religions are nervous about sex education and the Catholic Church is especially sensitive to the issue of condoms. It is to be remembered that plans to introduce sex education in schools were among the main items discussed during the 1994 Cairo Conference. This was to be a major component of the reproductive health care package that was presented at the conference. The agenda was however, controverted by the Roman Catholic Church (RCC) who argued that it aimed at giving contraceptives to the youth. The church urged parents not to allow their children to be taught sex education in school. In fact parents opinion on sex education in Kenyan schools is divided. A study by Kavivya (2003) on the policy of the Catholic Church on family planning (FP) and its influence on fertility behavior in Kangundo Division, Machakos

District reveals that Christians in Kenya are seemingly divided on the issue of sex education. The study indicates that 80.90 % protestants and 46.7% Catholics supported the introduction of sex education in schools. Of the total respondents, 81.8% health workers supported introduction of sex education. In this study, those who favored sex education argued that it would provide knowledge to schoolchildren on the consequences and evils of irresponsible premarital sex as well as on the dangers of premarital pregnancies. Additionally, the group in favor of sex education in schools reported that in most cases, the youth learn about sexuality from experiments, which sometimes result in pregnancy. Such experiments could be avoided if sex education was taught in schools. Sex education would also help the youth to know more about the biological development of their bodies and the implications of the same. Primary school boys and girls are already engaged in sex and they are likely to continue to engage in premarital sex with or without sex education (Ndiragu, 2000).

This paper takes cognizance of categories of people opposed to the introduction of sexuality education. Such groups argue that the youth do not need sexuality education for it would lead to more sexual immorality at too early age, resulting to more teenage pregnancy, back-street abortions and further spread of HIV/AIDS. There are also some faith-based groups that argue that knowledge from sex education could lead to the practice of FP by the youth, affecting negatively their sexuality and also their bodies (Kavivya, 2003).

In summary, this paper wishes to argue that sexuality education would prepare youth for adulthood by creating awareness on sexual development. The paper observes that parents are no longer counseling their children on sexuality as most of the time the children are in school. So why not bring sexuality education to the environment of the child?

Research on sexuality education provides evidence that sexuality programs do not hasten the onset of sexual intercourse, do not increase the frequency of sexual intercourse, and do not increase the number of partners sexually active teens have (Kirby, 2001). Further findings from this study reveal that sexuality and HIV education do not hasten sexual activity, education about abstinence and contraception are compatible rather than in conflict with each other, and that making condoms available does not increase sexual behavior (Kirby, 2001).

Further, research has shown that sexuality and HIV education curricula that discuss abstinence and contraception do not hasten the onset of intercourse, do not increase the frequency of intercourse, and do not increase the number of person's sexual partners. (UNAIDS, 1997). In this report, UNAIDS examined 68 reports on sexuality education from France, Mexico, Switzerland, Thailand, the United Kingdom, the United States and various Nordic countries. The review found 22 studies that reported that HIV and/or sexual health education either, delayed the onset of sexual activity, reduced the number of sexual partners, or reduced unplanned pregnancy and STD rates. The review also found that education about sexual health and/ or HIV does not encourage increased sexual activity. The authors hence concluded

that good quality sexual health programs helped delay first intercourse and protect sexually- active youth from pregnancy and sexually transmitted diseases, including HIV (UNAIDS, 1997, Grunseit et al., 1997). This contradicts opinion that may currently be held by groups opposed to introduction of sex education in schools (Kavivya, 2003).

At this point I wish to make some recommendations towards implementation of effective sexuality education programs. These recommendations are supported by a study carried out in the USA by Kirby (2001) who advises that effective sexuality programs:

- Include activities that address social pressures associated with sexual behavior
- Provide modeling and the practice of communication, negotiation, and refusal skills
- Incorporate behavioral goals, teaching methods, and materials that are appropriate to the age, sexual experience, and culture of the students
- Last a sufficient length of time to adequately complete important activities adequately
- Provide basic, accurate information about the risks of unprotected intercourse and methods of avoiding unprotected intercourse.

And once again, I wish to repeat that due to scarcity of local empirical studies, this paper tends to rely heavily on Western empirical evidence in support of its arguments. The challenge for present day scholars in Africa may be to replicate such studies on this continent.

The stance held by this paper is that the Ministry of Education in consultation with other stakeholders, find ways and means of providing this important knowledge with a view to helping the youth grow into integral persons, reducing premarital sex, teenage pregnancy, unsafe abortions, further spread of HIV/AIDS, and thus reduce cases of school drop outs and deaths. The paper strongly recommends the training of teachers in sex education so as to handle the subject with competence.

It is the hope of this paper that once in place, these sexuality programs will:

- Provide accurate information about human sexuality
- Provide an opportunity for young people to develop and understand their values, attitudes, and beliefs about sexuality
- Help young people develop relationships and interpersonal skills
- Help young people exercise responsibility regarding sexual relationship, including addressing abstinence, pressures to become prematurely involved in sexual intercourse, and the use of contraception and other sexual health measures.

It is important to acknowledge that the above recommendations are supported by The Koech Inquiry into the Education System of Kenya (1997) that advocates the inclusion of health and gender education as core subjects for the certificate teacher training curriculum.

1.8 Conclusion

In view of the fact that today the child spends almost $\frac{3}{4}$ of his/her day in the school, in addition to 'absent' parent, and dying traditional norms, this paper strongly recommends that learning institutions accept the responsibility for strengthening sexuality education. The paper thus views school-based sexuality education as complementing and augmenting religious and community groups, and health care professionals. This paper contends that the primary goal of sexuality education is to help school-going children build foundation as they mature into sexually healthy adults. Sexuality education would thus seek to assist young people in developing a positive view of sexuality, provide them with information and skills about taking care of their sexual health, helping them to make sound decisions now and in the future. In this way, schools can help in ensuring that future generations have a healthy, respectful, responsible and pleasurable approach to sexuality. Such an enormous task for the teacher would mean that he/she has adequate self-knowledge, is engaged in continuous human development and is comfortable with his/her sexuality. Over and above, the training of school-teachers especially at certificate and diploma level need to be restructured in view of producing competent teachers to teach sex education in schools. There can be no sex education taught in schools unless governments and other stakeholders are ready to avail resources for it.

THANK YOU.

REFERENCES

Aduoye, M.A., et al, eds (1992). *The Will to Arise. Women, Tradition, and Culture in Africa*, Maryknoll, New York: Orbis Books.

Beier, S.R., et al, (2000). The Potential Role of an Adult Mentor in Influencing High-risk Behaviors in Adolescents, “*Archives of Pediatrics & Adolescent Medicine*”, April 2000, vol. 154, pp327-31.

Benezeri K., et al, (1977). *African Christian Marriage*, London and Dublin: Geoffrey Chapman.

Gibbs, N, (1993). *How Should We Teach Our Children About Sex?* Time 24 May 1993: 60-63.

Grunseit, A. Kippax, S., Aggleton, P., Baldo, M., & Slutkin, G. (1997). Sexuality education and young people’s sexual behavior: A review of studies. *Journal of Adolescent Research*, 12:421-453.

Jordan, T.R., et al., (1998). Rural Parents’ Communication with their Teens about Sexual Issues, ‘*Journal of School Health*, vol.70, NO. 8, PP.338-44.

Kavivya, C.M., (2003). *The policy of the Catholic Church on Family Planning and Infertility Behavior in Kangundo Division, Machoakos District*. Unpublished, PH.D Thesis, KU Library.

Kean, P.S., (1977). *Sexual Morality: A Catholic Perspective*, New York. Paulist Press.

Kirby, D. (1984). *Sexuality Education: An Evaluation of Programs and Their Effects*, An Executive Study. Mathtech, Inc., Santa Cruz, CA.

Kirby, D., (2000). *What does the Research Say about Sexuality Education/ ‘Education Leadership’*, Oct.2000, p.74.

Kirby, D., (2001). *Emergency Answers: Research Findings on Programs to Reduce Teen Pregnancy*. The National Campaign to Prevent Teen Pregnancy, May 2001.

Koech, D.C., (1997). *Totally Integrated Quality Education and Training (TIQET)* Report of the Commission of Inquiry into the Education System of Kenya. Nairobi.Kenya.

Mbiti, S.J., (1980). *Love and Marriage in Africa*, London: Longman Group Limited.

Ndirangu, J.M., (2000). *Youth in Danger: A handbook for Teachers, Students, Parents, Pastors and Community Workers*. Nairobi, Kenya. Uzima Press.

National Guidelines Task Force, *Guidelines for Comprehensive Sexuality Education, 2nd Edition, Kindergarten- 12th Grade* (New York: Sexuality Information and Education council of the United States, 1996) p. 6.

Teen Today, (2000). *Liberty Mutual and Students Against Destructive Decisions/Students Against Drunk Driving* (Boston, MA, Students Against Drunk Driving, 2000).

The African Bible, (1997). *The African Bible*: Pauline Publications Africa. Nairobi, Kenya.

The Henry J. Kaiser Family Foundation, (2001). *Talking with Kids about Tough Issues: A National Survey of parents and Kids, Questionnaire and detailed Results* (Menlo Park, CA: The Henry J. Kaiser Family Foundation, 2001) pp. 16-17.

UNAIDS, (1997). '*Sexual Health Education Does Lead to Safer Sexual Behavior- UNAIDS Review*', Press Release, Joint United Nations Program on HIV/AIDS, October 22, 1997.

Zabin, L.S (1992). School-linked reproductive health services: The John Hopkins Program. In B. C Miller, J.J. Card, R.L. Paikoff, & J. L. Peterson (Eds.), *Preventing Adolescent Pregnancy* (p. 156-184). Newbury Park, CA

