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# Rationale

Educating young people about sex and sexuality is one of the most controversial areas of the school curriculum and the community. Adolescents nowadays receive a wide range of conflicting and often confusing messages about sexuality and gender on a daily basis. Lack of appropriate information, skills and awareness makes it difficult for adolescents to be assertive and make informed decisions on matters related to sex and sexuality.

This course will provide students with appropriate knowledge, skills, attitudes and values that will enable them understand issues of sex and sexuality and be able to teach the subject in schools confidently.

# Aim

To prepare and equip you with knowledge, values and skills in Comprehensive Sexuality Education and its importance in the school curriculum.

# Learning Outcomes

1. By the end of this course, you are expected to:
2. Discuss sex and sexuality freely
3. Explain the importance of comprehensive sexuality education
4. Analyse human development during adolescent years
5. Analyse families and their functions
6. Discuss gender and sexuality
7. Analyse friendship, love and relationship
8. Discuss parenting styles
9. Discuss sexual behaviour and peer pressure
10. Discuss sexuality for learners with special education needs
11. Analyse sexuality in the media

The course learning outcomes given above will form the basis of the units you will study under this Module. Each unit will have specific learning outcomes which you have to study in order for you to have a mastery of the unit.

# 

# Method of Teaching

The course is delivered through distance and face to face,in order to increase access. Also the course takes into consideration the underlying assumptions of successful professional development programmes as well as the principles of adult learning.

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# Assessment

**Continuous assessment 50%**

One Assignment 20%

One Test 20%

Presentations 10%

**Examination 50%**

**TOTAL 100%**

# UNIT 1: Introduction to Comprehensive Sexuality Education

## 1.0 Introduction

You may be aware that educating young people about sex and sexuality remains one of the most controversial and political areas of the school curriculum. You will observe that adolescents nowadays receive a wide range of conflicting and often confusing messages about sexuality on a daily basis. Lack of information, skills and awareness of their rights makes it hard for adolescents to participate in discussions about their rights and policies.

It is also during this time that they reach puberty, become aware of their sexual and reproductive rights and initiate their first romantic and sexual relationships. This transition may catalyze a range of challenges including HIV infection, other sexually transmitted infections (STIs), unintended pregnancy, low education attainment or dropping out of school.

## Learning Outcomes

1. By the end of this unit, you are expected to:
2. Explain the meaning of Comprehensive Sexuality Education
3. Give a rationale for teaching Comprehensive Sexuality Education in Schools
4. Discuss societal attitudes towards the teaching of sexuality education in schools
5. Distinguish the differences between the terms sex and sexuality,
6. Explore the different components of their sexuality.

## Contents

* 1. **Sex and Sexuality**

You are talking about it, and watching it where ever you go. But a lot of what you read, see and hear is inaccurate, confusing even harmful. A basic understanding of sex and sexuality can help you sort myth from fact and in turn make you deliver an effective lesson in sexuality education.

You may be aware that**Sex** refers to whether a person is male or female, whether a person has a penis or vagina. Many of you may have noticed on different forms you have completed for school or for public records such as passport, national registration card and drivers’ licence that there is often a question on the form called "Sex." You are required to check either male or female. Sex is also commonly used as an abbreviation to refer to sexual intercourse.

**Sexuality:** Is the total expression of who you are as a human being, your femaleness or your maleness. Our sexuality begins at birth and ends at death. Everyone is a sexual being. Your sexuality is interplay between body image, gender identity, gender role, sexual orientation, eroticism, genitals, intimacy, relationships, and love and affection. A person's sexuality includes his or her attitudes, values, knowledge and behaviors. How people express their sexuality is influenced by their families, culture, society, faith and beliefs.

**1.3 Comprehensive Sexuality Education**

Human sexuality is a vast and intriguing subject, affecting and being affected by so many things. It is unique, specific to each and every individual, and it is also universal. Most humans have sexual desires and urges that move us both physically and emotionally. At its best, sexual energy is a free, potent life force that can be used to enhance and heal, bring great joy, pleasure, self-esteem, physical and emotional well-being. It is a creative force, which fire our energy and a source of power.

However, in our culture, we think and talk about sex as something we do, rather than sexuality being something that we have and being sexual as something that we are. We talk little about feeling sexual or the emotional and relational reasons for sexual desire— about the fact that it is usually an “other” that we want to be sexual with. Our focus seems to be on how much sex we can have rather than how we want to express ourselves sexually.

It is important for you to understand that, Comprehensive sexuality education programming is based on scientific knowledge about human development, practices which promote sexual health, and the means to control one’s fertility. As evidenced in its four primary goals, comprehensive sexuality education, views sexuality as a health and human development issue. It supports education that will advance individual well-being and prevent physical and emotional problems. This type of sexuality education is age-appropriate, medically accurate, and it encourages adolescents to refrain until they are physically, mentally, and emotionally ready for mature sexual relationships. It also teaches how to explore personal values and to let these values guide relationships. In addition, it teaches how to set limits and how to deal with social, media, and peer pressure. It teaches adolescents how to avoid STIs and how to avoid pregnancy by providing information about contraception, how to obtain it, how to use it, and how to negotiate with a sexual partner for its use.

**1.4Importance of Comprehensive Sexuality Education**

Since the advent of HIV, the role of education in the HIV response has received increasing attention including the links between education and health, both of which are basic human rights (UNESCO: 2009).

Good health can positively affect educational outcomes by increasing enrollment, reducing absenteeism and drop-out, and improving cognitive performance and educational attainment. Education also is a key determinant of health: it develops the knowledge, values, attitudes and skills required to make informed choices and adopt healthier behaviours. While knowledge on its own is usually insufficient to motivate behavioural change, it is a prerequisite for the adoption of safer sexual behaviours and thus, the foundation for an effective HIV response strategy.

The introduction of comprehensive sexuality education in school has been designed to counter the threat of HIV and other STIs, and to help protect young girls against unintended pregnancy, provide the necessary skills to develop effective decision making and communication skills, explore values and attitudes. Lack of open communication and information regarding sexuality and sexually transmitted diseases fosters misperceptions, and may encourage high risk behaviors among young ones.

|  |
| --- |
| ACTIVITY 1  In your culture, how are the young people taught sexuality education?  Compare and contrast traditional sexuality education of your culture and comprehensive sexuality education as taught in schools today. |

A rights-based approach to Comprehensive Sexuality Education seeks to equip young people with the knowledge, skills, attitudes and values they need to determine and enjoy their sexuality – physically and emotionally, individually and in relationships.

* 1. **Common concerns about teaching sexuality in schools.**

You may have observed that there has been resistance from some quarters of the church, parent groups including educationists on the introduction of sexuality education in the school curriculum. Research findings have shown that most of the people against the teaching of sexuality education have little or no knowledge about sexuality education.



It has been argued that Sexuality education leads to early sex. However research around the world clearly indicates that sexuality education rarely, if ever, leads to early sexual initiation. Sexuality education can help lead to later and more responsible sexual behaviour

(UNESCO, 2009).

Some critics assert that including sexuality education in the school curriculum deprives young people of their “innocence”. Empirical evidence shows that getting the right information that is scientifically accurate, non-judgmental, age appropriate, well balanced and provided in a carefully phased process from the beginning of formal schooling is something from which all children and young people may benefit. In the absence of this, children and young people will often obtain conflicting and sometimes damaging messages from their peers, the media or other sources.

You may have heard others argued that sexuality education is against our culture. This is to the centrally. The development of sexuality education content for the school curriculum involves consultation of all major stakeholders like parents, traditional and civic leaders, Non-Governmental Organisations (NGOs) and the clergy. The input from all these stakeholders makes the content culturally acceptable and age appropriate.

The parents and the extended family arguably is the ideal set up for teaching sexuality education but you may have observed that the traditional family set up is no longer there especially in urban areas. Schools are the only vehicle that can be used to reach out to all young people.

You may also have heard arguments that some teachers may lack skills or are uncomfortable to teach sexuality education. The Ministry of Education has made sure that the teachers are trained and oriented in the CSE curriculum for them to effectively deliver the contents.

## Conclusion

You are aware that People have different feelings and opinions about sexuality. You have seen that even when people grow up near each other and share a similar culture or faith, they may have different values about sexuality.

"Sexuality" is different from "sex." Sexuality is a much broader term, has many components, and includes much more than sexual intercourse. Comprehensive sexuality education is an age appropriate, culturally relevant approach to teaching about sex and relationships by providing scientifically accurate, realistic, non-judgmental information. It provides opportunities to explore one’s own values and attitudes and to build decision making, communication and risk reduction about many aspects of sexuality. There for; Comprehensive Sexuality Education helps young people to:

* **Acquire accurate information** on sexual and reproductive rights; information to dispel myths; references to resources and services
* **Develop life skills** such as critical thinking, communication and negotiation skills, self-development skills, decision making skills; sense of self; confidence; assertiveness; ability to take responsibility; ability to ask questions and seek help; empathy
* **Nurture positive attitudes and values** Open-mindedness; respect for self and others; positive self-worth/esteem; comfort; non-judgmental attitude; sense of responsibility; positive attitude toward their sexual and reproductive health

Comprehensive Sexuality Education covers a broad range of issues relating to both the physical and biological aspects of sexuality, and the emotional and social aspects. It recognizes and accepts all people as sexual beings and is concerned with more than just the prevention of disease or pregnancy. CSE programmes should be adapted to the age and stage of development of the target group (IPPF, 2006).

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# UNIT 2: DEVELOPMENT DURING ADOLESCENT YEARS

## 2.1. Introduction

In this unit we will be dealing with issues of development during adolescent years and how it is affected by the environment. Human development is a continuous and systematic process which is supposed to be achieved in all dimensions of life such as physical, mental, social, moral, and emotional.

You are aware that the growth of an individual goes through phases which may or may not be distinct but distinguished by certain physical and behavioural characteristics. It is important for you as a student to identify and appreciate your physical sexual being. This unit will look at developmental outcomes in adolescent years and also give insight on how you can deal with peer pressure. As the human develops, a phase is reached where it is difficult to make decisions mainly due to influence from peers.

## 2.2 Learning Outcomes

By the end of this unit, you are expected to:

1. State the stages of human development;
2. Analyse the different developmental behaviours in humans;
3. Explain how the male and female reproductive system works;

## Contents

In trying to discuss adolescence, most of us tend to confuse the terms adolescence and puberty, and use them synonymously. However, **puberty** refers to the physiological changes involved in the sexual maturation of an individual, as well as other body changes that may occur during this period of time. **Adolescence** refers to the stage from puberty to adulthood, and includes the psychological experiences of the child during this period. Adolescence is described as being the teenage years from thirteen to eighteen years of age; however, puberty decides the onset of adolescence. Therefore, adolescence occurs in some children as early as **nine** years of age. During this period of time the child has a great deal of concern over his/her body image and any discrepancies in the child’s eye such as obesity, early or late maturation, may be manifested through a variety of disorders.

You should understand that during adolescence there is a large degree of psychological growth as children make adjustments in their personality due to the rapid physical and sexual development which are characteristic of this period of life. Adolescents face ongoing conflict and difficulty adapting to the sudden upsurge of sexual and aggressive drives. These changes cause unrest and confusion in the adolescents’ inner selves and in the way they perceive the world.

#### Puberty

Puberty refers to the physiological changes that the adolescent undergoes in order to reach sexual maturity. It is best characterized as the gradual onset of mature reproductive hormonal activity, triggered by the central nervous system, mainly the hypothalamus and pituitary gland. Most people look at puberty in three distinct stages railed the pre-pubescent, pubescent, and post-pubescent. The prepubescent stage includes the first evidence of sexual maturation—primary sexual characteristics—and terminates at the first appearance of pubic hair. During this stage, reproduction is virtually impossible. During the pubescent stage the growth spurt begins to accelerate, males experience their first emission of semen usually in the form of “wet dreams,” and menarche occurs in the females. The post-pubescent stage is characterized by the deceleration of growth spurt, completion of both primary and sexual characteristics, and fertility is possible.

#### The Anatomical Development of the Adolescent

Adolescent growth first centers on the extremities—the legs and arms during the early stages of adolescence. Changes also occur in the facial configurations of both sexes. Additional changes in proportion of the face are accredited to changes in tissue distribution. Even though both sexes undergo this change, within females a layer of subcutaneous fat develops which causes the rounding and softening of contours of the face and body. Whereas, the male subcutaneous fat development is much less pronounced, but the development of muscles and bones in the face is clearly seen. This gives the males a leaner and more angular face than the females.

Changes also occur on the surface of the body in both sexes. The most observable change is the growth on body hair, both pubic and axillary (armpit). The development of pubic hair is the first sign of a child ending the prepubescent stage and entering the pubescent stage. This process begins about the same time as the growth spurt begins, and is in the form of slightly coarse, straight hairs that grow at the base of the penis and an the labia majora. The growth of pubic hair continues throughout adolescence, it spreads horizontally and then vertically until it surrounds the genital areas. Characteristically, pubic hair becomes longer, thicker, darker and kinkier as it spreads over the genital areas. In males, the growth of facial and chest hair may be pronounced, and tends to represent virility in the eyes of the adolescent. Noticeable chest hair, with a thickness in texture does not usually appear until the post-pubescent stage and continues to grow during manhood. Facial hair usually appears in the form of a dark shadow above the lip. Then it appears on the chin, along the jaw line, and then develops along the neck. Females may also find small amounts of facial and chest hair.

Both male and female skin undergoes other changes, such as becoming coarser with the sebaceous glands becoming more active, producing oily secretions which usually help cause acne or blackheads. Sweat usually causes an odor in adolescents because the chemistry and composition of sweat is altered by the oils that the sebaceous glands emit. Adolescents also show an increase in their blood pressure, and a decrease in both basal metabolic rate the rate at which the body in a resting state (basal) consumes oxygen and in pulse rate.

#### 2.5The Onset of Puberty in Adolescents

Amazing as it may seem, sexual maturation is programmable for the primary sexual characteristics to begin their development, the pituitary gland must first release stimulating agents called gonadotropins into the bloodstream. Once they reach the testes in the male and the ovaries in the female, a number of changes will occur.

There are two gonadotropins: follicle stimulating hormone (FSH) and luteinizing hormone (LH). These gonadotropins are present in the adolescent during childhood, but at levels too low for sexual maturation to begin. At the beginning of puberty, the pituitary releases increased amounts of gonadotropins while the child is asleep and stops immediately after the child awakens. However, once the child enters the post-pubescent stage, gonadotropins are released both during sleep and during the day. In the ovaries, follicle stimulating hormone is responsible for the development of the follicle which contains a developing ovum (egg). Follicle stimulating hormone also helps produce the female hormone estrogen within the follicle when it is stimulated by luteinizing hormone. In males, FSH incites the growth of seminiferous tubules, which produce sperm in the testes. Luteinizing hormone is responsible for producing androgen male hormone in the Leydig cells. The androgen that the Leydig cells produce, aids in the growth on the seminiferous tubules. As the adolescent grows older, the pituitary releases increased amounts of gonadotropins, ovaries and the testes grow more rapidly, and produce larger amounts of estrogen and/or androgen.

#### Sexual Maturation in the Male Adolescent

Even though the male adolescent’s growth rate varies from child to child, a sequential pattern has been identified. The typical sequence of events occurs as follows:

(i) The testes and scrotum begin to increase in size.

(ii) Pubic hair begins to appear.

(iii) The penis begins to enlarge, and the adolescent growth spurt begins.

(iv) The larynx starts to grow and the voice deepens.

(v) Hair growth begins on the upper lip.

(vi) Nocturnal emissions (ejaculation of semen during sleep) may occur as sperm production increases.

(vii) Pubic hair becomes pigmented, and growth spurt reaches its peak.

(viii)The prostate gland enlarges.

(ix) Hair growth begins in the axillas (armpits).

(x) Sperm production becomes sufficient for fertility, and the growth rate decreases.

(xi) Physical strength is at its peak.

#### 2.7 Sexual Maturation in the Female Adolescent

Even though the female adolescent’s growth rate varies from child to child, a sequential pattern has been identified. The typical sequence of events occurs as follows:

1. The adolescent growth spurt begins.
2. Non-pigmented pubic hair (downy) appears.
3. The budding stage of development (breast elevation) and the rounding of the hip begins, accompanied by the beginning of downy axillary hair.
4. The uterus, vagina, labia and clitoris increase in size.
5. Pubic hair growth becomes rapid and is slightly pigmented.
6. Breast development advances, nipple pigmentation begins, and the areola increasesin size.
7. Axillary hair becomes slightly pigmented.
8. Growth spurt reaches its peak, and then declines.
9. Menarcheoccurs.
10. Public hair development is completed, followed by mature breast development and completion of axillary hair development.
11. “Adolescent sterility” ends, and the girl becomes capable of conception.

#### Menstruation

The menstrual cycle is controlled by the hypothalamus, which acts as a menstrual clock. The clock operates through the pituitary gland located at the base of the brain. The pituitary gland cyclically secretes two hormones which directly stimulate the ovary these hormones are follicle stimulating and luteinizing hormones. As follicle stimulating and luteinizing hormones act on the follicle, its cells multiply causing a large fluid—filled cavity to form. The growth and activity of the follicular cells result in the secretion of estrogen by the cells, and this hormone is found in the fluid of the follicle.

Luteinizing hormones cause the cells of the follicle to rupture and expel the ovum. Then the fluids and cells form a new structure called the corpus luteum. The corpus luteum is stimulated by the gonadotropins and initiates the production of the hormone, progesterone. Progesterone causes the lining of the uterus to change, thus getting it ready for the reception, embedding, and gestation of a fertilized ovum. The coordinated action of progesterone and estrogen makes the lining of the uterus an environment where an embryo can survive during pregnancy.

Menstruation occurs approximately every three to four weeks. If the ovum is not fertilized, most of the lining of the uterus mixed with blood is expelled through the cervix into the vagina. This bloody discharge is referred to as menstruation (menses) or a menstrual period. The entire cycle repeats itself with regularity throughout the reproductive life of the female. However, at its onset after puberty, menstruation may be irregular.

**2.5.0 Peer Pressure**

Are you aware that peers influence your life, even if you don't realize it, just by spending time with you? Peer pressure is the way you and your social group influence each other. You tend to do things that you have not necessarily chosen to do. You just do them because your friends are doing them. You learn from them, and they learn from you. It's only human nature to listen to and learn from other people in your age group. They can have both negative and/or positive influence.

As an individual you may give in to peer pressure because you want to be part of a famous group or you want to be liked. The way you react to suggestions from your peers depends on the information that you have on the subject.

Peer pressure is paramount during the adolescent stage of development in human beings. If not properly managed, it leads to risk behaviour such as alcohol and substance abuse. It can also include risk sexual behaviour such as indulging in pre-marital sex or having multiple sex partners. Some of the risk behaviours a peer may indulge in include, stealing, cheating and crazy dress code or hair style.

**Dealing with Risk Behaviour**

There are various ways of dealing with risk behaviours. This can be made easier with the help of parents or significant others. The following are some of the strategies you can use to help young people deal with peer pressure.

* Be a participant in the child's life, every day. Watch for slight changes in their dress, personality, or friends.
* Be in touch with their teachers;
* Encourage them to invite your children's friends over to their house.
* Lay down the ground rules and enforce them to give the teen a framework for understanding the world and punish accordingly when rules are broken.
* Encourage a relationship with the child that focuses **communication**. Ask about what's going on in their life. You may not always like the answers, but you will be in a **position to help** to make better choices.
* Take time to talk with teens. Adolescents want to be independent and dependent at the same time. On one hand, they want to assert their independence and on the other, they need their parents. Adolescents may not know how to talk about certain issues but they always hope a parent/guardian/adult will. They always expect to be talked to.
* Teach relationship skills; help them to know how to build relationships, what they like about their friends; what they get out of their friendship and what happens when they do not agree with their friends.

|  |
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| **Activity 2**  How would you react to the following case?  "My girlfriend keeps pleading with me to go all the way with her. She says 'everybody is having sex' these days, but I want to save myself for [marriage](http://www.webmd.com/sex-relationships/default.htm). All of my friends have had sex, and I really like my girlfriend. I don’t want her to think I’m some kind of prude. |

## Conclusion

Adolescence typically begins at puberty with onset of rapid growth and developing sexual maturity. Depending on how other people react, early or late maturation can influence adjustment: this illustrates how genes and environment interact in shaping our development.

Adolescents during this period want freedom from their parents and are very conscious of their self-concept.

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# UNIT 3: HUMAN SEXUAL ANATOMY AND PHYSIOLOGY

## 3.0. Introduction

If you are to understand sexual relations between individuals, you need to be aware of both the anatomy and physiology of sex and the attitudes and emotions that shape people’s feelings about their own sexuality and that of others. In this unit we will consider the first of these elements, the anatomy and physiology of sex. We will look at female and male sexual anatomy and describe the genitalia, or external reproductive parts, and then the internal reproductive systems of each sex.

## Learning Outcomes

By the end of this unit, you are expected to:

i. Identify and describe the basic anatomical features of the external female and male genitalia and the internal reproductive organs.

ii. Describe the functions of the main anatomical structures in the female and male reproductive system and their importance.

## Contents

Sherwood (2004) generally explains that the word “**anatomy”** is the study of **body structure**, while **physiology** is the study of **body functions**”. Hence the two words go together, meaning the study of body structure and functions.

In this unit we are going to look at the human anatomy that defines a person as male and as female.

**3.1 Human Sexual Anatomy and Physiology -** deals with major male and female reproductive structures, functions and hormones. Sexual behaviours and attitudes are influenced by emotional factors and socio-cultural practices of the society where an individual lives.

**Primary Reproductive Organs/Gonads** – consists of a pair of testes in males and a pair of ovaries in females. They perform dual functions which are;

1. Production of gametes (gametogenesis) as spermatozoa (sperms) in the male and ova (egg) in the female
2. Secretion of sex hormones mainly, testosterone in males and estrogen and progesterone in females.

The reproductive system in each sex includes a reproductive tract with a system of ducts specialized in transporting or keep the gametes after they are produced and the accessory sex glands that flow into these passage ways. In females, breasts are considered as accessory reproductive organs. The external visible organs of reproductive systems are known as “external genitalia.

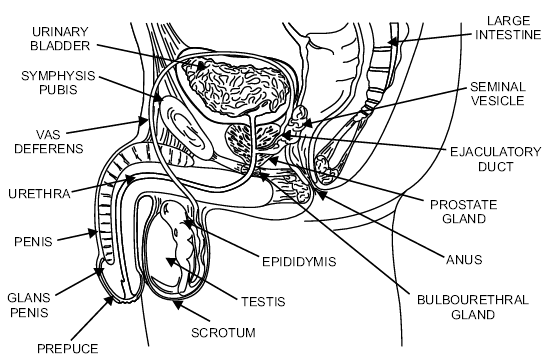
**3.2 Secondary Sexual Characteristics** – they are external characteristics which are not directly involved in reproduction but distinguish males and females. These are; body configuration and hair distribution. For example;

**Mal**es - Broader shoulders/muscular, beards, wet dreams, hair on the pubis and armpits, deepening of the voice and enlargement of the penis.

**Females -** curvier hips, growth of breasts, menstrual periods begins, and growth of hair on the pubis and armpits.

The different marks between male and female attract the opposite sex together with complexities of human society and cultural behaviour.

**3.3 Male Reproductive System and Functions**

There are external and internal structures that are important for reproduction

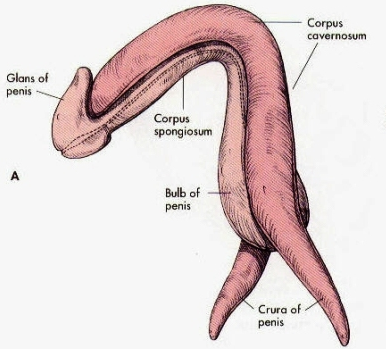
**Testes** – they are two structures that generate “immature sperms”

* they are suspended outside the abdominal cavity in a skin covered sac known as the scrotum lying between the legs.
* Male reproductive system is designed to deliver sperms to the female reproductive tract moving in liquid called semen.
* Sex glands provide semen

**Epididymis** – a long coiled tube connected to a testicle and stores maturing sperm. It is a ware-house

**Scrotum** – a sac that keeps the testes and testicles

**Prostate –** a gland that produces fluid nourishing sperm cells

**Penis** – sexually sensitive organ. It ejects semen. Sperm exit each testis through male reproductive tract consisting on each side of an epididymis, ductus (vas) deferens and ejaculatory duct. The pairs of reproductive tubes empty into a single urethra, a canal that runs the length of the penis and empties to the exterior.

**Semen** – a secretion containing sperm and fluids produced by accessory glands. Accessory sex glands include, prostate, seminal vesicle and bulbourethral

**Seminal Vesicle** – produce much fluid found in semen.

**Bulbourethral Glands** – are responsible for pre-ejaculatory fluid. It makes fluid that neutilises any acidity found in urethra due to urine and lubricates the urethra for the sperm to pass.

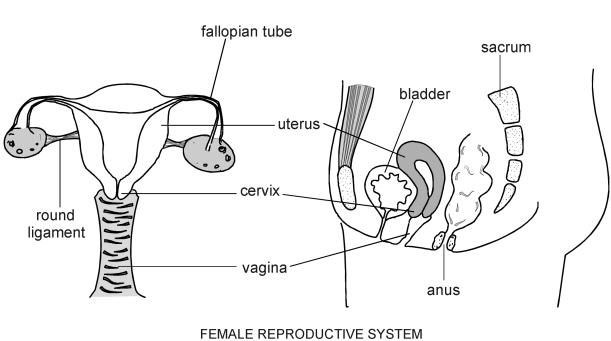
**3.4 Female Reproductive System and functions**

The female reproductive structures can be subdivided into internal and external structures. We will start by looking at the internal structures before going into the external structures.

**3.5 Internal Structures**

The several structures will be discussed in brief below. The figure below shows the female reproductive structures.

**Vagina –** welcomes man’s penis during intercourse. That is where the sperms are deposited. It is also called “Birth Canal” a passage for the baby at birth.

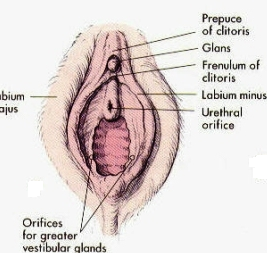
**Uterus/Womb** - that’s where the baby develops from inside the mother.

**Ovaries** – are structures that produce an egg that meets a man’s sperm to make a baby.

**Fallopian Tube/Oviduct** – it is a passage way for the egg, located between ovaries and uterus. It allows an egg to pass from ovary into uterus. It is the site where an egg is fertilized by sperm. Fertilization occurs in the fallopian tubes.

**Cervix** – It is the lower portion of the uterus. It opens up into the vagina. It allows the sperm to enter the uterus from the vagina to fertilize the egg. It is also the passage for the baby during birth.

**3.6 External Female Reproductive Structures**

**Labia Majora/Large Lips –** it encloses other external structures.

**Labia Minora/Small Lips** – they are smaller skin folds lying within the labia majora. Labia minora surround the openings to the vagina.

**Urethra** – a structure that empties the bladder keeping/storing urine that kidneys produce. It is a passage for urine from the bladder to the outside of the body.

**Pre-puce** – a structure that is formed by labia minora.

**Clitoris** – a structure that is sensitive to the penis and is covered by the prepuce. It is sexually sensitive.

**Vestibule** – an area enclosed by the labia minora. It is where urethra and vaginal openings are found.

**Vestubula Glands** – glands that open into vestibule, produce a lubricant that aids in sexual intercourse.

**Mons Pubis** – a prominence over the pubic bone acting as a cushion during intercourse.

External genital of female organs are called “Vulva”

Sherwood (2004), discusses the essential female reproductive functions and they include;

1. The production of ova
2. Reception of sperm
3. Transport of sperm and ovum to the uterus through the fallopian tube.
4. Maintenance of the developing foetus up to birth period
5. Birth
6. Nutrition of the infant, lactation period.

The ovaries and female reproductive tract lie within the pelvic cavity. It consists of the following components

* Two oviducts or fallopian tubes associated with two ovaries
* Uterus, a thick-walled hollow uterus primarily responsible for the maintenance of the foetus to develop.
* The vagina, a muscular expandable tube connected to the uterus to the external environment
* Cervix goes into the vagina containing small opening that is known as, cervical canal. It serves as a pathway for sperms and for delivering a baby.

**ACTIVITY 3**

* **Explain the difference between adolescence and puberty.**
* **Discuss secondary characteristics of males and females.**

**Conclusion**

The reproductive system in each sex includes a reproductive tract with a system of ducts specialized in transporting or keep the gametes after they are produced and the accessory sex glands that flow into these passage ways. In females, breasts are considered as accessory reproductive organs. The external visible organs of reproductive systems are known as “external genitalia.

Secondary Sexual Characteristics – they are external characteristics which are not directly involved in reproduction but distinguish males and females. These are; body configuration and hair distribution. For example;

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The different marks between male and female attract the opposite sex together with complexities of human society and cultural behaviour.

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# REFERENCES

**Precribed Readings**

Guyu, J., (1992): **Learning Human Anatomy: A Laboratory Text and Work book**: Appleton and Lance: Columbus.

**Recommended Readings**

Sherwood, L., (2004): **Human Physiology**: Brook/Cole: United States

Woofolk, A., (2008): **Educational Psychology: Active Learning Edition**: Pearson: Singapore

# UNIT 4: FAMILIES

## 4.0. Introduction

In humansociety, a family is a [group](https://en.wikipedia.org/wiki/Social_group) of [people](https://en.wikipedia.org/wiki/People) affiliated by consanguinity (recognized by birth), or [affinity](https://en.wikipedia.org/wiki/Affinity_%28law%29) (by marriage). Members of the [immediate family](https://en.wikipedia.org/wiki/Immediate_family) include spouses, parents, brothers, sisters, sons and/or daughters. Members of the extended family may include grandparents, aunts, uncles, cousins, nephews, nieces, and/or siblings-in-law. Sometimes these are also considered members of the immediate family, depending on an individual's specific relationship.

This unit will discuss nuclear family, family of procreation, parent and child conflict, stigma effects of STIs and HIV / AIDS on families.

## Learning Outcomes

By the end of this unit, you are expected to:

1. Identify different types of family structures
2. State the importance of good family relationships
3. Discuss parent and child conflict
4. Analyse effects of HIV/AIDS and stigma on families

## Contents

**4.1. Family structures**

You know that the family is one of the primary groups of society, concerned with face-to-face relationships. Definitions of “family” vary, partly because they tend to be developed for different purposes. Defining family frequently involves drawing boundaries that identify the persons who are to be included as “family” and those who are to be excluded. Family boundaries are fluid, and change through partnership formation and separation, as well as births and deaths. This fluidity along with other socio-cultural forces contributes to the diversity that exists in family forms.

You may be aware that Sociologist Giddens (2008, 206) defines a family as “a group of persons directly linked by kin connections, the adult members which assume responsibility for caring for children”. Throughout history you may have noticed that families have undergone profound changes and will continue to do so as their members respond to the pressures, opportunities, and constraints they experience from within and beyond their bounds. Family transitions both reflect societal trends and fuel further changes, including population size and structure, the economy, the physical environment, and social values. Family-level changes include those relating to the prevalence of different family structures or forms (such as single-parent families and couple families with and without children); the paths leading to these various forms; and some of the ways that families operate or function, including the roles that parents have in families. Nevertheless, some of the fundamental things about families do not change. Most importantly, they remain the basic unit of society—a unit in which much “caring and sharing” occurs—and importantly, the site in which most children are raised (Noller, 2012). As such, families play a central role in shaping the health and well-being of all immediate family members.

**Kingship**

These are connections between individuals established either through marriages or through the lines of descent that connect blood relatives.

**Marriage**

Giddens (2008.206) defines it as a socially acknowledged and approved sexual union between two adult individuals.

Patrilocal Residence

Patrilocal residence is structured by a rule that a man remains in his father's house after reaching maturity and brings his wife to live with his family after marriage. Daughters, conversely, move out of their natal household when they marry.

Patrilocal Residence

*Fig 4.1 patrilocal structure*

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| patrilo1 |

In the initial stages of household development a married son (C) brings his wife (G) into his father's household, while a married daughter (F) leaves to reside with her husband.

Matrilocal Residence

Matrilocal residence is instituted by a rule that a woman remains in her mother's household after reaching maturity and brings her husband to live with her family after marriage. Sons, conversely, move out of their natal household after marriage to join their wife's household. It can take on a number of forms, some, but not all of which occur within matrilineal societies. Non-standard cases include societies with bride service, in which a man moves in with his wife's family but sets up his own household after his obligations are met.

Matrilocal family patterns can be illustrated as follows:

*Fig 4.2 Matrilocal Residence*

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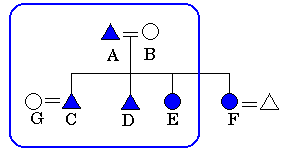
In the initial stages of household development a married daughter (C) brings her husband (G) into her mother's household, while a married son (F) leaves to reside with his wife.

**Residence Rules**

In most societies, newly married couples do not establish their own residence but instead become part of an existing household or village occupied by relatives.  Which relatives are favored is culturally prescribed.  However, there are a few common patterns around the world including patrilocal, matrilocal and neolocal residence.  In order to understand the rationale for each of them, it is essential to know that the most important determining factor is the specific type of kinship system.  Of secondary importance usually are economic concerns and personal factors.

You know that**patrilocal residence** occurs when a newly married couple establishes their home near or in the groom's father's house.  This makes sense in a society that follows patrilineal descent (that is, when descent is measured only from males to their offspring, as in the case of the red people in the diagram below).  This is because it allows the groom to remain near his male relatives.  Women do not remain in their natal household after marriage with this residence pattern.  About 69% of the world's societies follow patrilocal residence, making it the most common.

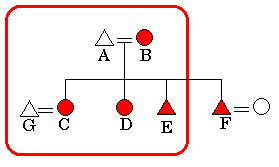
*Fig. 4.3 Patrilocal Residence*



In the initial stages of household development a married son (C) brings his wife (G) into his father's household, while a married daughter (F) leaves to reside with her husband

You also know that**matrilocal residence** occurs when a newly married couple establishes their home near or in the bride's mother's house.  This keeps women near their female relatives.  Not surprisingly, this residence pattern is associated with matrilineal descent (that is, when descent is measured only from females to their offspring, as in the case of the green people below).  Men leave their natal households when they marry.  About 13% of the world's societies have matrilocal residence.

Fig.4.4.*Matrilocal residence*



In the initial stages of household development a married daughter (C) brings her husband (G) into her mother's household, while a married son (F) leaves to reside with his wife.

It is also important for you to know that**Neolocal residence** occurs when a newly married couple establishes their home independent of both sets of relatives.  This is now a common feature of most marriages in Zambia. It is popular and common in urban area today largely because most people think it suits the cultural emphasis on independence.  However, economic hardship at times makes neolocal residence a difficult goal to achieve, especially for young newlyweds.  Elsewhere, neolocal residence is found in societies in which kinship is minimized or economic considerations require moving residence periodically.   Employment in large corporations or the military often calls for frequent relocations, making it nearly impossible for extended families to remain together.

**4.3. Types of Family**

***Nuclear Family***

How many siblings do you have? Do you still live with them? Are your biological parents still together or are they divorced?

You know that nuclear family comprises basically father, mother and siblings. In Zambian society you may have observed that nuclearfamily is increasing nowadays. As an adult you belong to a family of orientation in which you were born and reared. This family includes your father, mother, brothers and sisters. As an adult do you also belong to a family of procreation which is established by marriage and includes your biological children?

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| **Activity 4**  ACTIVITY 4.1  Carry out a brief survey around were you live and establish factors that has led to the disintegration of the extended family system in Zambia. |

***Extended Family***

In most rural set up and in some cases in urban areas in Zambia some households contain more than two generations and/or siblings, aunts or uncles of the parents, or cousins of one of the generations. For instance, a grandparent may live with an adult child, while in other cases a single-parent family may move with the children to live with the parents.

In traditional Zambian set up the entire village had the responsibility for raising children to become healthy, well-adjusted, and contributing members of society. The extent to which these ends were achieved varied with circumstances, constraints, and opportunity. Parents were also expected to ensure that their family is linked in productive ways to the wider society, and to draw on community resources to help meet their responsibilities. Given the pivotal role that families play in promoting the well-being of their members, and of society more generally, it

is hardly surprising that family trends attract a great deal of attention.

## 4.4 Monogamous family

A monogamous family is based on legal or social monogamy. In this case, an individual has only one (official) partner during their lifetime or at any one time (i.e. serial monogamy). This means that you may not have several different legal spouses at the same time, as this is usually prohibited by bigamy laws.

## 4.5. Polygamous family

Polygamy is a marriage that includes more than two partners. When a man is married to more than one wife at a time, the relationship is called [polygyny](https://en.wikipedia.org/wiki/Polygyny); and when a woman is married to more than one husband at a time, it is called polyandry. If a marriage includes multiple husbands and wives, it can be called [polyamory](https://en.wikipedia.org/wiki/Polyamory), group or conjoint marriage.

### 4.6. Polygyn

Polygyny is a form of plural marriage, in which a man is allowed more than one wife .In modern countries that permit polygamy, polygyny is typically the only form permitted. Polygyny is practiced primarily (but not only) in parts of the Middle East and Africa; and is often associated with Islam, however there are certain conditions in Islam that must be met to perform polygyny.

### 4.7 Polyandry

Polyandry is a form of marriage whereby a woman takes two or more husbands at the same time. Fraternal polyandry, where two or more brothers are married to the same wife, is a common form of polyandry. Polyandry was traditionally practiced in areas of the Himalayan Mountains, among Tibetans in Nepal, in parts of China and in parts of northern India. Polyandry is most common in societies marked by high male mortality or male absenteeism.

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| **ACTIVITY4.2**  Polygamous marriages are a common feature is traditional Zambian set up. List the advantages and disadvantages of polygamous marriages in the advent of HIV/AIDS |

**4.8 The Function of the Family**

Family is the most universal and fundamental social institution which performs a variety of functions in human society. Different sociologists have viewed or classified the functions of family into different types.

The analysis of the family from the functionalist perspective, according to Haralambos (1981) involves three main questions. Firstly, what are the functions of the family? Answers to this question deals with the contributions made by the family to maintenance of the social system. It is assumed that societies have certain functional prerequisites or basic needs that must be met if it is to survival and operate efficiently. A second and related question often asked is “What are the functional relationships between the family and other parts of the social system?” It is assumed that there must be a certain degree of fit, integration and harmony between the parts of the social system if society is going to function efficiently. For example, the family must integrate to some extent with the economic system. The third question is concerned with the functions performed by an institution or a part of society for the individual. In the case of the family, what are the functions of a family?

**(i) Stable satisfaction of Sexual needs**

As a teacher you may be aware that stable satisfaction of sexual needs, is the most important essential function of family. Family has been performing these functions since the inceptions of human civilization. It is a well-known fact that sex urge is the most important and powerful instinct and natural urge of human being. It is the primary duty of family to satisfy the sexual urge of its members in a stable and desirable way.

Through the mechanism of marriage family regulate the sexual behavior of its members. Satisfaction of sex instinct brings the desire for lifelong partnership of husband and wifehelps in the normal development of personality. Satisfaction of sex needs is also the primary objective of family. If it is suppressed it creates personality maladjustments.

**(ii) Procreation**

It is another important sectional function of family. Necessary arrangement of stable satisfaction of sexual urge resulted in procreation. Family provides the legitimate basis for production of children. It institutionalizes the process of procreation. By performing this function of procreation family contributes to the continuity of family and ultimately human race. Hence perpetuation of human race or society is the most important function of family. Not only is the production of children but also child rearing another important function of family. Family is the only place where the function of child rearing is better performed.

It provides food, shelter, affection, protection and security to all its members. It plays a vital role in the process of socialization of child. It provides healthy atmosphere in which the personality of the child develops properly. Family takes care of the child at the time of need. Hence it is rightly remarked that family is an institution par excellence for the procreation and rearing of children. It has no parallels.

**(iii) Socialization**

It is another important essential function of family. It is said man is not born human but made human. New born human baby became human being after they are socialized. Family plays an important role in the socialization process.

It is one of the primary agents of socialization. Living in a family human baby learns norms, values, morals and ideals of society. A human learn culture and acquires character through the process of socialization. The personality develops in the course of living in family. From family the individual learns what is right and wrong and what is good or bad. Through socialization he became a social man and acquires good character. In the advent of HIV/AIDS the way the family socializes its young ones has a lot of influence on their sexual lives.

**(iv) Economic functions**

Since ancient times, the family has been performing several economic functions. It is an important economic unit. If you look at the Zambian family today it is both a production and consumption unit. It fulfills almost all the economic needs of its members such as food, clothing and housing. In the then days family was self- sufficient. But nowadays almost all the economic functions of family is performed by other agencies and family only remain as a consumption unit. It does not produce everything. In spite of all this, the family still is performing some economic functions of purchasing, protecting and maintaining property. It also equally distributes property among its members.

**(v) Educational functions**

Family performs many educational functions for its members. As a primary educational institution, your family teaches knowledge, skill and values to all its members. It looks after the primary education of its members and probably moldedyour career and character. Your parents acted as the first and best teacher. Besides this, you learn all sorts of informal education such as discipline, obedience and manners from family. Of course at present many of the educational functions of family are taken over by school, college and universities sill family continues to play an important role in providing the first lessons and primary education to its members.

## 4.9 Characteristics of Strong Families

There are many ways to define a family, but they all have one common idea: caring. Whether a particular family is a nuclear family, a stepfamily, a single-parent family, or an empty-nest family, it usually consists of related people who care about each other. Regardless of type, all families also need to be nurtured and strengthened from time to time.

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| **ACTIVITY4.3**  List charecteristics that you think are ideal for a strong and sucessful family |

**Learning—**Families are where we learn values, skills, and behavior. Strong families manage and control their learning experiences. They establish a pattern of home life. They select appropriate television programs. They guide their children into the world outside the home. They do not let social forces rule their family life. They involve themselves in neighborhood, school, government, church, and business in ways that support their family values. Strong families teach by example and learn through experience as they explain and execute their values.

**Loyalty—**Strong families have a sense of loyalty and devotion toward family members. The family sticks together. They stand by each other during times of trouble. They stand up for each other when attacked by someone outside the family. Loyalty builds through sickness and health, want and good fortune, failure and success, and all the things the family faces. The family is a place of shelter for individual family members. In times of personal success or defeat, the family becomes a cheering section or a mourning bench. They also learn a sense of give and take in the family, which helps prepare them for the necessary negotiations in other relationships.

**Love** is at the heart of the family. All humans have the need to love and to be loved; the family is normally the place where love is expressed. Love is the close personal blending of physical and mental togetherness. It includes privacy, intimacy, sharing, belonging, and caring. The atmosphere of real love is one of honesty, understanding, patience, and forgiveness. Such love does not happen automatically; it requires constant daily effort by each family member. Loving families share activities and express a great deal of gratitude for one another. Love takes time, affection, and a positive attitude.

**Leadership**: Family members, usually the adults, must assume responsibility for leading the family. If no one accepts this vital role, the family will weaken. Each family needs its own special set of rules and guidelines. These rules are based on the family members' greatest understanding of one another, not forces. The guidelines pass along from the adults to the children by example, with firmness and fairness. Strong families can work together to establish their way of life, allowing children to have a voice in decision making and enforcing rules. However, in the initial stages and in times of crisis, adult family members must get the family to work together.

## 4.9.Life Patterns of Strong Families

**(i) Commitment**

Members of strong families are devoted to the well-being and happiness of the other members. They value family unity. Commitment serves as a firm foundation for strong family relationships. This means that:

* The family comes first.
* Work responsibilities come second.
* Each family member is precious.
* Bad times do not destroy relationships.
* There is sexual faithfulness to the marriage partner.
* Forgiveness is readily available.
* Priorities must be established.
* Some sacrifices must be made.
* Some common goals must be shared.
* Traditions are established and cherished.
* Love is conditional.

**(ii) Appreciation**

Members show and talk about their appreciation for one another. Along with our need for love, our most important human need is the need for appreciation. Some of why we work so hard in life is not so much motivation by money, power, or position; it is the desire to feel appreciated. And appreciation is vital in healthy families. Each family member's self-esteem is enhanced when he or she feels appreciated. Appreciation helps motivate all members to continue to behave positively toward one another. Appreciation in families means:

* Looking for the positive instead of the negative.
* Treating family members like our best friends.
* Showing love in small ways every day.
* Expressing lots of appropriate affection.
* Saying, "I Love You" a lot.
* Praising the accomplishments and strengths of family members.
* Gracefully receiving compliments as well as giving them.
* Creating a positive environment in the home.
* Remembering (even if you need a list) and celebrating birthdays and special occasions.

**(iii) Communication**

Members work at developing good communication skills and spend a lot of time talking with each other. They talk about the small, trivial things as well as the deep, important issues of life. Communication is the lifeblood of relationships. It is the way that love and other emotions are expressed. Relationships are played out in the context of communication. We cannot help but communicate, and it is largely up to us whether the communication in our families will be effective or ineffective. Effective communication means:

* Being open and honest, yet kind.
* Listening carefully, without distraction.
* Checking the meaning of messages which are not clear.
* Avoiding "mind-reading."
* Walking a mile in the other person's shoes.
* Trusting one another.
* Avoiding criticizing, evaluating, and acting superior.
* Dealing with one issue at a time.
* Dealing with specifics rather than generalities.
* Attacking the problem, not each other.
* Having an understanding attitude.

**(iv)Time together**

Strong families spend time—quality time in large quantities—with each other. Some families may say, "We don't spend much time together as a whole family, but what little time we are together is quality time." Both quality and quantity are necessary for good relationship formation and maintenance. A lot of time together filled with bickering and arguing does not make a strong family. Neither will small pieces of high-quality activity. Nurturing family relationships takes a lot of good times. Family memories are built around family activities, time spent together. Family time spent together:

* Helps eliminate isolation, loneliness, and alienation.
* Helps the family develop an identity—a group unity and a sense of their place in history.
* Helps avoid the "fizzle and die" of some marriage relationships.
* Enhances the communication process.
* Allows opportunity to build on other family strengths.

But what exactly are families to do when they are together? The answer is just about anything. They can share:

* Mealtimes
* House and yard chores
* Picnics
* Camping
* Outdoor sports
* Walking or hiking
* Indoor recreation, such as jigsaw puzzles, table games, or a favorite video
* Religious services
* School activities
* Special events like holidays and birthdays

**(v)Spiritual wellness**

Whether they attend formal religious services or ceremonies or not, strong family members have a sense of a greater good or power in life, and that belief gives them strength and purpose. Spirituality is described by some as a force that helps us reach beyond ourselves and become a part of something larger than ourselves. Spirituality normally encompasses our better nature, the aspects of our lives which are most noble. Most people believe human beings have a spiritual dimension within them. Regardless of the way we describe our spirituality, we need to acknowledge and nurture our spiritual side. For many, spiritual principles help provide the answers to life's most perplexing questions, "What is life about?" and "Why am I here?" The spiritual dimension in families provides many possible benefits. Spirituality:

* Helps family members maintain a positive outlook on life.
* Provides guidelines for living.
* Provides a sense of freedom and peace.
* Offers support from people who share in a belief system.
* Provides meaningful tradition and ritual.
* Provides a spiritual heritage.
* Provides an expression of character in everyday living.
* Gives an awareness of a divine presence in life.
* Helps families cope during times of trouble.
* Encourages a sense of awe and reverence for life itself.

**(vi) Coping ability**

Members of strong families are able to view stress or crisis as an opportunity to grow and learn. They have good coping skills. A history of problem-solving increases our confidence that we can deal with most things that comes our way. A variety of coping strategies have been found in strong families, including the following:

* The ability to find something positive, in any situation and to focus on that positive element. Counselors refer to this as "reframing." It is the ability to see the rose rather than the thorns. A positive perspective allows us to cope with bad situations without becoming overwhelmed.
* Family members unite and pull together when things get tough. No one individual within the family has to bear the total responsibility for resolving the situation. By sharing the responsibility, every family member can focus on the things he or she can do to help solve the problem.
* Strong families get outside help when needed. While many problems or crises can be resolved within the family, strong families are smart enough to know when they are in over their heads. They are not hesitant to seek the assistance of outside resources, such as their church or synagogue, friends, neighbors, extended family, or helping professionals. Some crises seem so overwhelming that it takes a person from outside the family to help put things into perspective, to help the family get their lives back to manageable proportions.

Many families rely on their spiritual resources to get them through times of crises. Spiritual beliefs can help sustain people in times of trouble by providing a philosophy of life, by giving perspective, and by providing hope, comfort, and a sense of peace.

Open channels of communication make problem-solving easier. Crises are times of change and uncertainty, and family members may feel angry, anxious, fearful, depressed, or guilty. Effective communication allows members to express their feelings freely, which is an important part of surviving the crisis.

Flexibility is another important strategy that strong families use to help get through crisis situations. Strong families bend, change, and adapt, and when the storm is over they are still intact.

**4.9.0. The impact of HIV on families**

Traditionally, families were thought of as being genetically related. Nowadays, families are looked upon as “a social network of biologically related members and socially (chosen) relationships” (Bonuck, 1993). For example, partners, close friends and close external family may support a member who is HIV positive.

In the early years of the AIDS epidemic, families had to deal with death and the loss of family members. Since the introduction of ARVs, their widespread use has reduced the number of AIDS-related deaths in Zambia. Families now are dealing with HIV infection as a chronic disease to be managed for the lifetime of the infected member.

Family members may also become burdened by care giving as the disease progresses, and they may be affected by the stigma often attached to HIV infection.

After being diagnosed, people confronted with their HIV-positive status are highly stressed and uncertain, despite the availability of ARV, and their lives may be devastated by the need to deal with the new medical, personal and social situation (Green, 2004). Stress associated with the response to treatment interacts with other potential stressors, such as concerns about employment, the future of relationships, sexuality and the social reactions of others

Living with HIV is associated with a large measure of stress and depression. People with HIV/AIDS must also manage the stigma associated with HIV/AIDS. Moreover, they must tolerate adverse side-effects of ARVs, deal with rejection and social discrimination, and confront the deaths of others in their social networks. Being HIV positive generally makes HIV part of a person’s identity.

Family finances too can be adversely affected by HIV status. Even in the post-ARV era, HIV-positive people may find it costly to buy nutritious foodstuff. The illness may also lead to

loss of productivity and income, resulting in negative financial repercussions on the individual infected and on their family. Some may even lose their employment especially those serving in the Military. Other people infected with HIV may try to consider returning to work but several barriers may prevent them from doing so. Among these barriers are fear of the repercussions of poor health, medication management and disclosure and fear of discrimination.

The social stigma that surrounds HIV may have adverse repercussions not only for the individual, but also for their family (Deni etal, 1997 & Synder, 1999). HIV has an impact on partners and on the dyadic relationship. Care giving is associated with stress and AIDS-related stigma. The risk of HIV infection has an adverse effect on people’s sex live s, leading to feelings of discomfort between sex partners. Moreover, couples may be in denial and, consequently, may engage in unprotected sex. There are also very high rates of sexual dysfunction in both men and women (ibid 2004).

The impact of HIV on the family depends on which family member is infected. Depending on whether the person infected is a heterosexual man, gay man, drug user, women or infant, the y face different challenges. Also, for some families, knowledge about the HIV infection introduces new information, such as sexual behaviour or drug use, about the HIV-infected family member

Individuals infected with HIV, and members of their family, may be stigmatized socially, by overt or covert behaviour (such as rejection by friends), or by subtle gestures (such as reduced visits from neighbours and children not being invited to social functions. Children may also experience emotional distress due to the HIV infection of a parent.

The disclosure of HIV by parents living with the infection may, by itself, engender a large measure of emotional distress in their children. Other psychological stress arises when adolescents take responsibility for caring for their parents and when children have to cope with the loss of a parent and with the situation of foster care.

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**4.9.1. Disclosure**

When living with HIV, people may face a dilemma in disclosing their HIV status to others, because it may lead to stigmatization and exclusion. For various reasons, however, disclosing one’s HIV status is important and has its benefits (UNAIDS 2000).

•It avoids the enhanced risk of HIV transmission among sex partners due to concealment.

•It helps gain additional support, including access to treatment and help adhering to it, pregnancy planning, and replacement feeding for infants, future care and custody planning.

•It influences others who fear disclosure and improves the existing knowledge about HIV and

its transmission.

People may choose not to disclose their HIV status to their partner or family because the HIV status maybe associated with revelations of sexuality and infidelity. Social unacceptability may also play an important role. Also, parents may be reluctant to disclose their HIV status due to concerns about the emotional well-being of their children. Thus, people are in a constant dilemma about disclosure: on the one hand, they may find enhanced social support; but on the other hand, they run the risk of being stigmatized.

Unlike other diseases, such as cancer, HIV is less likely to be disclosed, probably because of fear of the associated stigma, discrimination, and isolation. Also, prior to disclosing their status to their children, parents may first have to deal with the anger, fear and depression related to their own HIV diagnosis. Disclosure of a child’s HIV infection is controversial, emotionally laden.

Disclosure to family members has its pros and cons. It may increase closeness, but it may also increase stress.

A review of the evidence in the early 1990s showed that when people disclosed their HIV status,

Family members experienced a range of emotions, including feelings of helplessness, fear of the loved one dying, concern about care and fear of becoming infected (Bor, 1993). The potential for terminal illness – as well as the impact of medical treatments and constant adjustment of hopes and fears –can affect both the individuals infected with HIV and their families.

In the context of being a parent, it is not only important to anticipate children’s negative reactions when disclosing the infection to them , but it is also important to actually look out on a short-term basis for the children’ s emotional and behavioral reactions and problems, such as depression, anxiety, and acting overly mature.

**4.9.2. The Role of the Family as Caregivers**

Families are important caregivers, providing social (emotional and instrumental) support for members infected with HIV, with mothers and close friends being the most important caregivers (Bor etal 1993). The benefits of emotional support are that it reduces stress, improves adherence to HIV treatment, results in fewer symptoms of depression *and* improves the quality of life. Meanwhile, emotional support may also help the family member infected with HIV to restore their reason for being and increase their self-esteem. Another aspect of social support, instrumental social support, involves practical help, such as shopping, housekeeping and transportation.

Care giving may engender many stressors. AIDS caregivers are more likely to experience emotional distress when overloaded by the demands of giving care, when experiencing high levels of alienation/stigmatization and when concerned about financial matters. The process by which caregivers and people infected with HIV influence each other is a reciprocal one. Caregivers are more capable of coping with an HIV-infected person who is actively coping with the disease.

Family members who are caregivers may experience the need to talk with others about the HIV status of their infected family member, because keeping the HIV status a secret may be a burden. Disclosure, however, may lead to stigmatization by association.

**4.9.3 Parent- child conflict in the family**

Some researchers like, Erickson (2015), argue that Parent and child conflicts can occur for many reasons. When conflict occurs, the entire family can be thrown into emotional turmoil. Resolving a parent and child conflict requires the participation of everyone involved. Communication is a very beneficial tool in resolving conflict. Therefore, understanding why a parent and child conflict occurs and how to resolve it can help bring harmony back to the entire family.

**4.9.4. Causes of parent -child conflict**

Although there is not one single cause for parent and child conflicts, Psychologists today list a few common reasons. Some conflicts occur when parents cannot give as much attention or support to their children as is desired. If a family has multiple children, the middle children may feel lost and act out. As a child grows up, they begin to insert their own independence into their lives. Sometimes conflict occurs due to generational clashes. Parents' morals and views of life can be very different from their children’s.

**4.9.**5 The family and HIV/AIDS Stigma

Stigma means different things to different people. “The shame or disgrace attached to something regarded as socially unacceptable. There may be a feeling of ‘us and them’. People who are stigmatised are marked out as being different and are blamed for that difference.

Some people when they hear that someone’s HIV positive - especially us Africans - they’ll be seeing someone who’s dying, someone who is not supposed to touch anyone.

You know that HIV is an infection which many people have fears, prejudices or negative attitudes about. Stigma can result in people with HIV being insulted, rejected, gossiped about and excluded from social activities.

Fear of this happening can lead to people with HIV being nervous about telling others that they have HIV or avoiding contact with other people. They may end up suffering in silence instead of getting the help they need.

Stigma can also result in people with HIV believing the things that other people say about HIV. For example, they may think it’s true that HIV is a death sentence or that most people with HIV are immoral or irresponsible.

Stigma is often attached to things people are afraid of. Ever since the first cases of AIDS in the early 1980s, people with HIV have been stigmatised. There are a number of reasons for this:

* HIV is a serious, life-threatening illness. There is a long history of illnesses being stigmatised - cancer and tuberculosis are two other examples.
* People who don’t understand how HIV is transmitted may be afraid of ‘catching’ it through social contact.
* Some people have strong views about sexual behaviour. They may think that there are situations in which sex is wrong or that certain people shouldn’t behave in particular ways.
* The way people think about HIV depends on the way they think about the social groups that are most affected by HIV. Some people already have negative feelings about women, gay men, immigrants, black people, drug users and others.

Stigma leads to people not being treated with dignity and respect. Stigma is sometimes hard to pin down (it may be found in people’s attitudes or beliefs), discrimination however is a little easier to describe. It’s about actual behaviour.

Discrimination means treating one person differently from another in a way that is unfair - for example, treating one person less favourably simply because he or she has HIV.

Depending on the situation in which discrimination occurs, it may be against the law. The constitution of Zambia protects against discrimination at work, in education and when using

All people with diagnosed HIV are protected by the law, in the same way as people who are discriminated against because of their race, sex, age, or religion.

**4.9.6. Communication within Families about Sexual Relationship**

One aspect that differentiates humans from other beings is our rich ability to communicate in various ways. The *Encarta Dictionaries* defines communication as the exchange of information between (*or among*) people, for example, by means of speaking, writing, or using a common system of signs or behaviours.

Communication is important at family level. There are many issues that may be subjects for discussion within the family. It is strongly suggested that you should be able to communicate on sexual relations within the family. It is better to openly talk about these issues within the family before you venture into engaging outsiders. The rationale is that you should be able to feel free to openly talk about sexual relations in the family before you think about talking about the subject with friends.

Communication is important within the family as it allows us to share interests, aspirations and concerns, to support each other, to organise our lives and make decisions, and to work together. Good communication is about the way we talk and listen, and about our body language. We can all learn how to improve the way we communicate in the family. When you learn to communicate effectively within the family, it will be easier to use the same communication skills outside the family circles.

In most African societies, it is considered as taboo to talk about sexual relations within the family or among family members. The whole thing comes from our cultural background and religious influences. However, recent studies have shown that many problems associated with teenage pregnancy, for example, could be greatly avoided when there is good communication on sexual relations within the family.

We need to develop good communication skills within the family. We need to talk openly about our relationships. This will help you to act early if you are having difficulties, rather than waiting for the situation to get worse. Effective Communication will help you to share positive feelings about your partner (if you already have one or would be partner) with them. Good communicators in the family make good communicators even in their relationship.

## Conclusion

In this unit you have looked at families, parent and child conflict, stigma effects of STI and HIV /AIDS on families and family survival.

As you may be aware, families are the principle intuitions for socialisation of children. As the basic unit for raising children anthropologists generally classify most family organisations as, mother and her children (matrilocal), husband, his wife and children) conjugal or extended. Family is important because it acts as a source of comfort, support and protection.

A good family is important because it provides social, moral, physical and spiritual support to the members. Sometimes families experience conflict. Parent and child conflict requires the participation of everyone involved. Although there is no one single cause of parent and child conflict, psychologists today list a number of common reasons such as ,child neglect, lack of freedom, beer and drug abuse among others.

The impact of HIV-related stigma on families living with HIV/AIDS in Zambia cannot be over emphasized.Family survival is a strategy used by families to exist or a unique self-help system designed to help families sail through crisis safely and hassle free.

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# UNIT 5:GENDER

## 5.0 Introduction

You are aware that gender refers to the socially defined roles and responsibilities of men and women, boys and girls. Gender concerns men and women, including conceptions of both femininity and masculinity. It is state of being male or female.

## Learning outcome

**By the end of this unity, you are expected to:**

* Explain the three inter relationships of the person’s gender
* Discuss sexuality freely
* Explain the terms gender Equality and Equity
* Discuss the difference between sex and gender

## Contents

As a teacher you know that our gender may begin with the assignment of our sex, it doesn’t end there. A person’s gender is the complex interrelationship between three dimensions, namely:

– Body: our body, our experience of our own body, how society genders bodies, and how others interact with us based on our body.

– Identity: our deeply held, internal sense of self as male, female, a blend of both, or neither; who we internally know ourselves to be.

– Expression: how we present our gender in the world and how society, culture, community, and family perceive, interact with, and try to shape our gender.

**Body**

You may be aware that most societies view sex as a binary concept, with two rigidly fixed options: male or female, both based on a person’s reproductive functions (genitals, sex chromosomes, gonads, hormones, and reproductive structures). But a sex binary fails to capture even the biological aspect of gender. While most bodies have one of two forms of genitalia, which are classified as “female” or “male,” there are naturally occurring intersex conditions that demonstrate that sex exists across a continuum of possibilities. This biological spectrum by itself should be enough to dispel the simplistic notion of the “Gender binary”.

**Sex**

You also know that Sex refers to the biological orientation of an individual. This individual may be female or male. However, in infrequent instances someone may be bisexual also called Hermaphrodite.

**Sexuality**

Sexuality refers to all aspects people’s sexual lives, their desire, and sexual behaviour. We are born sexual being and sexuality is an inherited part of our personality. Actually, sexuality refers to everything about you as male or female person while gender refers to social cultural construction of ideas and roles for women and men.

Now consider the following scenario:

Gender Analysis

* Examine the differences in women’s and men’s lives, including those which lead to social and economic inequity for women, and applies this understanding to policy development and service delivery
* Is concerned with the underlying causes of these inequalities
* Aims to achieve positive change for women

Gender analysis also recognises that:

* Women’s and men’s lives and therefore experiences, needs, issues and priorities are different
* Women’s lives are not all the same; the interests that women have in common may be determined as much by their social position or their ethnic identity as by the fact they are women
* Women’s life experiences, needs, issues, and priorities are different for ethnic groups
* The life experiences, needs, issues, and priorities vary for different groups of women (dependent on age, ethnicity, disability, income levels, employment status, marital status, sexual orientation and whether they have dependents)
* Different strategies may be necessary to achieve equitable outcomes for women and men and different groups of women.
* Gender analysis aims to achieve equity, rather than equality

**Gender Equality**

As a teacher you are aware that Gender Equality is based on the premises that women and men should be treated in the same way. This fails to recognise that equal treatment will not produce equitable results, because women and men have different life experiences. This means equal treatment of women and men in laws and policies and in access to resources and services within families, communities and society at large.

**Gender Equity**

You are also aware that Gender equity is the process of allocating, programmes, and decision making fairly to both women males and females without any discrimination on the basis of sex, and addressing the imbalances in benefits available for males and females. At school level it involves equal treatment of boys and girls in safe and secure school environment that is free of discrimination, coercion and violence.

As a teacher, Gender analysis provides a basis for robust analysis of the differences between women’s and men’s lives, and this removes the possibility of analysis being based on incorrect assumptions and stereotypes.

## Conclusion

It is important for you to understand that,tohe term “gender” refers to the social construction of female and male identity. It can be defined more than biological differences between men and women. It includes theways in which those differences, whether real or perceived, have been valued, used and relied upon to classify women and men and to assign roles and expectations to them.

The **distinction between sex and gender** differentiates a person's biological **sex** (the anatomy of an individual's reproductive system, and secondary **sex** characteristics) from that person's **gender**, which can refer to either social roles based on the **sex** of the person (**gender** role) or personal identification of one's own ..

**ACTIVITY5**

* Explain what gender means to you
* Discuss the difference between sex and gender
* Explain why gender equality is important in education.
* Relate your concern about gender equity in your school, home village and urban life.
* Discuss implication of domestic violence against men on school going children.

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# UNIT 6: FRIENDSHIP, LOVE AND RELATIONSHIP

## 6.0 Introduction

This unit explores various types of friendship, different ways by which persons express love as well as different types of relationship. The unit further looks at sexual relations, especially among teenagers, abuse and bullying in a relationship as well as aspects to do with tolerance and respect and gender based violence. Friend and love cannot be discussed in isolation because they are the basis for a relationship. It is important that as you read, you pay attention to the material in the unit and relate this very closely with real-life situations. This is essential in gaining meaningful knowledge which is necessary in your everyday life as you interact with others in your community, place of work, school, church, etc.

## Learning Outcomes

By the end of this unit, you are expected to:

1. Demonstrate knowledge of how you can communicate effectively within the family on sexual relations
2. Discuss the effects of sexual relations among teenagers
3. Identify characteristics of abusive relationships
4. Describe values of tolerance and respect in a relationship
5. Demonstrate knowledge of various legislative provisions for Gender Based violence,

## Contents

**6.1. Friendship**

Friendship is a relationship of mutual affection between two or more people and a stronger form of interpersonal bond than an association. It has been studied in academic fields such as sociology, social psychology, anthropology, and philosophy. Various academic theories of friendship have been proposed, including social exchange theory, equity theory, relational dialectics, and attachment styles. And it has been observed that people with close friendships are happier.

Although there are many forms of friendship, which may vary, due to the environments people find themselves in, certain characteristics are found in many types of friendship. Such characteristics include affection, empathy, sympathy, honest, altruism, trust, compassion, mutual understanding, enjoyment of each other's company, and the ability to be oneself, express one's feelings, and make mistakes without fear of judgment from the friend (St. Joseph’s University, Philadelphia, 2005) . While there is no practical limit on what types of people can form a friendship, friends tend to share common backgrounds, occupations, or interests, and have similar demographics.

However, there are different kinds of friends (e.g. good friends versus bad friends, boyfriends, girlfriends). As already alluded to, friendships are based on trust, sharing, empathy and solidarity. Friendships can have many benefits. Friendships and love help people to feel good about themselves and friends can influence one another positively and negatively. But relationships of any kind involve different kinds of love and love can be expressed in many different ways. Similarly, love, friendship, infatuation and sexual attraction involve different emotions. Disability or health status is not a barrier to forming friendships and relationships or giving love.

**6.2. Sexual Relationships among Adolescents**

Love is one of the physiological needs. In their desire to find love, teenagers are engaging in sexual relations, sometimes at a very tender age. Research done by various organisations confirms that teenagers are becoming sexually active and are engaging in sexual relations. The number of girls becoming pregnant at a tender age and those affected by sexually transmitted diseases all testify to the fact that teenagers are sexually active.

The advent and advancement in technology has contributed to teenagers’ involvement in sexual relations. The aim of this discussion is to provide information to you so that you begin to see the pros and cons of teenagers involving themselves in sexual relations.

You may have seen that teen and young adult sexuality represents an area that is often a topic of interest to parents, educators and researchers (Hamil & Chepko, 2005). Interest is largely due to the potential negative consequences (e.g., unwanted pregnancy and sexually transmitted diseases) associated with sexual activity in the teen and young adult years (Centers for Disease Control and Prevention, 2000). In addition, research indicates that the prevalence of teens having sexual intercourse increases as they increase in age (Cubbin, Santelli, Braveman, et al., 2005). Similarly, a new topic of interest involves sexting, a new technological communication trend that distributes nude, seminude or sexually suggestive text messages through electronic messaging (i.e., cell phones) (National Campaign to Prevent Teen Pregnancy, 2008).

Sexuality is a core topic among teens therefore, in an era of technological advancements teens who desire sexual exploration may do so through the convenience of electronic handheld devices (Lenhart, Ling, Campbell, et al., 2010; Lenhart, et. al., 2008; Weinstein & Rosen, 1991). In addition, any number of problems can result from posting electronic images including increased risk of cyberbullying, damage to reputation, or criminal charges that require teens and young adults to register as sex offenders (Ybarra, et al.,2007; Manzo, 2009).

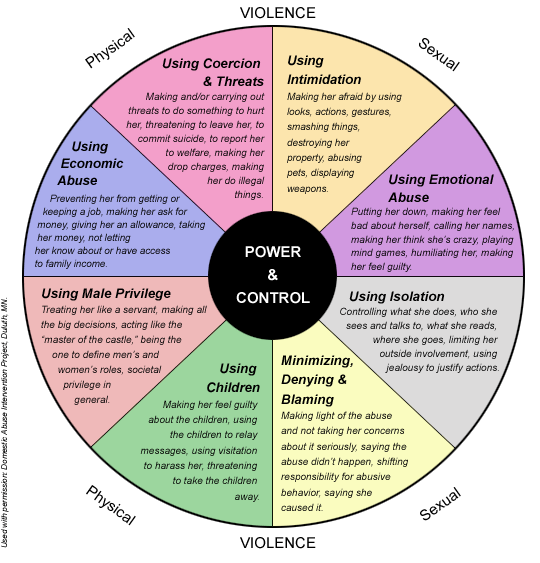
The topic of sexting has become a national issue as teens and young adults are increasingly engaging in this behaviour (Contemporary Sexuality, 2009). In an era of social networking and technological change, the youth are faced with severe negative consequences for this new phase of technologically enhanced self-expression. National debates have ensued due to the overwhelming numbers of teens and young adults who are being arrested and charged with possession and distribution of child pornography.

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| **ACTIVITY 6**  Visit the local clinic and talk to the nurse In-charge on the following topics:   * 1. Number of STI treated per term   2. Gender of students treated for STIs   3. Adherence to treatment   4. Re-admissions |

**6.3. Abusive Relationship**

You are aware that there are different ways to express friendship and to love another person. Gender roles affect personal relationships, and gender equality is part of healthier relationship. But we need to understand that relationships can be healthy or unhealthy. An abusive relationship is an example of an unhealthy relationship.  It is defined as unhealthy, damaging, and destructive partnerships involving individuals who are linked in a romantic fashion and one person causes physical, sexual or emotional harm to the other person.It is experienced in lots of different ways and is not just limited to physical violence. An abusive relationship can include sexual abuse which constitutes physical sexual abuse or sexually-charged verbal assault or harassment; emotional abuse which may include domestic violence enacted in a physical manner; and physical which constitutes physical abuse or assault.  An abusive relationship may constitute verbal abuse or the demeaning of a member of a romantic partnership, and can also involve control of finances (Huston, 2010). It can also involve the restriction or limitation of money, time, food, shelter or contact with others outside of the relationship. Another name for it is domestic violence or intimate partner abuse. Refer to the wheel of Abusive relationship below.

***The Power and control wheel in an Abusive relationship***



**Source**: Domestic Abuse Intervention Project, 202 East Superior Street, Duluth, MN 55802, 218-722-278 (www­\_theduluthmodel.org)

You may be aware that most people mistake the abuse for intense feelings of caring or concern little do they realize that excessive jealousy and a controlling behaviour are not signs of affection at all. Love in any healthy relationship involves respect and trust, and not constantly worrying about the possible end of the relationship. The Basis of any relationship abuse lies in the means to extend power and control over a person which can be in any form (physical, verbal, or psychological).Sexual Abuse, on the other hand, may include domestic violence enacted in a sexual manner

(Walker, p. 26).

It is important for you to look out for signs of abuse in any relationship of which some could be possessiveness, jealousy, put downs and threats. But again there are times when one might experience some type of abuse and hope things would get better ‘tomorrow’. These are the same things which are very likely to cause the death of one partner or contract HIV/AIDS because of the false hope that “things will be better tomorrow”. The following are examples of such incidences or thinking: *'My partner is not violent all the time* - *they love me'*; *'Things will get better - they do not mean it'*,'*Itis so confusing – I am sure it is a one-off*', *'Maybe it is my fault'* (Langley and Levy p.122) and*'I am scared of what will happen if I leave them'.*

In an abusive relationship, it is not unusual to be afraid of leaving the person you are with. This can be for a number of reasons, such as fearing for your own safety, or being fearful of what the person might do to him/herself. All the same a decision has to be made.

There might be fear of not being able to make it on your own. But it is important to remember that you are not on your own and there are people who can help you in every step of the way.

**6.4. Tolerance and Respect**

Tolerance is the appreciation of diversity and the ability to live and let others live. It is the ability to exercise a fair and objective attitude towards those whose opinions, practices, religion, nationality and so on differ from one's own (American Heritage Dictionary, 1994) As William Ury (1999) notes, *"tolerance is not just agreeing with one another or remaining indifferent in the face of injustice, but rather showing respect for the essential humanity in every person*."

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Tolerance is the second key to a successful, happy relationship. Your partner is not perfect and at times, he or she may seem downright intolerable! But that is precisely where tolerance, love and understanding come into play.

Any love relationship is a relationship of give and take. Sometimes, you must afford your partner a bit of tolerance and understanding; this can go a long way toward creating an unbreakable bond. Every person has their own faults and flaws. In a relationship, you would want to know that your partner can be tolerant of those flaws and faults, either looking past them or helping you work through them in a manner that promotes an unconditional love that can never be broken.

**6.5 Respect**

Respect is a positive feeling of admiration or deference for a person, child, non-human animal, or other entity (such as a nation or a religion), and also specific actions and conduct representative of that esteem. Respect can be a specific feeling of regard for the actual qualities of the one respected (e.g., "I have great respect for her judgment"). It can also be conduct in accord with a specific ethic of respect (Peterson, 2003).

Respect can be both given and/or received. Depending on an individual's cultural reference frame, respect can be something that is earned. Respect is often thought of as earned or built over time. Often, continued caring interactions are required to maintain or increase feelings of respect among individuals. Good manners/politeness, by some definitions, contains the outward display of respect and respectshould not be confused with tolerance.

You know that respect is paramount in any successful relationship. Partners need to respect each other. But beyond this, one must also make a concerted effort to show the partner that they respect them, their views and their emotions. Do not be dismissive with your actions or your words. Respect your partner’s opinions, feelings and needs. This respect should be exemplified in everything that you do and in everything that you say. Remember, you can show respect without necessarily agreeing with or condoning a particular action or point of view. Simply acknowledging a partner’s emotions or views is a form of respect.

You are also aware that respect, tolerance and love are the three keys to a successful and enduring relationship and Love is a very important and touching idea and more talking about love and looking for ways to increase it is cardinal to staying safe and happy in our sexual lives. It must be noted too that it is disrespectful, hurtful and a violation of human rights to harass or bully anyone on the basis of differences in race, religion, gender, culture, etc. Every human being has an obligation and responsibility to defend people who are being harassed or bullied and to speak out against bias and intolerance. Government has put in place support units where abuse in relationships can be reported.

## Conclusion

The different forms of relationships among people have been discussed under this Unit. Family, friendships and relationships are the main points that have been discussed. Relationship and communication between family members play a significant role in shaping the behaviours of children. Love, cooperation, gender equality, mutual caring and mutual respect are important for good family functioning and healthy relationships. Similarly, friendships between people are based on trust, sharing, empathy and solidarity. Gender or disability should not be a barrier to forming friendships and relations of giving love. Friendship and love help people to feel good and important.

The values of tolerance, acceptance and respect are keys to healthy relationships. Every human being is unique and valuable and can contribute to society by being a friend, being in a relationship and by giving love. Every human being deserves respect. Making fun of people, stigma, discrimination, and bullying are harmful and violates human rights.  The United Nations has already created The Declaration of Moral Principles on Tolerance, adopted and signed in Paris by UNESCO's 185 member states on Nov. 16, 1995, which qualifies tolerance as a moral, political, and legal requirement for individuals, groups, and states.

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# UNIT 7: PARENTINGSTYLES

### 7.0.Introduction

You should remember that Developmental psychologists have been interested in how parents influence the development of children’s social and instrumental competence. One of the most robust approaches to this area is the study of what has been called "parenting style." This unit defines parenting style, explores four types, and discusses the consequences of the different styles for children

Learning outcomes

By the end of this unit, you are expected to:

1. Discuss consequences of different parenting styles
2. Define parenting styles
3. Explain the four different parenting styles
4. State factors that influence parenting styles

## Contents

7.**1. What is parenting?**

You may be aware that Parenting is a complex activity that includes many specific behaviors that work individually and together to influence child outcomes. Although specific parenting behaviors, such as spanking or reading aloud, may influence child development, looking at any specific behavior in isolation may be misleading. Many writers have noted that specific parenting practices are less important in predicting child well-being than is the broad pattern of parenting. Most researchers who attempt to describe this broad parental milieu rely on Diana Baumrind’s concept of parenting style. The construct of parenting style is used to capture normal variations in parents’ attempts to control and socialize their children (Baumrind, 1991).Two points are critical in understanding this definition. First, parenting style is meant to describe *normal* variations in parenting. In other words, the parenting style typology Baumrind developed should not be understood to include deviant parenting, such as might be observed in abusive or neglectful homes. Second, Baumrind assumes that normal parenting revolves around issues of *control*. Although parents may differ in how they try to control or socialize their children and the extent to which they do so, it is assumed that the primary role of all parents is to influence, teach, and control their children.

Youalso know that parenting style captures two important elements of parenting: parental responsiveness and parental demandingness (Maccoby & Martin, 1983). Parental responsiveness (also referred to as parental warmth or supportiveness) refers to "the extent to which parents intentionally foster individuality, self-regulation, and self-assertion by being attuned, supportive, and acquiescent to children’s special needs and demands" (Baumrind, 1991, p. 62). Parental demandingness (also referred to as behavioral control) refers to "the claims parents make on children to become integrated into the family whole, by their maturity demands, supervision, disciplinary efforts and willingness to confront the child who disobeys" (Baumrind, 1991, pp. 61-62).

**7.2 Parenting Styles**

Categorizing parents according to whether they are high or low on parental demandingness and responsiveness creates a typology of four parenting styles: indulgent, authoritarian, authoritative, and uninvolved (Maccoby & Martin, 1983). Each of these parenting styles reflects different naturally occurring patterns of parental values, practices, and behaviors (Baumrind, 1991) and a distinct balance of responsiveness and demandingness.

1. ***Indulgent parents*** (also referred to as "permissive" or "nondirective") "are more responsive than they are demanding. They are nontraditional and lenient, do not require mature behavior, allow considerable self-regulation, and avoid confrontation" (Baumrind, 1991, p. 62). Indulgent parents may be further divided into two types: democratic parents, who, though lenient, are more conscientious, engaged, and committed to the child, and nondirective parents.
2. ***Authoritarian***

Parents are highly demanding and directive, but not responsive. "They are obedience- and status-oriented, and expect their orders to be obeyed without explanation" (Baumrind, 1991, p. 62). These parents provide well-ordered and structured environments with clearly stated rules. Authoritarian parents can be divided into two types: non-authoritarian-directive, who are directive, but not intrusive or autocratic in their use of power, and authoritarian-directive, who are highly intrusive.

1. ***Authoritative***

Parents are both demanding and responsive. "They monitor and impart clear standards for their children’s conduct. They are assertive, but not intrusive and restrictive. Their disciplinary methods are supportive, rather than punitive. Authoritative parents want their children to be assertive, socially responsible, self-regulated as well as cooperative"(Baumrind, 1991, p. 62).

1. ***Uninvolved parents*** are low in both responsiveness and demandingness. In extreme cases, this parenting style might encompass both rejecting–neglecting and neglectful parents, although most parents of this type fall within the normal range.

Because parenting style is a typology rather than a linear combination of responsiveness and demandingness, each parenting style is more than and different from the sum of its parts (Baumrind, 1991). In addition to differing on responsiveness and demandingness, the parenting styles also differ in the extent to which they are characterized by a third dimension: psychological control. Psychological control "refers to control attempts that intrude into the psychological and emotional development of the child" (Barber, 1996, p. 3296) through use of parenting practices such as guilt induction, withdrawal of love, or shaming. One key difference between authoritarian and authoritative parenting is in the dimension of psychological control. Both authoritarian and authoritative parents place high demands on their children and expect their children to behave appropriately and obey parental rules. Authoritarian parents, however, also expect their children to accept their judgments, values, and goals without questioning. In contrast, authoritative parents are more open to give and take with their children and make greater use of explanations. Thus, although authoritative and authoritarian parents are equally high in *behavioral control*, authoritative parents tend to be low in *psychological control*, while authoritarian parents tend to be high.

**7.3 Effects of different parenting styles on children**

Parenting style has been found to predict child well-being in the domains of social competence, academic performance, psychosocial development, and problem behavior. Research based on parent interviews, child reports, and parent observations consistently finds:

* Children and adolescents whose parents are *authoritative* rate themselves and are rated by objective measures as more socially and instrumentally competent than those whose parents are non-authoritative (Baumrind, 1991; Weiss & Schwarz, 1996; Miller et al., 1993).
* Children and adolescents whose parents are *uninvolved* perform most poorly in all domains.

In general, parental responsiveness predicts social competence and psychosocial functioning, while parental demandingness is associated with instrumental competence and behavioral control (i.e., academic performance and deviance). These findings indicate:

* Children and adolescents from *authoritarian* families (high in demandingness, but low in responsiveness) tend to perform moderately well in school and be uninvolved in problem behavior, but they have poorer social skills, lower self-esteem, and higher levels of depression.
* Children and adolescents from *indulgent* homes (high in responsiveness, low in demandingness) are more likely to be involved in problem behavior and perform less well in school, but they have higher self-esteem, better social skills, and lower levels of depression.

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| **ACTIVITY 7**  The return to multiparty politics in Zambia saw the introduction of new legislation in support of human rights. State how the laws have impacted on the upbringing of children in Zambia. |

In reviewing the literature on parenting style, one is struck by the consistency with which authoritative upbringing is associated with both instrumental and social competence and lower levels of problem behavior in both boys and girls at all developmental stages. The benefits of authoritative parenting and the detrimental effects of uninvolved parenting are evident as early as the preschool years and continue throughout adolescence and into early adulthood. Although specific differences can be found in the competence evidenced by each group, the largest differences are found between children whose parents are unengaged and their peers with more involved parents. Differences between children from authoritative homes and their peers are equally consistent, but somewhat smaller (Weiss & Schwarz, 1996). Just as authoritative parents appear to be able to balance their conformity demands with their respect for their children’s individuality, so children from authoritative homes appear to be able to balance the claims of external conformity and achievement demands with their need for individuation and autonomy.

**7.4 Influence of Sex, Ethnicity, and Family**

It is important for you to distinguish between differences in the distribution and the correlates of parenting style in different subpopulations. In Zambia authoritative parenting is most common among intact, middle-class families. There a relationship between authoritativeness and child outcomes across most ethnic groups.

There are some exceptions to this general statement, however:

* 1. Demandingness appears to be less critical to girls’ than to boys’ well-being (Weiss & Schwarz, 1996), and
  2. Authoritative parenting predicts good psychosocial outcomes and problem behaviors for adolescents in all ethnic groups. But it is associated with academic performance only among European Americans (Steinberg, Dornbusch, & Brown, 1992; Steinberg, Darling, & Fletcher, 1995). Chao (1994) and others (Darling & Steinberg, 1993) have argued that observed ethnic differences in the association of parenting style with child outcomes may be due to differences in social context, parenting practices, or the cultural meaning of specific dimensions of parenting style.

**7.5 Why Parenting Styles Differ**

After learning about the impact of parenting styles on child development, you may wonder why all parents simply don't utilize an authoritative parenting style. After all, this parenting style is the most likely to produce happy, confident and capable children. What are some reasons why parenting styles might vary? Some potential causes of these differences include culture, personality, family size, parental background, socioeconomic status, educational level and religion.

You may be aware that, the parenting styles of individual parents also combine to create a unique blend in each and every family. For example, the mother may display an authoritative style while the father favors a more permissive approach. In order to create a cohesive approach to parenting, it is essential that parents learn to cooperate as they combine various elements of their unique parenting styles.

## Conclusion

Parenting style provides a robust indicator of parenting functioning that predicts child well-being across a wide spectrum of environments and across diverse communities of children. Both parental responsiveness and parental demandingness are important components of good parenting. Authoritative parenting, which balances clear, high parental demands with emotional responsiveness and recognition of child autonomy, is one of the most consistent family predictors of competence from early childhood through adolescence. However, despite the long and robust tradition of research into parenting style, a number of issues remain outstanding. Foremost among these are issues of definition, developmental change in the manifestation and correlates of parenting styles, and the processes underlying the benefits of authoritative parenting (Darling & Steinberg, 1993; Baumrind, 1991; and Barber, 1996).

# 

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# UNIT 8: VALUES, ATTITUDES AND SKILLS

## 8.0 Introduction

In this unit you will learn about values, attitudes and skills in relation to comprehensive sexuality education. . The unit further focus on sexual beliefs, values, and attitudes people hold.

First we discuss beliefs, values, and attitudes at the level of the individual, then we focus on the cultural level.

## Learning outcomes

By the end of this unit, you are expected to:

1. Differentiate between values and attitudes
2. Explain how norms can be used to effect behavioural change
3. Discuss sources of values and attitudes
4. Describe how culture influence values and attitudes

## Contents

# 8.1. Personal Values, Belief and Attitudes

As a human being, you have your own values, beliefs and attitudes that have developed throughout the course of your life. Your family, friends, community and the experiences you have had contribute to your sense of who you are and how you view the world. As a teacher, you often work with people who are vulnerable and/or who may live a lifestyle that mainstream society views as being different or unacceptable. If as a teacher you are to provide a service that meets the needs of your target groups and helps them to feel empowered, you need to be aware of your own personal values, beliefs and attitudes and be prepared to adopt the professional values of your industry—and not impose our own ideas on your learners.

## 8.2.Values

Values are principles, standards or qualities that an individual or group of people hold in high regard. These values guide the way you live your life and the decisions you make. A value is something that you hold dear, those things/qualities which you consider to be of worth.

A *value* is commonly formed by a particular belief that is related to the worth of an idea or type of behaviour. You may see great value in remaining a virgin until you get married. However a person who is a sex worker may not place the same value on virginity as a person who wants to remain a virgin until marriage.

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| ACTIVITY 8.1  What are some of your values?   1. Manners—are they old fashioned? Do they hold a high or low value in your life? 2. Pride—are there things you need to be proud of? Do you value pride or do you value humility? 3. Clothes—how important are clothes at work? At play? 4. Sexual behaviour—what behaviours do you value? Sticking to one partner? Having concurrent sexual partners? Using condoms whenever you have sex? 5. Family life? What do you value about family life?   Top of Form  **Write down some of the values you hold in these areas. Talk to friends and family members. Ask them these same questions. Do the answers differ?** |

**Sources of our values**

Your values come from a variety of sources. Some of these include:

* family—caring for each other, family comes first
* peers—importance of friendship, importance of doing things that peers approve of
* Workplace—doing your job properly; approving/disapproving of doing home-related activities in work time or using work resources for home related activities.
* educational institutions—the valuing or otherwise of learning; value of self in relation to an ability to learn (this often depends on personal experience of schooling, whether positive or negative)
* significant life events—death of loved ones and the impact on what we value as being important; marriage and the importance and role of marriage and children; separation and divorce and the value change that may be associated with this (valuing of self or otherwise)
* religion—beliefs about ‘right and wrong’ and beliefs in gods
* media—the impact of TV, movies, radio, the Internet and advertising on what is important in our lives, what is valued and not valued
* music—music often reflects what is occurring in society, people’s response to things such as love and relationships which may then influence the development of your values
* technology—the importance of technology or otherwise; the importance of computers and developing computer skills
* culture—a cultural value such as the importance of individuality as opposed to conforming to groups
* Major historical events—not wasting anything, saving for times of draught, valuing human life, patriotic values.

### 8.3 Dominant values

Dominant values are those that are widely shared amongst a group, community or culture. They are passed on through sources such as the media, institutions, religious organizations’ or family, but remember what is considered dominant in one culture or society will vary to the next.

It is important to be conscious of our values. This knowledge helps us to:

* ask ourselves why we are doing what we are doing
* identify the consequences of our actions for ourselves and others(taking risk behaviour)
* consider other and better options if necessary.

It is important to not only have knowledge of your value system, but to understand that your values underpin your beliefs and beliefs underpin behaviour. How you behave is a reflection of your beliefs and your beliefs are a reflection of your values.

### 8.4 Exploring your values

We are all influenced in varying degrees by the values of our family, culture, religion, education and social group. Knowing your own values can help you work effectively with others, resolve conflicts and support the organization’s philosophy. Wherever your values come from they make you the unique person you are today!

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| **ACTIVITY 8.2**  Answer the following and then think about what it tells you about yourself, where your values have come from and how people with different backgrounds and life experiences would answer these questions. There are no right or wrong answers—just answer honestly and be willing to explore and reflect upon your own values. Ethnicity  * With what ethnic group do I identify? * Do I know people from a different ethnic group to me? * Do I believe people from different ethnics should live together? * What would life be like if I belonged to an ethnic group different from mine? * What do I think about marriages and relationships between people from different ethnic groups?  Gender  * How many friends do I have from the opposite sex? * If I was a different gender how might life be different?  Religion  * What is my religion? Do I believe in it? * What is my family’s religion? * Are most people in my community from this religion? * How does my religion influence my life?  Culture  * What culture do I identify with? * What do I like and dislike about my culture and traditions? * What other cultures interest me? Do I like learning about them? Why?  Language  * What is my first language? * What other languages do I speak? * Who should decide what language people should speak?   Reflect on your answers about where your values have come from.   1. What did this activity tell you about your values? 2. Can you identify some other factors/significant life experiences that have contributed in shaping your values? 3. Why have you decided to become a teacher? 4. How do you think your values will guide your actions as a school teacher? |

### 8.5. Values Clarification

Read the following scenarios and rate your reaction by ticking the box which best defines your reaction.

#### Scenario 1

Mulenga and Mundia have become good friends in the hostel. They enjoy each other’s company and like to read pornographic magazines together. Mulenga usually brings the magazines from home after each holiday, but this term he reported late weeks. Mundia wanted some new pornographic magazine to read so he gave money to the Hall Attendant to buy him some magazines. He agreed and bought one for him.

What do you think about the Hall Attendant doing this for Mulenga?

Top of Form

I think this is not okay.

I am undecided.

I think this is okay.

Bottom of Form

#### Scenario 2

Chibale is a 49 year Head of Department at a co-education secondary school. He lives with a disability. He works with Nanyangwe, a class teacher. She is 20 years old. Chibale and Nanyangwe have been going out together and Chibale has told Nanyangwe that he loves her. How do you feel about Nanyangwe and Chibale being partners?

Rate your feeling according to their ages:

Top of Form

I think this is not okay.

I am undecided.

I think this is okay.

Bottom of Form

Rate your feeling according to their cultural backgrounds:

Top of Form

I think this is okay.

I think this is not okay.

I am undecided.

Bottom of Form

Rate your feeling according to the fact they work together:

Top of Form

I think this is not okay.

I am undecided.

I think this is okay.

Bottom of Form

#### Scenario 3

Mangani is a 25 year old third year student at Chalimbana University. He masturbates in the common bathroom in the hostels. He needs to be talked, to avoid masturbating in the bathroom. It is your role to talk to him next time he is seen masturbating. How do you feel about this?

Rate your response according to the factor of Mangani masturbating:

Top of Form

I am undecided.

I think this is okay.

I think this is not okay.

Bottom of Form

Rate your response according to the factor of your role as a worker assisting him in this situation.

Top of Form

I am undecided.

I think this is okay.

I think this is not okay.

Bottom of Form

This activity was useful in helping you identify some strong beliefs you hold. It is good for you to be able to reflect on these and think how they might impact on your role as a teacher. Remember, learners have a right to receive a professional service regardless of the attitudes, beliefs and values they hold.

After answering the questions, you might find it useful to revisit your answers and identify where your attitudes have come from. This will help in preventing your personal attitudes from impacting on the way you work with learners.

## 8.6. Beliefs

Beliefs come from real experiences but often we forget that the original experience is not the same as what is happening in life now. Your values and beliefs affect the quality of your work and all your relationships because what you believe is what you experience. We tend to think that our beliefs are based on reality, but it is our beliefs that govern our experiences.

The beliefs that we hold are an important part of your identity. They may be religious, cultural or moral. Beliefs are precious because they reflect who you are and how you live your life.

As a teacher, the pre-existing beliefs you may have could be related to stereotypes that have developed for you around issues like sexuality, alcohol and other drugs, ageing and disabilities, independence, health, the rights of people, your idea of health and what it’s like to be older and/or disabled.

These stereotypes could affect the way you interact and work with others. This is because you have assumptions about what others can and can’t do for themselves, the way they should think about issues and what is best for them. If you make assumptions as a teacher then you are denying young people their rights, respect and dignity.

## 8.7. Attitudes

The word ‘attitude’ can refer to a lasting group of feelings, beliefs and behaviour tendencies directed towards specific people, groups, ideas or objects.

An attitude is a belief about something. It usually describes what you think is the ‘proper’ way of doing something. The attitudes that you feel very strongly about are usually called values. Other attitudes are not so important and are more like opinions. Sometimes our own attitudes can make us blind to other people’s values, opinions and needs. Attitudes will always have a positive and negative element and when you hold an attitude you will have a tendency to behave in a certain way toward that person or object.

You will need to be aware of your own personal values, beliefs and attitudes and how they might impact on your work.

It is important for you to consider the mapping of your own life – what have been some significant events that have shaped you, what qualities you admire in yourself and others, what beliefs are important to you, what you value and so on. Some examples of these may be personal features such as strength of character, helping people, respect, honesty, wealth, success, health etc.

What we believe are important qualities, or what qualities we admire in ourselves and others, generally reflect our life experiences and the values which we established in our early years through the influence of family, teachers, friends, religion, our culture, our education.

Given that all of us have differences which have been shaped by our life experiences, we can understand that we will all have different sets of values and beliefs. We do not all think about issues in the same way!

To work effectively it is critical to understand your own values and beliefs and to understand the importance of not allowing them to affect the way in which you work with clients. Remember they are your values and may be quite different to the values held by your clients.

In order to remain professional it is necessary to leave your personal values out of the pupil/teacher relationship. This means that it is important that you allow pupil to make decisions based on their own values and beliefs rather than decisions that reflect what you think they should do.

When you are carrying out your daily duties you rarely think about your attitudes, you are immersed in work itself and often remain unaware of just how different your attitudes could be to others around you.

As previously defined an attitude is simply a belief, and describes what you think is the proper way of doing or thinking about something. Attitudes vary in intensity.

When you feel strongly about something, the attitudes you have are called values. Attitudes that are less important to you are called opinions. For example you may feel strongly that older people should give up their jobs when they reach a certain age, so that younger people can get work. Strong attitudes are often very emotional and can cloud your judgment in meeting other people’s needs. This means that some people or learners may be denied their rights to be allowed to make their own choices and decisions about their life.

### 8.8. The influence of attitudes

Your attitudes develop over time and not only reflect where you have come from like the influence of family, friends and experiences, but also how you will proceed with your life in the future. Attitudes are therefore a powerful element in your life, are long enduring and take time to change.

### 8.9. The problem with attitudes

One of the problems with your attitudes is you often ignore any information which is not consistent with them—you become selective in the way you perceive and respond to events and issues—and lose your ‘objectivity’ about the world. By developing insights about your attitudes you reduce the risk of making decisions at work based on your unconscious, pre-existing perceptions, allowing you to work more professionally with others.

### 8.10Awareness of personal attitudes

It is good practice to think about your attitudes and beliefs: it helps you to understand yourself better. It is beneficial to reflect on your life, identify some of the significant events that have shaped you, consider what qualities you admire in yourself and others and be mindful of what values and are important to you.

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| **ACTIVITY 8.3**   1. From the values you chose above, list the ones that would apply to your role as a teacher. 2. Why is it important for teachers to have a sense of their own identity and where it has come from? 3. What issues can you identify for yourself in having to work with learnerswho have grown up differently from you, have a different identity and therefore different beliefs? |

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## 8.10.1. Taking into Account Personal Values and Beliefs

One of the responsibilities of workers is that we do not impose your own values and beliefs on the pupils you teach. That is, that we don’t provide options and services based on what we feel is right, but that we work with people in relation to what is right for them. We should always remember that it is their life and only they should make decisions about how they should live their life.

If you try to impose your own moral values on learners, you are likely to make them feel judged and to damage their self-worth. Moreover, they are likely to reject you and to reject your values too. If you are able to accept your learners, with whatever values they have, you may well find that as time passes they move closer to you in their beliefs. This is inevitable because you are, whether you like it or not, models for your learners and you have a responsibility to be a good model.

Regardless of who the learner is, and regardless of his or her behaviour, he or she deserves to be treated as a human being of worth. If you respect your learners, they will feel valued. This shall give them optimum conditions in which to maximize their potential as individuals. It is essential that you are aware of your own values and beliefs so that you do not impose them (deliberately or unintentionally) on the people you are working with.

### 8.12.2.Professional values

In order to leave your personal values out of the client/worker relationship, you need to aware of the impact they may have when you come across clients that do not behave in ways that you agree with—that is, clients who have different values and beliefs to you. You may find that with such clients you become judgemental or notice that you are encouraging clients to make a decision that reflects what you think they should do (based on your values and beliefs) rather than working with others to come up with their own ideas about how to resolve the issue.

That is why it is so important to have ethical standards, so that you are operating by a professional set of guidelines, not what you personally think is right or wrong.

**7.11.3.****Sexual Attitudes, Values, and Beliefs**

You may be aware that most people are too focused on sexual activity–they thinks it is more important than it really is. Do you agree or disagree with this statement? What is your agreement or disagreement based on? Whether you agree or disagree with this statement probably indicates something about your individual sexual beliefs and attitudes

Attitudes, beliefs, opinions, and values are all cognitive in nature; they exist in our mind. In that way, they are similar to one another. However, there are some important distinctions that can be drawn between each. First, consider our beliefs and opinions about sexuality. These may correspond closely to reality, or they may be totally inaccurate (usually they are probably somewhere between these two extremes). However, the very definition of a belief includes the notion that we trust that the belief is true. We assume and act as though your beliefs accurately reflect the way things are. Otherwise, why would you believe something or hold a particular opinion?

People’s sexual values have a moral quality, and involve what is considered right versus wrong. Notice then an important distinction between beliefs and values. Beliefs do not necessarily have an emotional component; they are statements as to the way things are believed to be. For example, “*men are more interested in sexual activity than are women”* is simply a belief, however accurate or inaccurate.

Values, on the other hand, reflect beliefs as to how things should be, such as *“men should not be so obsessed over sex”* or *“women should not be so uninterested in sex.”* These statements not only include the belief that men are more interested in sex than are women, but that the world should not be that way.

Certain beliefs have to do with why something happened or what a particular type of person or group of people are like. We refer to these beliefs as attributions–we are attributing the cause of an event to something, or attributing certain characteristics to a person or group. If you believe that men are interested in sexual activity much of the time, you are making an attribution about men as a group. If you believe a particular man is being nice to someone because he is interested in sexual activity with that other person, you are making an attribution about the motives of that particular man. If you believe that men in general are more interested in sexual activity than are women because of societal messages men and women receive regarding sexuality, then you are making an attribution regarding the cause of the proposed male-female difference.

Beliefs, values, attributions, and attitudes also apply to your own actions and how you feel about yourselves. You have beliefs, attitudes, and attributions about your own sexuality that are distinct from your beliefs, attitudes, and attributions about sexuality in general. However, your beliefs and attitudes about your own sexuality are distinct from your sexual behavior. This is an important point because actual behavior does not always match or follow logically from beliefs, values, and attitudes. So, you may believe that it is possible to contract a sexually transmitted disease, and yet not take precautions. You may hold the value that sexual activity should only occur in a committed, loving relationship, and yet engage in sexual activity with someone you just met earlier that evening. Or, you may have a negative attitude toward masturbation, and consequently feel guilty for masturbating, and yet you continue to engage in the behavior.

Why do you even develop sexual beliefs and attitudes, and why do you make attributions? One reason is because the world is complex, and having to evaluate each situation completely fresh would require too much time and effort. Your beliefs and attributions tell you what to expect and how you should behave. You can always choose to challenge our expectations or behave in different ways, but typically expectations and responses follow from our beliefs, attitudes, and attributions. It is simply easier that way. For example, when you meet someone, you instantly assess their gender, approximate age, and race or ethnic background. Then, based on the categories the new acquaintance falls into, you quickly make several assumptions or attributions as to what this person may be like or what you might expect from them (as well as how you feel toward people like this person based on your attitudes). These assumptions or attributions may or may not be accurate, but the point here is that you automatically make them because it makes social life easier. Imagine meeting a new person and trying to relate to him or her with absolutely no preconceived ideas as to what to expect or how you should react.

You see that beliefs and attributions seem to serve the function of meeting our human need for predictability and a sense of control. Another reason you form sexual beliefs and attitudes, and make attributions, is to feel good (or better) about yourself. You hold sexual beliefs and attitudes about your own sexuality and your own behavior. In forming attitudes and making attributions about yourself, you typically turn to others to make comparisons. The beliefs, attitudes, and attributions you form regarding others affect how you feel about yourself.

You are still left with several questions. What determines the nature of your sexual beliefs, values, and attitudes? Why do they sometimes match your behavior and other times do not? What are the consequences of your sexual beliefs, values, and attitudes?

**8.10.4. The Individual’s Beliefs and Attitudes**

Sexual beliefs, values, and attitudes are most likely multi-determined–several influences shape what you believe and how you evaluate and respond to certain topics. Researchers have performed numerous experiments to learn what factors may affect beliefs and attitudes, so you know some things about general influences on them. However, when it comes to the origins and modification of sexual beliefs, values, and attitudes, it is difficult and sometimes impossible to conduct experimental studies. When you are left with results from correlational studies, you do not know for sure what causes what.

There are probably two general classes of influence s on your beliefs and attitudes–one based on your genetic make-up and the nature of the human brain, the other based on experiences you have and the cultures in which you live. It is difficult to determine which is more responsible for a particular sexual belief or attitude, especially since who you are as unique individuals (your genetic make-up) and the way your brain functions affects the kinds of experiences you have and how you interpret what you encounter.

**7.10.5. Cultural Influences**

To a large extent, you are each a product of the cultures to which you belong. This appears to be especially true with regard to the sexual beliefs, values, and attitudes that you hold. Recall that by referring to a person’s “cultures” you are including his or her family, ethnic group, nation, and any groups to which the person belongs. So, being a member of a religious group, or a club, or a school, entails being exposed to the beliefs, values, and attitudes shared by members of that culture and promoted by that culture. But how does a culture shape our sexual beliefs and attitudes?

**7.10.6. Direct instruction and reactance**

Within each culture we are exposed to teachings, both formally and informally. When you are normally taught something, you are told that it is the correct or best way of thinking or doing things. You are most likely to believe that this is the case if the person telling you is someone you respect and trust. Perhaps this is the reason that research has shown that if our sexual beliefs and attitudes were simply a reflection of what significant others taught you or told you to believe, it would be simple to explain why you believe and react the way you do. Of course, the process is not so simple. Researchers have documented that people tend to resist direct attempts by others to change your beliefs and behavior. The idea is that humans react to perceived threats to their freedom by asserting their independence. So, if someone tells you what to believe or how to feel or how to behave, you may feel the need to act differently to demonstrate that you are your own person. This phenomenon is referred to by psychologists as reactance, and explains why people often seem to believe and act in ways contrary to what they are told. For example, it seems that in some families the more parents try to prevent their teenage offspring from engaging in sexual activity, the more determined the teens become to do just that.

In some instances, the individual is not able to assert independence directly by rebelling against expectations or demands. Perhaps the costs of doing so would be too great, or the person trying to control the individual’s behavior has too much control, as in a parent trying to control the behavior of a young child. In such a case, reactance may occur through the individual asserting him- or herself in some other area. For example, suppose an individual is involved in a relationship with a partner who is physically abusive. The abusive partner is jealous and refuses to allow the other person to associate with members of the other gender. The abused partner may feel too threatened to rebel against this demand, but may make purchases of which the abusive partner would not approve as a way to assert some degree of independence. Because of resistance, a direct attempt to change people’s sexual beliefs and behavior may not be successful. Cultural influences that are more effective include social learning and modeling.

**7.10.7. Social learning and modeling**

Cultures teach certain beliefs and attitudes informally by modeling for others what one should believe and what attitudes one should hold. This modeling can be explained through the principles of social learning. When you see someone who is successful holding certain beliefs or reacting a certain way, you tend to learn that is the way you should believe or react. After all, this other person was rewarded (reinforced) for believing and reacting that way, so you might be rewarded for doing the same. These are the basic principles behind the concept of a role model, and why some people are concerned when members of a culture who are seen as role models by youth act in inappropriate ways. Of course there is a flip side. When we observe others being punished for their sexual beliefs and attitudes, perhaps by receiving a negative reaction from people in your culture, then the likelihood that you will take on these beliefs and attitudes should decrease.

Who are you most likely to look to as role models? Those who are successful are often considered role models. This includes people in mass media (movies, television, magazines) because in your culture success is often defined by being famous (which means being part of the mass media). Family members are often looked to as role models, perhaps because they play such an important part in your early development and learning. Also, because you tend to interact frequently and closely with family members, you have more opportunities to model their beliefs, attitudes, and behavior.

If this were the end of the story, however, sons and daughters would hold the same sexual beliefs and attitudes as their parents. This is often not the case. Why? Part of the answer is probably that the offspring are not genetically identical to their parents, so they have different temperaments and personalities. Another part of the answer is that parents and offspring were raised in different periods in history, and have different experiences. Another part of the answer involves the hierarchy of role models. You tend to look to those who are most similar to you when trying to figure out how you should think, act, and feel. So, people tend to look to their peers as role models. This may explain why. The list of influences on your sexual beliefs and attitudes is probably much longer than what we discuss here. However, your genetic make-up and personality, your cognitive processes, and your cultures play important roles in shaping what you believe and how with regard to sexuality. Even so, you are not passive in the process. You can consciously work to change beliefs, attitudes, and actions that seem to come most easily to you. You can challenge your beliefs and attitudes, and at least in some cases you can choose the cultures to which you belong. Even in those cases where you cannot choose your culture, you can try to gain greater awareness of how living in that culture has shaped your sexual beliefs and attitudes. Then you can decide whether you wish to hold or change those beliefs and attitudes.

# Sexual Risk Behavior

Comprehensive Sexuality Education can help youth adopt lifelong attitudes and behaviors that support overall health and well-being—including behaviors that can reduce their risk for HIV and other sexually transmitted diseases (STDs).

STI, and teen pregnancy prevention education should:

* Be developed with the active involvement of parents.
* Be locally determined and consistent with community values.
* Address the needs of youth who are not engaging in sexual intercourse as well as youth who are currently sexually active.
* Ensure that all youth are provided with effective education to protect themselves and others from STIs, and unintended pregnancy.

Unintended pregnancy and sexually transmitted Infections (STIs), including HIV, continue to be important problems among young people in the Zambia. These problems can be addressed effectively if young people reduce their sexual risk behaviors—for example, if they initiate sexual activity later, have sex (meaning vaginal, anal and oral sexual activ­ity) less frequently, have fewer sexual partners and use condoms or contraception more consistently. However, programs designed to address unintended pregnancy and STIs cannot directly control the sexual risk behavior of young people; rather, they can only affect various risk and protective factors that, in turn, affect decision making and behavior among young people.

Risk and protective factors include biological factors such as age or maturation, community factors such as economic opportunities or crime rates, and family factors such as strong families and monitoring of children. However, a very important group of risk and protec­tive factors is “sexual psychosocial” factors. These include knowledge, perceptions of risk, attitudes, and perceptions of norms.

**Keys to Improving Perceptions of Risk**

As we all observe daily, if people believe that some behavior will greatly increase their likelihood of a deadly outcome, they are less likely to engage in that behavior. For example, people do not intentionally drive the wrong way down the highway, because:

* 1. Driving the wrong way increases the likelihood of a head-on collision and
  2. The severity of a head-on collision is great.

This basic principle of behavior is embedded in many socio-psychological theories of human behavior, particularly those that assume that people generally consider alternative courses of action, identify the possible consequences of each course of action, consider the probability of each consequence, assess each consequence according to its desirability (or undesirability) and make a decision about which course of action to follow.

Many theories commonly used to design effective health education programs incorporate this

principle. According to the health belief model, individuals’ perceived susceptibility to a disease or health problem and their perceived severity of that disease or health problem affect their efforts to avoid it (Rosenstock 1974). For example, if people believe that:

* 1. particular behaviors increase their likelihood of contracting HIV and
  2. HIV is a severe disease, then they are more likely to adopt behavior that will reduce their susceptibility to HIV. Similarly, in both the theory of planned behavior and the theory of reasoned action, one of the three factors most strongly affecting intentions to engage in any behavior is behavioral beliefs (Fishbein and Ajzen 1975; Ajzen 1985; Ajzen and Madden 1986).

These are beliefs about the likely outcomes of any behavior (i.e., the probabilities of possible outcomes) and the evaluations of these outcomes (i.e., the extent to which they are positive or negative). These assessments of behavioral outcomes affect attitudes toward the behavior, which in turn affect intentions and, ultimately, behavior.

Finally, according to social cognitive theory, people evaluate alternative courses of action and develop “expectancies” (based on both expectations about the consequences of courses of action and the value attached to those consequences), which in turn affect their decisions about behavior (Bandura 1986).

A number of possible emotional, social and health risks are associated with sexual intercourse, the most commonly researched risks are those involving pregnancy and STDs. It is widely believed that some young people (perhaps a minority) feel invulnerable and that this sense of invulnerability increases their risk behavior (Weinstein 1988; Weinstein 1993; Lapsey 2003).For example, some adolescents may not think that it is likely that they will become pregnant (or get someone pregnant) or that they will contract an STD; instead, they may believe it will only happen to others. According to some psychologists, adolescents are egocentric and create “personal fables” or modes of understanding that include themes of invulnerability, omnipotence and personal uniqueness (Elkind 1967) and these egocentric fables are related to sexual risk behavior (Arnett 1990). Other psychologists view the creation of personal fables and adolescents’ sense of invulnerability as adaptive mechanisms to the many challenges they face as their egos develop (Lapsey 1993). These beliefs about invulnerability are summarized here because they are held by many adults working with youth and by some psychologists. However, a strong body of research does not yet exist to support these beliefs about the role of invulnerability.

It is definitely true that many adolescents engage in risk behaviors because they simply do not consider the possible risks. That is, they may engage in risk behaviors without even assessing the possible consequences (Steinberg 2003). This is especially true when they encounter new situations, are with their peers, are more oriented to the present rather than the future and are less able to inhibit their impulses (Steinberg 2003).

Adolescents’ failure to consider risks and plan effectively may have a biological basis. In recent years, neuroscientists have learned that adolescents’ brains continue to grow and change during the second decade of their lives. In particular, the prefrontal cortex, which affects judgment and impulse control, matures with age (Weinberger, Elvevåg et al. 2005). With a less developed prefrontal cortex, adolescents are less likely to plan and consider risk and more likely to be impulsive. Regardless of whether sense of invulnerability is adaptive or whether it is biologically based, many professionals commonly accept that correcting adolescent’ perceptions of invulnerability to pregnancy or STD has the potential to reduce their sexual risk behavior.

Perceiving risk involves recognizing the conditions that might lead to risk and then assessing personal risk (Millstein 2003). The ability of young people to recognize these situations, in turn, is affected both by their cognitive knowledge of the important characteristics of the situation and by their experience with similar situations (Millstein 2003). Consequently, it is important for young people to review their own experiences and those of their peers, to identify those situations that they or their peers encountered that could have led to undesired, unplanned or unprotected sex, and to describe those situations accurately. Perceptions of risk play a central role in many theories of health and risk behavior. Many health education interventions focus on perceptions of risk in order to improve health behaviors and reduce risk behaviors (Millstein 2003).

## Conclusion

You are aware that too often, youth give too little attention to the risks of sex and unprotected sex, either because of a sense of invulnerability, “just not thinking,” brains that are still maturing, or for other reasons. Fortunately, multiple studies and different kinds of evidence have demonstrated that comprehensive sexuality education can increase perceptions of sexual risks and increasing perceptions of risk can reduce the chances of unprotected sex. To increase perceptions of risk, CSE should clearly describe the risks of unprotected sex, including unintended pregnancy and STIs—in terms of both susceptibility and severity. CSE also should have young people identify the common situations that might lead to undesired, unplanned or unprotected sex and describe methods for both avoiding and getting out of those situations. Activities should be interactive and designed to have youth personalize these risks. A clear message about the best methods of avoiding risks should be emphasized repeatedly.

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# UNIT 8 HUMAN SEXUAL BEHAVIOR AND PEER PRESSURE

## 8.0. Introduction

Human sexualbehavior entailsany activity; solitary, between two persons or in a group that induces sexual arousal. Different people respond to sexual orientations differently. There are two major determinants of human sexual behaviour: The inherited sexual response patterns that have evolved as a means of ensuring reproduction - a part of each individual’s genetic inheritance. This unit will assist you understand how and why different people respond to different sexual environments that they find themselves in and how peers can influence behavior.

## Learning Outcomes

By the end of this unit, you are expected to:

1. Explain the different sexual behaviours among teenagers and how peer influence affects them.
2. Show how consensual sex can be beneficial to a love relationship.
3. Describe the risks involved in having multiple sexual partners

## Contents

**8.1.** Human Sexuality

Sexuality is a central aspect of being human throughout life, encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles, and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious, and spiritual factors. Sexual rights protect all people's rights to fulfill and express their sexuality and enjoy sexual health, with due regard for the rights of others.

**8.2** Types of Sexual Behaviour

Human sexual behaviour may conveniently be classified according to the **number** and [**gender**](http://www.britannica.com/topic/gender-grammar) of the participants.

**Solitary behaviour:** It involves only one individual trying to excite him/herself sexually. Masturbation (the common behaviuor in this category) is very common among the unmarried young males and generally begins at or before puberty. Fewer females practice masturbation as compared to males though both normally abandon the practice once socio-sexual activities begin. Masturbation can be done through touching one’s private parts in order to stimulate sexual arousal and pleasure. It is the most self-stimulating activity done with the intention of causing sexual arousal and, generally sexual climax (orgasm). Most [masturbation](http://www.britannica.com/topic/masturbation) is done in private as an end in itself but is sometimes practiced to facilitate a socio-sexual relationship.

**Demerits of Masturbation**

* While solitary masturbation does provide pleasure and relief from the tension of sexual excitement, it does not have the same psychological gratification that interaction with another person provide
* Despite scientific proof to the contrary, the myth persists that masturbation is physically harmful as people sometimes incur bruises.
* It breeds anti-social behaviuor especially among adults deprived of sociosexual opportunities.
* For some people, masturbation is laden with guilt; for others, it is a release from tension with no emotional content; and for others it is simply another source of pleasure to be enjoyed for its own sake.

**8.3.Socio-sexual behaviour** which involves more than one person is generally divided into heterosexual behaviour (male with female) and homosexual behaviour (male with male or female with female). If three or more individuals are involved it is, of course, possible to have heterosexual and homosexual activity simultaneously.

**8.4: Effects of Masturbation on the process of growing up**

* In both solitary and socio-sexual behaviour there may be activities that are not common in a given society and these are normally referred to as **deviant behaviour**. The term deviant should not be used as a moral judgment but simply as indicating that such an activity is not common in a particular society. Since human societies differ in their sexual practices, what is deviant in one society may be normal in another.
* Since the masturbating person is in sole control of the areas that are stimulated, the degree of pressure, and the rapidity of movement, masturbation is often more effective in producing sexual arousal and [orgasm](http://www.britannica.com/topic/orgasm) than is socio-sexual activity, during which the stimulation is determined to some degree by one’s partner. So individuals that practice masturbation at a large scale may become so addicted to it that they may fail to sustain a socio-sexual relationship later in life if they ever find themselves in one.
* Most sexual arousal does not lead to sexual activity with another individual. Humans are constantly exposed to sexual stimuli when seeing attractive persons and are subjected to sexual themes in advertising and the mass media. Response to such visual and other stimuli is strongest in adolescence and early adult life but usually gradually declines with advancing age.
* One of the necessary tasks of growing up is
* learning to cope with one’s sexual arousal and to achieve some balance between suppression, which can be injurious, and free expression**,** which can lead to social difficulties at times if not well-handled.
* There is great variation among individuals in the strength of sex drive and responsiveness, so this necessary exercise of restraint is correspondingly difficult for some people or easy for others.

**8.5: Consensual Sex**

Consent means that both people in a sexual encounter must agree to it, and either person may decide at any time that they no longer consent and want to stop the activity. Consent is:

* **Verbal and Clear***.* Your sexual partner must be given every opportunity to communicate his/her wishes. ***‘No’ means ‘no’, and when in doubt, ask first.***
* **Sober and unimpaired***.* Consent can only be given by a person who has control of his or her mental capacities, is not drunk or high and is legally in position to give consent.
* **Consistent and prompt.** Even if someone has given consent to be sexually involved with another, that person has the right to withdraw consent at **ANY** time.
* **Unforced and non-threatened***.* Use of force, intimidation, or coercion is denial of a person's right to freely give his/her consent. Share the power and control of the situation by communicating openly about your expectations and desires in the moment.

Consenting to one behaviour **does not** obligate you to consent to any other behaviors.

* Consenting on one occasion also does not obligate you to consent on any other occasion.
* **Consenting means only that at this particular time, you would like to engage in this particular sexual behavior.**
* The issue of consensual sex is often only brought up when there is some sort of doubt about whether both people engaging in sex want it to happen. However, **consent is a topic that should be discussed whenever you're thinking about a possible sexual encounter**.
* In fact, consent should be the basis for every sexual encounter. Engaging in a sexual act without the other person's consent is considered sexual assault or rape.
* **Every act requires consent**. Even if you have been kissing, that does not mean you cannot say "no" to anything further.
* Consensual sexual activity happens when each partner willingly chooses to participate. Open communication about expectations and desires is a critical factor in obtaining consent. Remember that ***Sex without consent is sexual assault!***

**8.6: How to determine consent**

To determine if someone is giving consent, you must be able to answer two questions:

1. Does the person want to give consent?
2. Is the person capable of giving consent?

The easiest way to determine if a person wants to give consent is simply to ask. This eliminates the uncertainty of guessing and trying to interpret signals. For instance, someone putting his or her hand on your hand might be a way of indicating that she or he likes what you're doing or a way of indicating that she or he would like you to stop. So the only way to be sure is to ask. However, we cannot completely rule out the fact that a person may give consent using non-verbal clues and actively engaging in a sexual act. Clearly, this implied consent is more difficult to gauge, and if your partner seems to become more hesitant or uncomfortable, **you should stop**. Reassure your partner that you don't want to do anything she or he doesn't also want to do, and ask him or her what the matter could be.

### 8.7:What if a person does not/cannot give consent?

If your partner ever says no during sex or asks you to stop, you must stop immediately. Saying no should never be treated as a game or as a signal that someone is "playing hard to get." Simply put, **"no" means "no" in any sexual encounter**. It must be mentioned here that certain circumstances make it impossible for a person to legally give consent. These circumstances usually involve cases in which a person is not mentally or physically capable of choosing whether to engage in sexual behavior. For instance, **if someone is drunk or high on drugs, then that person cannot give consent**. This means that even if someone seems eager to engage in sexual behavior, doing so can legally be considered sexual assault or rape if he or she is intoxicated.

Age can also determine whether a person can legally consent to certain sexual behaviors, such as intercourse, oral or anal sex. The age at which a person can give consent varies by country and culture. In Zambia 16 years is considered legal for consensual sex. Having sex with someone under the age of consent is legally considered a crime commonly referred to as difilment, even if the person under the age of consent says that she or he wanted the sexual behavior to take place.

### 8.8: Talking to your partner

Making sure that your partner consents to a sexual encounter is one of the most important parts of having a mutually satisfying and ethical experience. Check in with yourself and your partner often to make sure that both of you are comfortable with what is happening, and respect the feelings that each of you have.

**Your partner might consent to oral sex but not to sexual intercourse,** or you might consent to genital touching on one occasion but not another. You always have the right to say no, and anytime either you or your partner says no, the other person must respect that decision. Even though talking beforehand does not mean that both people will consent later, it makes it more likely that you and your partner will understand each other's values and feelings.

## ****8.9: What Consensual Sex Isn’t****

There is an unfortunate belief that still lingers in our society that says unless the other person verbally says no or physically displays acts of resistance, then the sex was consensual. This belief is even upheld by some laws in certain instances**.** When being sexually violated, many women ‘freeze’ which is as strong a defense mechanism as flight or fight. If one person is ready to go and the other person is frozen in fear and/or says “no” in a small voice, it’s still rape.

In order to assure that human beings and societies develop healthy sexuality, the following sexual rights must be recognized, promoted, respected, and defended by all societies through all means. Sexual health is the result of an environment that recognizes, respects and exercises these sexual rights.

**(i) The right to sexual freedom.** Sexual freedom encompasses the possibility for individuals to express their full sexual potential. However, this excludes all forms of sexual coercion, exploitation and abuse at any time and situations in life.

**(ii)The right to sexual autonomy, sexual integrity, and safety of the sexual body.** This right involves the ability to make autonomous decisions about one’s sexual life within a context of one’s own personal and social ethics. It also encompasses control and enjoyment of our own bodies free from torture, mutilation and violence of any sort.

**(iii) The right to sexual privacy.** This involves the right for individual decisions and behaviors about intimacy as long as they do not intrude on the sexual rights of others.

**(ix) The right to sexual equity.** This refers to freedom from all forms of discrimination regardless of sex, gender, sexual orientation, age, race, social class, religion, or physical and emotional disability.

**(v) The right to sexual pleasure.** Sexual pleasure, including autoeroticism (solo sexuality and masturbation), is a source of physical, psychological, intellectual and spiritual wellbeing.

**(vi) The right to emotional sexual expression.** Sexual expression is more than erotic pleasure or sexual acts. Individuals have a right to express their sexuality through communication, touch, emotional expression and love.

**(vii) The right to sexually associate freely.** This means the possibility to marry or not, to divorce, and to establish other types of responsible sexual associations.

**(viii) The right to make free and responsible reproductive choices.** This encompasses the right to decide whether or not to have children, the number and spacing of children, and the right to full access to the means of fertility regulation.

**(viii) The right to sexual information based upon scientific inquiry.** This right implies that sexual information should be generated through the process of unencumbered and yet scientifically ethical inquiry, and disseminated in appropriate ways at all societal levels.

**(x) The right to comprehensive sexuality education.** This is a lifelong process from birth throughout the life cycle and should involve all social institutions.

**(xi) The right to sexual health care.** Sexual health care should be available for prevention and treatment of all sexual concerns, problems and disorders.

**8.9.0 Peer Influence and Sexual Behaviour**

When children move out from family to child-care centers, school, and the community at large, they begin to form attachments, and friendships emerge through their play. These relationships influence behavior. Even babies and toddlers are observed reacting to other babies by touching them, by crying when others cry, and later by offering nurturance or comfort. By about age three, early friendships begin to form and children’s peers begin to have a more lasting influence (Parke, 1990).

|  |
| --- |
| **ACTIVITY 8.1**  Recall during your school days.   1. Did you ever dodge/or abscond from classes? 2. Did you do it alone? 3. How did you justify it? |

Peer influence on behavior gradually becomes more dominant. Harris (1998, 2002) and Rowe (1994) maintained that peer groups have an even stronger influence than that of parents, although that extreme position has been refuted by other researchers (Berk, 2005). Gradually, children discover that others can share their feelings or attitudes or have quite different ones. The perspectives of others will affect how children feel about their own families. Children usually have a family view of their own and of other cultures. So, when confronted with other perspectives, they often need to rethink their own viewpoints. It is often difficult for children to adjust to the idea that other families can function radically differently from their own and yet hold many of the same attitudes and beliefs and be equally nurturing and secure. The peer group serves as a barometer for children examining themselves and their feelings about self and family.

The peer group also influences development of children’s socializing skills. These early friendships help children learn how to negotiate and relate to others, including their siblings and other family members. They learn from peers how to cooperate and socialize according to group norms and group-sanctioned modes of behavior. The peer group can influence what the child values, knows, wears, eats, and learns. The extent of this influence, however, depends on other situational constraints, such as the age and personality of children and the nature of the group (Harris, 1998; Hartup, 1983). Socialization is particularly important for children with disabilities, and it is the reason many programs include peers who are typically developing in special education programs or include children with disabilities in general education classrooms.

**8.9.1 Sex and Peer pressure**

Peer pressure is always tough to deal with, especially when it comes to sex. Some teenagers decide to have sexual relationships because their friends think sex is ‘cool’. Others feel pressured by the person they are dating. Still others find it easier to give in and have sex than to try to explain why not. Some teenagers get caught up in the romantic feelings and believe having sex is the best way they can prove their love.

**8.9.2: Types of Peer Pressure**

1. **Positive peer pressure**: Any situation in which peers support and encourage constructive actions for one another. This is the type of **age-appropriate** peer pressure that we want to encourage. For example: group members encourage one another to go for Voluntary Counseling and Testing (VCT) , or a friend encouraging another teen to attend a behavioural change workshop.
2. **Neutral peer pressure:** This is the **naturally occurring** peer pressure to go along with the crowd in a way that’s **not harmful** to others. This type of pressure occurs frequently in the teenage years and should not be considered a problem. For example: If you are a parent, your son’s friends encourage him to go with them to the movie they’re all dying to see, or a friend tells your daughter that everyone’s going to a friend’s birthday party and asks if she’s coming too.
3. **Negative peer pressure:** This is **undesirable peer pressure** to do something that places a teen in danger or is hurtful to others. This is definitely cause for concern. For example: your daughter’s boyfriend encourages her to try having sexual intercourse and insists it will be fun, or your son’s friends asking him to engage in smoking or looting people’s shops.

* For a teenager to succumb to peer pressure every now and then, is perfectly normal. But make certain that you resist negative influences because consistently taking excessive risks and engaging in hurtful behavior suggests a more serious problem.
* What teenagers consider ‘cool’ and ‘uncool’ varies widely from year to year and from school to school. Cool behavior can range from dressing in trendy styles to being good at a certain sport to being sarcastic to parents; uncool behaviour often includes displaying excessive affection and obedience toward parents, reaching out to an unpopular classmate, and expressing interest in schoolwork.
* While not all teenagers follow the cool/uncool code of their social set, they’re certainly aware of it. Many feel they have to act a certain way because it’s expected of them. That explains why they put on a show for their friends, going out of their way to do things that would never be tolerated in their own homes. It’s all to gain acceptance from their peer group.
* It usually takes some convincing to get teenagers to understand that peer pressure can be dangerous. If you talk to him openly, observe his behavior carefully, and listen to him non-judgmentally, you’ll begin to understand the pressure he’s under. He may be coaxed to drink, smoke cigarettes, and use drugs, encouraged to dodge school, dared to join his friends in other risky activities, or expected to be cruel to unpopular children. Teens are able to listen to you if they know that you can listen and understand the enormous pressures they face.

**8.9.3: Resisting Negative Peer Pressure**

No influence in the teenager’s life is as powerful as peer pressure. At its best, it can mobilize his/her energy, motivate him/her to strive for success, and encourage him/her to conform to a healthy group norm. At its worst, peer pressure can **impair good judgment and fuel risk-taking behavior, drawing a child away from the family and positiveinfluences and luring him into dangerous activities.**

* Failure to strike a balance between the value of going along with the crowd and the importance of making one’s own decisions.
* Some teens worry that not going along with their friends will make them outcasts or at least less popular. These teens are likely to go along with things in the hopes that it will buy them the acceptance and elevated social status they crave for.
* There are other groups where one strong personality dominates and that person uses his or her influence over the others to lead the group into trouble.

**8.9.4: Why peer pressure is so powerful**

* The very nature of adolescence compels teens to keep a close eye on their peers. They are struggling to define their own identities, and because they’re not yet sure who they are, they’re self-conscious and curious about how other people behave. It’s natural for them to try to understand themselves by looking at their friends to see how others are resolving the same issues.
* We know that even small children worry about making friends and being liked but during adolescence, these fears intensify.
* Adolescence brings with it so much awkwardness and uncertainty, as teens find their bodies, interests, and priorities all changing at once. Belonging to a group of friends affirms their self-worth and supports them as they negotiate the rocky path toward adulthood.
* As they distance themselves from their parents, they increasingly use their friends as their primary confidants and rely upon their advice and support. Naturally, close friends are well suited to this role because those are the people most likely to rubber-stamp the individual’s feelings and patiently listen to his or her ruminations on life.
* In a normal situation, a close group of friends offers a sounding board as well as the source of solace. But in a bad situation, teens adhere to their friends’ bad or ignorant advice and opinions instead of thinking for themselves or seeking a more informed opinion.
* Some teenagers fail to realize when they have become excessively dependent on their friends in a way that robs them of their independence and individuality. In these cases their friends have become a crutch—a way for teens to avoid making their own decisions and developing their own personality and tastes.

**8.9.5**: **The Effects of Peer Pressure**

* Since young people spend most of their time with peers, they are more likely to listen to their peers in matters to do with their clothes, language, attitudes, and behavior than they would to their parents. Even reasonably independent teens are not immune to the culture of conformity.
* All teenagers will be exposed to peer pressure at one time or another. Parents may worry about their children’s susceptibility to adverse influences, but most teenagers seem to have a sense of when things have gone too far and when they should make their own decision rather than just going along with the crowd. And usually the influence of the peer group gradually subsides as young people mature.
* Most teens don’t necessarily see peer pressure as a bad thing; it’s just a part of their lives. You’ve probably experienced the change in young people’s behaviour when their friends are around. It’s as if they have a special personality reserved for his peer group. Since being cool earns them status, teens devote a lot of their energy to this pursuit.

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## Reflection

**What to think about before peers make a decision for you:**

* **Not every person of your age is having sex.** Sometimes you may seem like everyone is "doing it," it is important to realize that this is not true. People often talk about sex in a casual manner, but this doesn't mean they are actually having sex.
* Television, magazines and movies do not tell everything. Sexual situations are everywhere in our culture. They are on television, in movies, and even in commercials and magazines. This is part of the reason why we enjoy these things so much. Just remember: characters in these movies, television shows, and advertisements are actors and actresses. They can't get unwanted pregnancies and STIs but you can. (Bernstein, 2001,)

Knowing how you feel about yourself is the first big step in handling peer pressure. It's OK for an individual to want to enjoy their teen years and all the fun times that can be had. It's OK to respect yourself enough to say, "No, I'm not ready to have sex."

**8.9.6**: **How to avoid peer pressure**

If you're worried about being pressured or you are currently experiencing it, know that you are not alone and there is something you can do about it.

* Always be in the company of friends who also believe that it's OK to not be ready for sex yet.
* Go out with a group of friends rather than only your date.
* Introduce your friends to your parents.
* Invite your friends to your home.
* Stick up for your friends if they are being pressured to have sex.
* Think of what you would say in advance in case someone tries to pressure you.
* Always carry money for a telephone call or cab in case you feel uncomfortable.
* Be ready to call your mom, dad or a friend to pick you up if you need to leave a date.
* Never feel obligated to "pay someone back" with sex in return for a date or gift.
* Say "no" and mean "no" if that's how you feel
* As you crave for acceptance among your friends, use restraint and good judgment when you’re tempted to do inappropriate or illegal things.
* Develop a tough skin toward peer pressure by making decisions on your own. Your parents cannot supervise you every hour of the day.
* Instill a sense of pride, and a solid set of values and you’ll withstand the peer pressures.
* Choose friends who have positive influences and try to resist challenges.

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| **ACTIVITY 8.2**  **How would you advise a friend who finds him/herself in the following situations?**   1. “I can’t stand the colleagues I hang out with. They all look suspicious to me. I’m never sure what they’re up to, and I’m afraid I’ll just go along with anything they say. I don’t know what to do about it.” 2. “I spend most of my time worrying about what my friends will think. The clothes I wear, the food I eat and the movies I watch. Everything I do seems to be for an audience. My parents have tried to talk to me out of it sometimes, but what they say doesn’t seem to make sense to me. 3. “I have been well informed about the dangers of peer influence out there by my parents. However, there is this particular friend of mine who is so convincing and I usually find myself having sexual intercourse before I know it.” I don’t know what to do. |

## Conclusion

You are aware that these days, almost every teen has many ways to get online: via Smartphones, tablets, and laptops, all of which can be used in private. It's very easy for teens to create and share personal photos and videos of themselves without their parents knowing about it.

Most of the time, this is no big deal. By sharing something with a friend, your teen could have a memory to enjoy forever. But if what gets shared is a little too personal, your teen's reputation could be harmed. Even if the image, video, or text was only meant for one person, once it's been sent or posted, it's out of your teen's control. It could be seen by lots of people, and it could be impossible to erase from the Internet, even after your teen thinks it has been deleted.

Any sort of photo, video, or message that shows someone doing or saying something embarrassing or offensive can be damaging to a reputation. But this is especially true if there's nudity, sex, or sexually suggestive content involved. This type of sharing, known as "sexting," has the potential to haunt a teen for the rest of his or her life.

# REFERENCES

**Prescribed Readings**

Tolman, D. (2002). **Dilemmas of Desire: Teenage Girls Talk About Sexuality**. Cambridge, MA: Harvard University Press

Excerpted from Dr. Neil I. Bernstein's "How to Keep Your Teenager Out of Trouble" (c) 2001, By Dr. Neil I. Bernstein. Used by permission of Workman Publishing All Rights Reserved.

**Recommended Readings**

January, K. (2015). “**The Adverse Effects of Having Multiple Sex Partners***”*

# UNIT 9.0. SEXUALITY EDUCATION FOR LEARNERS WITH SPECIAL EDUCATIONAL NEEDS

## 

## 9.1. Introduction

Welcome to this unit on comprehensive sexuality education for learners with special educational needs. This unit presents to you a unique theme that addresses the inclusive education principle especially for learners with special educational needs. The Ministry of General Education through Educating our Future Education Policy (MoE 1996) and the 2013 Curriculum Framework (MoE 2013) places emphasis on health education and particularly comprehensive sexuality education for all learners. All children regardless of their abilities have the right to life, education and protection from diseases and any other vices that threaten their ability to live. The emergence of the pandemic HIV/AIDS has not left the disabled out. They equally need access to information about HIV/AIDs and other diseases. They need information and skills that counter the forces behind how it is spread. You may agree, that by virtue of being disabled, abuse is the likely order because some people take advantage of the disability to abuse the disabled. It is for this reason that comprehensive sexuality education is provided to learners with disabilities to equip them with skills and knowledge to protect themselves from HIV/AIDS and other forms of abuse that infringe on their rights. Comprehensive sexuality education prepares the individual as whole for life. The individual needs to acquire skills that help him or her to easily integrate into society and enjoy life like any other person. This unit will therefore highlight areas that require specialization to be applied when teaching comprehensive sexuality education to learners with special educational needs. This means learners with special educational needs should and must be taught all other content and skills other learners without disabilities learn but in a modified manner in order for them to have access.

## Learning Outcomes:

By the end of this unit, you are expected to:

1. Demonstrate knowledge of comprehensive sexuality education for learners with special educational needs
2. Demonstrate skills for teaching sexuality education to learners with special educational needs.
3. Devise methods, strategies and tools for effective delivery of sexuality education to learners with special educational needs.
4. Explain the reasons for integrating sexuality education for learners with special educational needs.
5. Design teaching and learning aids for teaching sexuality education for learners with special educational needs in schools.

* **Terminologies**
* **Learners with special educational needs**- these are learners who include but are not limited to `learners with hearing, visual, intellectual and physical disabilities who may not benefit from the curriculum if it is provided without any modifications to the modes of delivery that every child may benefit from.
* **Impairment** – a loss of a body organ or its malformation resulting from an accident, injury or disease.
* **Disability** –a loss of function, restriction in performance or function imposed by an impairment. e.g. failure to see because of lack of sight.
* **Inclusive education**- a principle that encourages the provision of necessary support to enable all learners regardless of their abilities learn and benefit from same sources learning.

## 9.2. Content

**9.2.1. Comprehensive Sexuality Education for Learners with Special Education Needs: Significance**.

Like any other person, children with disabilities have desires to get married, have friends and have hopes to enjoy adult sexual life. For some persons with disabilities such as the physically disabled, they develop sexually and experience sex like any other. However, many other adolescents with disabilities face societal myths and misconceptions. A study by Kyu Kim (2002), revealed that many Koreans parents would not allow their children to marry an epileptic person and others still thought epileptic persons needed to be isolated, research results that were associated with lower education. According to the central statistical office (2012), there were more males than females living with disabilities that were married at 53.3% and 36.9%, respectively in 2010. Many persons with disabilities suffer isolation.

## Reflection

Reflect on the following questions before you proceed with the unit!

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| *How does your community perceive people with disabilities? Write down a few lines of the attitudes towards disability in your local community!*  ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  *Consult your neighbor and find out what attitudes they have towards persons with disabilities in their culture!*  ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….. |

We are aware that the attitudes are not so much different from those highlighted above. World over, attitudes towards persons with disabilities have been bad. Bad attitudes towards the disabled lead them into isolation, depression, a feeling of low self and concept thereby affecting many important aspects of life and personal development. Many of them feel unloved, uncared for and end living unmarried lives or marrying fellow disabled persons.

However, societal attitudes have increasingly grown from negative to positive. Today, there is a promotion of inclusive practices in education and society in general. There is a growing realization that professionals need to help children with disabilities develop and enjoy life as their peers. Sexuality education is one of the avenues for providing optimal development for learners with development. Research has over the years suggested that adolescents with disabilities are likely to engage in more risk behavior because of several factors that undermine their optimal development. For instance, Boehning (2006) observed that students with emotional behavioural disorders were more inclined to risk behaviors such drug, alcohol abuse and sexual activity. Boehning cited Kauffman (2006) who reported that early sexual activity and prema­ture parenthood are often accompanied by emotional or behavioral disorders of both teenagers and their children.

Further, research has shown that adolescents with intellectual disabilities who have reached puberty have been sexually abused (Samukolo, 2011). Samukolo (2011) quoted (Bouras 1999) in a study of adolescent sexual behaviour among the mentally retarded in vocational institutions revealed that the mentally retarded learners involved in sexually inappropriate behaviours that included touching, grabbing, stripping, fondling, masturbation, hyper sexuality and sexual abuse. Samukolo (2011) found that the mentally retarded have higher sexual appetite despite the perceived lower cognitive development functioning. With the advent of HIV/AIDs and other sexually transmitted diseases, adolescents with intellectual disabilities whose cognitive functioning is lower are likely to be sexually abused than their peers. Such children are not likely to use sexual protective methods such as condoms. Wolfe & Blanchett, (2003: 50) say “Access to complete and accurate sexuality related information is pivotal to students with disabilities; as with all stu­dents, sexuality education can help them enjoy healthy and fulfilling sexual lives” The Ministry of General Education encourages institutions of learning to equip learners with knowledge, skills, values, and positive attitudes about their reproductive health and sexuality for their benefit and that of society MESVTEE (2013). We have a duty, an obligation as professionals and as institutions to promote health sexual practices even among learners with disabilities.

From the passage above, we need to note very important points that point to the realities behind young people.

1. Regardless of a disability one has, young people like any other, have feelings, sexual desires, the need for intimacy and sense of belonging.
2. We must understand that young people with disabilities are more vulnerable to sexual and other sorts of abuse than their peers without disabilities.
3. It order to behave in a sexually responsible manner, young people with disabilities need skills, knowledge and support that promote healthy relationships.
4. They need skills to reduce the risk of sexual abuse, skills to express themselves and report cases of abuse to law enforcement agencies.
5. They need information of sexual health so that they use such knowledge to counter unwanted sexual advances and make good choices from informed decision.

There are many different categories and levels of disabilities. It would be folly for us to generalize that all learners with disabilities face the same challenges the same way. They are also individuals with unique characteristics and different levels of reasoning. The need for sexuality education is not a preserve of learners without disabilities. Learners with disabilities may be more at risk of sexual abuse and need skills and knowledge to handle sexuality challenges that come their way as they are developing.

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| Sexuality education for children with disabilities has tangible and significant benefits. These include improved social skills, assertiveness and independence, positive changes in behavior, such as adopting more acceptable expressions of sexuality as well as reduced risk of sexual abuse, sexually transmitted infections and unintended pregnancy. Sexual education encompasses many aspects of life, such as: anatomy, health, personal hygiene, reproduc­tion, relationships, the sexual response cycle, religion, and expression of love. |

Let’s sample the four traditional categories of disabilities and discuss them in relation to sexuality education! In this section we focus on learners with intellectual challenges, hearing impairments, visual impairments and the physically challenged. These are not the only categories of disabilities as you may be aware!

**ACTIVITY 9.1**

What other categories of disabilities have not been listed here but may also need sexuality education?

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2. ……………………………………………………………………………….…..…
3. ………………………………………………………………………………………

**Sexuality education for learners with intellectual challenges**

Common knowledge indicates that learners with intellectual challenges are those that exhibit signs of mental retardation or those that show severe signs of failure to adapt to the environment. For the sake of this module, learning disabilities, hyperactivity disorders, attention deficits, and severe communication disorders such as autism are grouped under this category. Learners with intellectual challenges operate below normal intelligence levels. They have challenges in planning, decision making and problem solving. They face memory and attention problems and lack adequate language skills to express themselves. Learning is slow. They have problems with adaptive skills. They have little or no knowledge about sexual issues. [Schaafsma](http://www.tandfonline.com/author/Schaafsma%2C+Dilana), et al (2014) cited Abbott & Burns, 2007; Abbott & Howarth, 2007,individuals with intellectual disabilities also experience difficulties in finding, forming, and maintaining relationships—both friendships and sexual relationships. The inability to form healthy and enjoyable relationships may also negatively influence sexual health. It is difficult for them to have skills to express love and to deny it. Schaafsma, et al (2014) cited (Leutar & Mihokovic, 2007; McCabe, 1999; Siebelink et al., 2006) revealing that individuals with intellectual disabilities have limitedopportunities for positive sexual experiences as compared to their nondisabled peers. They have no common knowledge of places, people and even their body parts. With a mental age lower than the ordinary child, these weaknesses are usually taken advantage of by abusers. In many cases, they are overprotected by parents and care givers for fear of being sexually abused. In other cases once impregnated, the person who impregnates the intellectually challenged person does not accept responsibility. The impregnated also does know that they are sexual beings and have been impregnated. The biggest challenge comes during adolescence when they reach puberty. This is a period when adolescents experience strange sexual feelings. The intellectually challenged learners have problems with self-control. Because of this, myths have been created that the intellectually challenged have stronger sexual feelings than other people without disabilities. According to Joint Committee for Action in Community Care (2007), people with learning disabilities (were grouped as intellectual challenges) often have few opportunities to socialise, develop loving relationships and have their sexual needs met. They find it difficult to get the information they need about relationships and sex. People with learning disabilities are also around four times more likely to be abused than the general population. People with profound disabilities and complex communication needs are especially vulnerable. The biggest challenge for teachers is to facilitate understanding of knowledge and skills in not only sexuality education to learners with intellectual challenges. One of the known strategies of teaching learners with intellectual challenges is the breaking down of learning tasks into small steps. Teaching these learners smaller chunks helps them to understand at a slower pace. This strategy helps to promote mastery of intended skills before moving to another. One advantage for teaching these learners is they would not feel shy learning sexuality concepts some cultures consider a taboo to discuss sexual related issues.

Videos, pictures and demonstrations are good learning aids when teaching sexuality education to learners with intellectual challenges. After a demonstration, for instance, of how to wear a condom, the teacher can ask them to demonstrate how a condom can be worn. In the teaching using task analysis, male condom wearing should not be taught together with female condom wearing. Learners maybe confused when you give them too much. Direct and immediate feedback, including tangible rewards is key motivational strategies that enhance and encourage active learning for learners with intellectual challenges. Immediate feedback provides a strong connection to what the learners have learned. Behavior modeling is an effective strategy of getting performance objectives achieved especially in teaching learners with intellectual disabilities. Learners can watch a short video on how to refuse a sexual advance proposal and be asked to perform the same. Video cartoons can help develop appropriate facial expressions and appropriate language for appropriate situations.

Teachers should focus on developing skills that encourage self-expression, safe sex, hygiene and choice making. Learners should be helped to acquire social skills through positive modeling and discouraging inappropriate behavior. They need to be exposed to leisure activities in order to accord them opportunities for play and interaction. In doing this, it is necessary to aware of their personal safety. Communication skills should be developed. Such learners need a higher emphasis on assertive skills so that they are able to say yes or no to a sex proposal.

**GROUP ACTIVITY**

As teachers, we have an everyday responsibility to come up with better ways to teach. In a group, devise a tool to study sexuality behavior of a learner with intellectual disability in your local area. Take note of the unacceptable behaviors the learner emits and design an IEP to address the behaviors! Write a report of your achievements and failures! Make suggestions for working out the challenges you discovered in addressing certain behaviors of the learner with intellectual challenges.

**Sexuality Education for Learners with Visual Impairments**

Learners with visual impairments include those with partial and complete loss of vision (blind). While strategies that help the partially sighted include enlarging images, letters and any other visual stimuli, the blind need to use their sense of feeling to learn about their body anatomy and the surrounding. The loss of the sense of sight if congenital means the child may not have a picture of how visual stimuli look. They may also have difficulties with social skills which include making requests. A study by Gillman and Gordon, Prescott (1973) suggests that the somatosensory system (near receptors) rather than vision and hearing (distance receptors) has the primary role in the development of emotional, social, and sexual behaviours. Somatosensory deprivation during formative periods results in avoidance and aversion to body contact and touching. Inadequate bonding due to lack of eye contact, delays in smiling, or to parental grieving may lead to decreased touching, cuddling, and handling of the blind infant, inhibiting psychosocial -sexual development. Thus the loss of sight delays the normal development of children with vision problems. Without vision, the development of self-concept- an attribute should be able to help them learn effectively, make common and sexual friends is negatively affected. It may also be difficult for someone with a low self-concept to say ‘no’ to advances for sex. Thus persons with visual impairments are more likely to abused and lured into incite sexual activities, thereby contracting HIV and other sexually transmitted diseases. They may also get unwanted pregnancies. Sometimes, they indulge in unplanned sexual activities to seek attention, recognition and acceptance.

To avoid unwanted pregnancies and contraction of sexually transmitted diseases, learners with visual disabilities need to be educated about their body anatomy and provided with skills that can help them reject unwanted sexual advances. They can also be educated on how to create health relationships that would lead to health marriages.

When teaching them about their reproductive organs, you raise awareness against sexual abuse prompted by impermissible touches to their body organs. The awareness of their sexual organs is vital. Learners with visual impairments learn better through the sense of hearing but can have long lasting memories of things they are able to touch. Artificial plastic made sexual organs such as the penis, testicles and the vagina can be presented for touch to visually impaired learners. Using the sense of hearing and touch, learners with visual disabilities can acquire knowledge of the different parts of their sexual organs. Those with partial visual loss can benefit from magnified pictures that provide a near real image of the sex organs. The act of sexual intercourse can be demonstrated using the same artificial sexual organs. Learners with visual impairments, through the sense of touch are allowed to direct the artificial penis into the artificial vagina. Emphasize gentleness during the demonstration. Certain cultures maybe against this but learners with visual impairments just need to be taught in order to develop better skills for healthier sexual relationships. Teachers should be highly self-controlled to conduct such lessons. A shy teacher may not be able to deliver the intended skills.

Safe sex can easily be taught to learners with visual impairments using the artificial sexual organs of both the male and the female. A male condom should be put in the hands of the blind learner to have a feeling and stretch it. Identify the end of the penis where the urethra is located and ask the blind learner to tap the urethra point. Using the blind persons’ hands, place the condom thoroughly down the artificial penis up to the end point. Advise the learners that no wrinkles should be felt along the penis after the condom is placed. Remind him that the condom can only be best placed on the penis after the penis is fully erected like the artificial plastic penis being used for demonstration. Advise them that, a lady can help place the condom on her man’s penis as part of sexualizing. This means the demonstration should be done to both boys and girls so that they both know how to do it.

In the same manner, the female condom can be demonstrated by having the blind persons touch and understand its shaping first. Using the learner’s fingers, the learner is shown how to insert it properly and have it sit at the base with its ends outside for pullout at the end of the sexual activity.

As a teacher, the need to explain the importance of using condoms is vital. Guidelines should be provided when to put on the condom and alert them that they should wear it while it is lubricated or before it gets dry to lessen chances of breaking during sexual intercourse. In order to prepare them for a health sexual life, teach the learners how to arouse each other’s sexual feelings. This knowledge can also help them detect someone who is intending to sexually abuse them. Advise them on the need to touch the ears, sexual organs (the penis and the clitoris), testicles, breasts, and a gentle touch through the body. To shade more light, it is better to explain that the skin is highly sensitive to soft touch. You also need to explain that the clitoris is a highly sensitive part of a female's body while the penis (especially the glan) is highly sensitive part in males. The two parts serve a key function to provide sexual pleasure. The urethra serves as a pipeline for urine and ejaculation at different times. After the teacher has explained all the vital learning points, ask the learners to explain and demonstrate using the same learning aids.

A blind learner can be taught all the parts such as the vulva, the clitoris and the functions. Likewise, male parts of the penis and their functions can as well be taught. The whole reproductive process can be easily learnt by blind learners. It is easier to help the blind learner understand that when they reach puberty a female can get pregnant when they indulge in un-protected sex. A teacher can use some slippery soup liquid to explain the concept of semen as carrying millions of sperms in it that go to swim in vaginal fluid during sexual intercourse. When the sperms meet the ova, fertilization takes place. However, when fertilization has not occurred, the woman will experience monthly periods called mensuration.

The need to explain the dangers of HIV/AIDs and other sexually transmitted diseases is vital. Provide learners with visual disabilities skills that can help them to be able to say “NO” to unsafe sex and learn to have control over their sexual feelings.

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| Be aware that you should teach all sexuality skills in a classroom where all other learners are. Do not provide private teaching about sexuality education to learners with visual disabilities. Remember, they are protected by the same laws you teach them and any sexual abuse on them makes the law turn against you! You also need to realize that you are a professional guided by professional ethics who has been entrusted with a sensitive responsibility to turn children’s lives in a positive way and hence the need to conduct yourself professionally. |

**ACTIVITY 9.2**

1. Explain how you can teach safer sex to a learner who is blind!
2. What challenges are you likely to encounter teaching blind learners’ sexuality education?
3. Why is it important to teach learners with visual impairments sexuality education?

After answering the major questions above, ask your study partner to check your answers against the content in this section of the unit. Let your study partner provide you with immediate feedback.

List a few things that impressed you when you going through this section of the unit and express your feelings about the section!

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Well! We are sure you enjoyed the section and would wish to proceed to the next section. Enjoy the next set of content and skills!

**Sexuality education for learners with hearing impairments**

Hearing impairments are also at different levels; mild, moderate, severe and profound. Those that have residual hearing ability may benefit from acoustics learning environments, sound amplifications, and hearing aids. However, learners with complete loss of sound need to depend on sign language. Learners with severe hearing impairments may have all other senses apart from the sense of hearing. Learners who are congenitally deaf have got no sense of sound at all. This means their understanding of the environment around them depends on the sense of sight, feeling, smell and touch. They depend of sign language to communicate their thoughts and feelings. Congenitally deaf learners also do not produce speech making verbal communication difficult and solely depending on sign language. Research has shown that learners with congenital deafness are socially isolated because those they wish to interact with do not know sign language. Muzata (2015) found that parents of deaf children in selected provinces in Zambia had difficulties communicating with their own deaf siblings because family members did not know sign language. Muzata (2013), in a study of the implementation of interactive methodologies in teaching learners with hearing impairments in Copper belt and North Western provinces found that even teachers had difficulties with sign language that could appropriately be used to sign words used in the teaching of HIV/AIDs prevention. Elizabeth etal (2000 ed), Muzata (2015) also noted children from families with poor communication are likely to show withdrawal behaviours, aggressive or impulsive actions. The lack of social and emotional development makes it difficult for learners with severe hearing impairments to have health friendships and sexual relationships that may lead to health marriages.

Language is a very important tool for communication. It communicates how one feels about another person. It can communicate the love or hate for an activity or person. Failure to communicate fluently with other people makes children who are deaf to lack knowledge of their body anatomy, birth control, sexually transmitted diseases, emotions and maintaining health relationships. Further, Pierangelo and Giuliani (2008:38) observed that “language provides a foundation upon which communication, problem solving, and integrating, analyzing, and synthesizing knowledge takes place. Therefore deficits in language can have a profound impact on an individual’s ability to learn and function competently and confidently as he interacts in the world.” Crnic & Low 2002, Hintermair, 2006, Lederberg& Everhart 2000 in Quittner (2010) and Muzata (2015) noted that children with severe hearing impairments present poor social and emotional development. Studies still show people with hearing impairments are more abused than their peers because usually information is provided wrongly. Sangowawa, et al (2009), Swinbourne (2012) established that hearing impaired adolescents were more likely to indulge in unsafe sex than the other peers with hearing abilities.

With this background, the advent of HIV /AIDs may not spare any person regardless of their inborn status. The need to intervene in the challenges deaf learners face would serve life and promote health reproductive practices. Teachers have an enormous task to devise ways to ensure that correct information on sexuality education is provided to learners with hearing impairments. Learners who are deaf can benefit from sign language videos, charts, pictures and posters of sexuality education messages. Sign language videos can easily help provide demonstration lessons on how to put on a condom before having sexual intercourse. For instance, learners can be asked to watch a sign language video demonstrating the best way of putting on a condom and be asked to explain the process involved in wearing a condom. videos can include facial expressions, head tilts, eye borrow raises, and body movements by simply pressing a button and the person who can even be the teacher would appear explaining the word in sign language. Videos can help improve facial expressions that show one’s interest in something or that show disapproval.

Teachers can also use artificial sexual organs to provide clear demonstration to learners. The use of multimedia in teaching is very effective and appealing to learners.

Learners can become aware of HIV and AIDS through CD-ROM stories. This can help learners read for themselves words signed out of CD-ROM stories. Stories bring about an intrinsic worth of the way things happen and learners enjoy learning through methods such as these which bring their emotions and feelings into reality. Cartoons that show emotional expressions, that depict love conversations help to develop learners’ abilities to express themselves appropriately to others in appropriate situations.

Other methods include role play, drama, ordinary storytelling, debates, songs and outdoor visits. Since sexuality is not only about sex, such methods would develop the learners’ whole being to approach sexuality issues with positive self-esteem and self-concept. Through the use of various methods in sexuality education, learners develop assertive skills, negotiation, empathy, decision making, effective communication and many other skills that would help them develop healthier relationships with other people and also to be able to make informed decisions. The knowledge of sexuality issues prepares adolescents with hearing impairments for adult life and for developmental journey free off all sorts of abuses.

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| All human beings are sexual beings whether they have the ability to engage in sex or not. Sexuality education is not only about sex but about the way each person is in relation to others. The way we talk, dress, eat, and do many other activities expresses our sexuality. Anyhow, even persons with hearing impairments need sex, they need skills to engage in safer sex and develop healthier relationships. |

## GROUP ACTIVITY 9.3

1. Study the deaf culture and identify barriers to the teaching of sexuality education among deaf learners!
2. Explore other ways through which sexuality education can best taught to learners with hearing impairments.

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| **ACTIVITY 9.4**   1. Examine the challenges of teaching sexuality education among Zambian teachers! 2. What measures has new education curriculum put in place to address such challenges? 3. Develop material for teaching sexuality education to learners with hearing impairments |

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**Sexuality Education for Learners with Physical Disabilities**

Physical disabilities account for many conditions that incapacitate one’s ability to use their body accordingly. Physical disabilities may restrict voluntary muscle control, posture, movement or mobility. Physically disabling conditions include but are not limited to body paralysis, cerebral palsy, diminutive stature, osteogenesis imperfecta, club foot, muscular dystrophy, hydrocephalus, spina bifida and many more others. There are also physical conditions that affect body health and these may be grouped into what are called health impairments; for instance, epilepsy, sickle cell anemia, diabetes, asthma and many others. Many young people with physical disabilities enjoy sexual relationships with others who are not disabled. However, disability in any form entangles one into having self-negative feelings. Many people would not want to have sexual relationships with not only the physically disabled but other disabled persons aswell because they fear that they may contract the disability. We have a responsibility as teachers to explain that disabilities are non-contagious to our communities. It is such myths that create distance between the disabled and the none-disabled. We equally have the responsibility to explain the causes and preventive measures for several disabilities.

Many young people with physical disabilities face stigmatization and discrimination by peers and the society at large. They suffer low self-esteem and have low self-concept. They, like other disabled persons are vulnerable to sexual abuse and because of their restricted nature, they lack information on many issues including sexuality education because they are in most cases isolated. It is the lack of knowledge that makes them abused, and sometimes their physical disabilities make them unable to defend themselves from forced sex.

However, with many different kinds of physical disabilities, it is difficult to provide specific guidelines for each one of them because they have different challenges. There are learners with physical disabilities that have speech problems but have vision, others have mobility problems while many others have multiple disabilities. Therefore, from a general perspective, learners with physical disabilities need information on the dangers of having multiple partners, condom use and unwanted pregnancies. Studies show that adolescents with disabilities have a higher incidence of contracting a sexually transmitted infection compared to their able-bodied peers (Esmail,S 2010) and that children with disabilities may be twice as likely to be sexually abused as children without disabilities (Murphy & Young, 2005).

Many methods of teaching sexuality education to learners with physical disabilities should be tailored to the nature physical disability one has. For instance, a learner with club foot may learn from many methodologies for teaching learners without disabilities but should be helped to regain any suspected lost self-esteem and self-concept. A learner with muscular dystrophy is limited in movements and may need help in accessing sexuality information. Videos, field trip, leisure and social gatherings, pictures, postures can benefit learners with different physical disabilities. Expose them to debates, discussions, stories, in general to activities that allow them to develop social intercourse to promote the acquisition social skills. Provide talks that help them to accept themselves and their physical structures and help them to make use of their physical organs perform different functions including sexuality related functions. They must know about safe sex and be able to communicate their desire for or against sexual advances.

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| **ACTIVITY 9.5**   1. How can you help a learner with one hand to put on a condom? 2. List skills for sexuality education that you would wish your learners with physical disabilities would effectively learn. |

**Sexuality Skills for Learners with Special Educational Needs**

Sexuality education is crucial to all regardless of the abilities and disabilities we have. Sexuality is more than what you do with another person sexually. Thus sexuality is not only about having ‘sex’ or ‘taking part in sexual behaviors. Sexuality is also about the person you feel you are, your body, how you feel as a boy or girl, man or woman, the way you dress, move and speak, the way you act and feel about other people. These are all parts of who you are as a person from birth until you die- your whole lifetime long……sexuality is a natural and healthy part of who you are. It’s not about what you do, it’s about who you are and how you live.

The above description of sexuality provides momentum for teaching sexuality education to learners with special educational needs. Children with disabilities need to be helped to understand themselves in relation with others in society. Children with disabilities are more at risk and need interventions that can help grow into productive persons. Teachers need to impart into learners with disabilities psychosocial skills to help them develop fully. The following skills need to be imparted; Self-awareness: the ability to recognize your own shortcomings.

* **Decision Making:**ability to make wise choices and set goals in life. We have learnt from this unit children with disabilities find it difficult to make decisions.
* **Negotiation skills:** include being well prepared, showing patience, maintaining integrity, avoiding the presumption of evil, controlling our emotions, understanding the role of time pressures, breaking down bigger issues into smaller ones, avoiding threats and manipulative tactics, focusing first on the problem rather than on the solution, seeking for interest-based decisions, and rejecting weak solutions.
* **Empathy:** is the capacity to understand or feel what another being is experiencing. Empathetic skills sometimes lead to good relationships, emotional intimacy, and happy marriages. This skill may be difficult to learn by learners who are disabled. Learners with disabilities need to be taught the skills. Learners without disabilities learn some of these skills without being taught or by observation.
* **Problem Solving:** adolescents with severe intellectual challenges may show significant difficulties in problem solving. They need training by presenting situations. For instance, present a situation of an adolescent who has been sexually abused and how he or she struggles to reveal the situation to parents.
* **Assertiveness:** It means one has the ability to stand up for their rights by expressing thoughts, feelings and beliefs in direct, honest and other appropriate ways. This is supposed to be done in appropriate ways. One does not need to burst to show displeasure or un-comfortability but should be honesty that they are not happy. Many learners with disabilities have low self-esteem and self-concept, hence the need to help them be able to express themselves.

#### *Teaching Social Skills to Learners with Special Educational Needs*

* Multimedia social skills are necessary training tools for developing social skills. The interactive computer programs help students to recognize emotions and facial expressions and develop conversational skills and socialization. There are a number of computer programmes that can help develop cognitive skills, decision making and social interactions. When students interact with other people within a virtual world, teachers can use guiding questions and reminders about appropriate behavior to help students engage in more productive interactions.
* Learners with disabilities need to be helped to develop hobbies and pursue interests or recreational activities in the community and after school. Leisure exposes these learners to interaction. Although it’s a common temptation to shield children from hurt feelings and rejection, children with disabilities should be encouraged to engage in social opportunities and to grow and learn from social errors presenting occasion for friendship, extra-curricular activities and hobbies bring people together in commonality and provide opportunities to develop competence and self-esteem.
* Other strategies include development of social skills through role play to teach, practice and reinforce social skills.
* Modeling and play-acting a variety of social activities. Touching one’s genitals in public, for example, is not socially acceptable but this is done privately. However, for learners who are intellectually disabled, and the visually impaired, reality or near reality should be presented.

Children with special educational needs do not need separate content about sexuality education. They need all the content and skills given to other learners. However, teachers should find better ways to provide the content and skills so that learners with special educational needs have access to relevant knowledge and skills that enable them lead comprehensive sexuality lives free of abuse and discrimination.

**ACTIVITY 9.6**

Technology is a very tool for teaching sexuality education. If well utilized, it can outshine the teacher and his or her cultural barriers to teaching sexuality education.

* *Discuss in detail how modern technology can be fully utilized in the teaching of sexuality education for learners with special educational needs!*
* *Design cartoons and toys in different formats for use in teaching sexuality education.*

**Conclusion**

This unit presented a unique theme, a theme that reminds you of your role as profession to include learners with disabilities in curriculum development. Sexuality education for learners with disabilities is a crucial thought for inclusive curriculum. We have learnt that children with disabilities lag behind in achieving the developmental milestones hence the need to be taught skills that can help them to reach the peers’ level. We have also learnt that the disabled are at risk of being sexually abused and end up contracting sexually transmitted diseases and unwanted pregnancies due to lack of information and access to sexuality information. Many skills learners without disabilities learn by shear observation and common sense cannot be learnt by learners with disabilities unless professionals devise different ways to help them acquire the needed skills. There is need to devise several interactive methodologies to equip learners with disabilities with psychosocial skills and teach social skills for interaction in their communities. When learners with disabilities acquire such skills, they will able to make informed decisions about sexual life, enjoy sexual life, overcome sexual abuse, unwanted pregnancies and sexually transmitted diseases. They will know how to handle sexuality issues and maintain common and marital relationships.

It is hoped that you have acquired the needed knowledge and skills for teaching learners with disabilities sexuality education. it is our call that we as professional break the cultural boundaries and teach sexuality education to all learners.

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# UNIT 10: SEXUALITY AND THE MEDIA

## 10.0. Introduction

Where do boys and girls, learn about sex? What is the impact of those influences? Throughout childhood, adolescence, and into adulthood people learn about sex from many sources, including parents, schools, friends, siblings, and media outlets such as movies, television, magazines, song lyrics, videos, and the Internet. For example, we may learn about kissing from an older brother’s stories, orgasms from a pornographic movie, oral sex from an erotic web site, and rape from a television movie. The effects of heavy consumption of sexually oriented media are the topic of this unit. We begin by examining the nature of sex in the media. The rest of the unit looks on how consuming sexually explicit media impacts sexual arousal, attitudes, and behavior.

## Learning Outcomes

By the end of this unit, you are expected to:

* 1. Describe behavioural effects of sex in the media
  2. Apply appropriate strategies to mitigate negative effects of sexual media
  3. Explain disadvantages of sexting

## Contents

**10.1. Sexuality in the Media**

Adolescents' access to and use of media as sources of information has greatly increased in the last decade. Most Zambian families in urban areas subscribe to Digital Satellite Television (DSTV). Some families have Digital Versatile Discs players in the homes and access to DVDs is uncontrolled. The content of most DVDs sold on the street is not regulated. The advent of social media platforms as made it very easy for young people to exchange sexual contents.

Although sexual content in the media can affect any age group, adolescents may be particularly vulnerable. Adolescents may be exposed to sexual content in the media during a developmental period when gender roles, sexual attitudes, and sexual behaviors are being shaped. This group may be particularly at risk because the cognitive skills that allow them to critically analyze messages from the media and to make decisions based on possible future outcomes are not fully developed.

Throughout adolescence and early adulthood we continually learn about sex, and media are a major source of that information (Chia, 2006; Dorr & Kunkel, 1990; Sutton, Brown, Wilson, & Klein. 2002). Moreover, relative to other sources, media are becoming increasingly important (Check, 1995; Greenberg et al., 1993), especially women’s magazines and television (Kallipolitis, et al., 2004).

**Types of Sexual Content**

Sexually oriented media may encompass a wide variety of sources. Some materials in magazines, videos, films, and Internet web sites have labels like “erotic,” “pornographic,” “X-rated,” or “sexually explicit.” Pornography is big business, generating $13 billion just in the U.S. in 2006 (IT Facts, 2007). Although sex magazines have greatly declined in circulation since the mid-1990s, that drop has been more than compensated for by video sales, digital satellite TV, and especially the explosive growth of Internet pornography.

Most scholars distinguish between *violent sexual* material, which portrays rape, bondage, torture, sadomasochism, hitting, spanking, hair pulling, and genital mutilation, and *nonviolent sexual* material. Further classifying the nonviolent sexual material is more difficult. Some nonviolent sexual material is entirely mutually consenting and affectionate (sometimes called *erotica*), depicting vaginal or oral intercourse in a loving, or at least non-coercive, fashion. On the other hand, some nonviolent sexual material is *sexually dehumanizing,* depicting *degradation, domination, subordination, or humiliation.* This nonviolent, but dehumanizing, material typically presents the woman with few human attributes besides body parts and sexual appetite. Although often verbally abused and degraded, she appears hysterically receptive and responsive to men’s sexual demands. The man appears in the sexually dominant position, and the woman is far more likely than the man to be more exposed or nude.

Sex in media is not limited to explicit portrayals of intercourse or nudity, however, but may include any representation that portrays or implies sexual behavior, interest, or motivation. Sex also occurs in many other places besides explicitly sexual materials. Many news stories, including reports of sex crimes, sex scandals, celebrity starlet social gossip, or tragic excesses like the Abu Ghraib prison abuses in Iraq, involve sexual content. Sex is rampant in advertising, particularly for products like perfume, cologne, and after-shave, but also for tires, automobiles, and kitchen sinks.

**Electronic Media**

Since the advent of broadcast media in the 1920s, standards have usually been more conservative for radio and television than for print media, because it is easier to shield children from sexually oriented print media than from X-rated TV. With the advent of widespread satellite TV and video technology, a sort of double standard has arisen, with greater acceptance of more sexual materials in video and DSTV than on network television. The logicappears to be that DSTV and movies bought on the streets in Zambia are “invited” into our home, whereas programmings done by broadcasters like ZNBC and Muvi TV are uninvited and accessible wherever a TV set is present. A greater problem is the easy availability of sexual materials on the Internet, which has virtually no effective restrictions (Ferguson & Perse, 2000). Although there is much interest in legally restricting children’s access to sexually explicit sites, very little is being done in Zambia.

Content analyses has shown you that, although the sex on national television is not usually explicit, sexual talk and innuendoes are rampant, most often occurring in a humorous context. Sexual content shown by DSTV makes a lot of references to premarital and extra-marital sexual encounters compared to sex between spouses. It is extremely high for unmarried partners in soap operas! Female nudity shown in movies exceeds male nudity by a very high margin. Sex in pay TV is largely portrayed without consequences. Discussions about sex on pay TV in most cases does not mention any risks or responsibilities of sex (Cope-Farrar & Kunkel, 2002).

**Effects of Sexual Media**

Although many might wish it otherwise, sex, even very explicit sex, does sell. Sexually oriented print, video, broadcast, and Internet materials are highly profitable commercially, a condition which in itself ensures their continued presence. Aside from these economic effects, three major classes of effects of exposure have been identified, namely arousal, attitudinal changes, and behavioral effects.

Research on effects of sex in the media has been guided by a variety of theoretical perspectives. Each of these perspectives has informed and guided certain areas of research on the effects of sexual media.

**Arousal**

One straightforward effect of consuming sexual media is sexual arousal, the heightened physiological state that energizes sexual behavior. Arousal is measured in either of two ways. The most common measures are self-ratings (e.g., “How aroused are you?” on a 7-point scale). It may also be measured more directly, albeit more obtrusively, through various physiological measures such as electronic sensors measuring penile tumescence, vaginal lubrication, or temperature (thermography).

By most measures, men are typically more aroused by sexual media than are women, especially in response to sexually violent or dehumanizing materials (Malamuth, 1996; Murnen & Stockton, 1997). Sexual violence may be particularly arousing to sex offenders and other violence-prone men and even to “normal” men if the victim is portrayed as being aroused by the assault. Sexually coercive men are more physiologically aroused by slides or verbal descriptions of coercive sex than are “normal” men, who may have developed the ability to inhibit a sexual response in the presence of coercive cues (Lohr, Adams, & Davis, 1997).

Sexual arousal in response to stimuli that would not normally be arousing may be learned through classical conditioning. For example, Ranchman and Hodgson (1968) classically conditioned heterosexual men to be sexually aroused by women’s boots by pairing the boots with nude female photos, thus providing a model of how sexual “turn-ons” can be learned. This process could account for the vast individual differences in the specific stimuli that arouse people sexually. Through different experiences, people have all been conditioned to respond to different stimuli through associations with those we love. Because of its connection with a particular person, someone may be aroused by a certain perfume or cologne, type of clothing, or specific behavior. Media provide many of the images and associations for such conditioning.

The degree of arousal need not be highly correlated with the degree of explicitness. Sometimes people are actually more aroused by a less sexually explicit story than a more explicit one. A scene which cuts suddenly from a bedroom one night to the next morning may sometimes be more arousing than a more explicit version with the intervening night uncut! Censoring a sex scene may make a film more arousing because viewers can fill in their own scripts. When people are allowed to use their own imaginations to construct the ending of a romantic scene, they are more likely to construct a reality that is more arousing to them personally than if they view someone else’s idea of what is arousing. The individuality of sexual arousal is the concern that sex therapists have with certain sexual media from the Internet or adult video films. It has been argued by Carnes (2001) that since the Internet has an unlimited number of websites that feature any sexual desire that the user wants, this leads to sexual arousal because the stimuli is “new.” For instance, because of Internet sex websites, a viewer can see images of any desired fantasy, many of which typically do not occur in most people’s sexual lives. These images are then “burned” into the brain and are fantasized about during sexual intercourse (Carnes, 2001).

**The Gender Skew**

Explicit sexual materials have traditionally been designed by men and for men. As such, they have a distinctly macho, hyper masculine orientation. Although magazines and videos show all varieties of heterosexual intercourse, they place little emphasis on associated foreplay, after play, cuddling, or general tenderness. Women are shown eagerly desiring and participating in intercourse, often with insatiable euphoria. There is little concern with the consequences of sex or the relational matrix within which most people experience it. Men are much more active seekers and users of sexual material than are women (Gentleman, 1999). However, this cannot necessarily be assumed to be due to greater intrinsic male interest in sex; it may merely reflect the pornography industry’s extreme slant to the hyper masculine fantasy.

Using evolutionary psychology explanation for sex differences in sexual behavior (Buss, 1995; Malamuth, 1996, 1999) argue that men seek a greater number of sexual partners, while women are more interested in a longer-term commitment from a mate to help raise the offspring. These ideas are consistent with observed findings that men seek out and use sexual media more than women and are generally more aroused than women by them, especially media that visually represent many different potential partners. Women, however, are less aroused than men by typical pornography, preferring more contextually based sexual expressions like romance novels.

**The Catharsis Legend**

One often hears the argument that consuming sexually explicit material facilitates the expression of sexual urges and thus *decreases* arousal. This invokes the construct of **catharsis**, the emotional release that follows the expression of an impulse. This popular idea comes most directly from psychodynamic models of personality, notably Freud. Applied to sex, the catharsis argument predicts that consuming sexual media relieves sexual urges, with the magazine or video, perhaps in conjunction with masturbation, becoming a sort of imperfect substitute for the real behavior. Although a catharsis argument has been used to support loosening restrictions on pornography (Kutchinsky, 1973) and has been reported by sex offenders as a strategy for reducing impulses for committing an offense (Carter, Prentky, Knight, Vanderveer, & Boucher, 1987; Langevin, Lang, Wright, Handy, Frenzel, & Black, 1988), the research support for catharsis is weak to nonexistent (Bushman, Baumeister, & Stack, 1999). Viewing sexual material *increases,* not decreases, sexual arousal, and, after viewing, one is thus *more*, not *less,* motivated to engage in sexual behavior. Thus consuming pornography in order to reduce sexual arousal is likely to have the opposite effect. Nor will it reduce the propensity to rape, which is driven by a power motive, not a lack of sexual fulfillment (Prentky & Knight, 1991).

**Attitudinal Effects**

Many concerns about sexually explicit media involve the attitudes and values they convey. Repeated exposure to media with a more-or-less consistent set of messages may cultivate a worldview that increasingly reflects the perspective of the media. For example, watching numerous reality TV like Big Brother and movies where characters are routinely sexually active early in a relationship with little concern of consequences may cultivate acceptance of such a position in young viewers and thus weaken family-taught values against casual premarital sex. Increasing numbers of adverts and movies with themes of coercion and sexual violence may desensitize readers to violence toward women. Such effects are especially likely to happen if the characters holding those values are respected characters with whom young viewers identify. Sexual promiscuity by a prostitute is less likely to influence the values of a viewer than is similar behavior by a respected woman.

One of the major social criticisms of pornography is that it is ideologically anti-women (Buchwald, Fletcher, & Roth, 1993; Russell, 1998), a concern especially leveled at violent and nonviolent dehumanizing pornography. It is usually women, not men, who are the playthings or victims of violence by the opposite sex. It is a common feature in Zambia to shout at women *Hule* or being stripped naked by *call boys* for what they consider as indecent dressing.

**Sexual attitudes**

Men show a variety of sexual attitudes and values after exposure to nonviolent sexually explicit materials. Seeing slides and movies of beautiful female nudes engaged in sexual activity, men tend to rate their own partners as being less physically endowed. Voluptuous model has become the norm or “anchor” to which real people are compared.

Such effects are not limited to men. Both men and women who watch pornographic films experience less satisfaction with the affection, physical appearance, sexual curiosity, and sexual performance of their real-life partners (Zillmann & Bryant, 1988a, 1988b). They also see sex without emotional involvement as being relatively more important and tend to show greater acceptance of premarital and extramarital sex and place lesser value on marriage and monogamy. They have less desire to have children and greater acceptance of male dominance and female submission.

Further sexual material need not even be explicit or graphic to help shape attitudes. Bryant and Rockwell (1994) found that, adolescents who watched a heavy diet of highly sexual prime-time programs were more lenient in their judgment about sexual impropriety and how much a victim had been wronged. One may not even need the pictures. Print descriptions of sex can be conducive than photos to fantasizing about one’s own partner

Alcohol consumption may enhance existing tendencies to either harshly judge or empathize with a female victim, although it generally decreased sensitivity to victim distress, especially so in “hypermasculine” men (Norris, George, Davis, Martell, & Leonesio, 1999). Alcohol can even affect women’s judgments. Women reading an eroticized rape description while intoxicated are less likely than a sober woman to label coercive sex events as rape.

Pornography, especially videos, may be consumed for one or more of four different purposes (Gunter, 2002). *Sexual enhancement* creates the mood for sex or gives ideas about specific behaviors. *Diversion* offers an escape from boredom. *Sexual release* stimulates sexual fantasies. *Substitution* replaces a sexual partner. Men are more likely than women to use pornography for sexual release and substitution. Those who used\ it for substitution are more likely to show acceptance of rape myths, although those who use it for sexual release are actually less likely to accept the rape myths (Gunter, 2002; Perse, 1994).

**Behavioral Effects**

Teenagers who watch a heavy diet of television with sexual content are twice likely to engage in sexual intercourse over compared to teens who are light viewers of sexual content. Heavy TV viewing of sexual content is also associated with other non-coital sexual behaviors (heavy petting, deep kissing, etc.). These are the same regardless of whether the sexual content was explicitly shown in behavior or only discussed in dialogue.

On the other hand, sexual content in media can have positive effects of increasing knowledge and instigating information seeking. Young ones who view an episode of emergency contraception in *ER*are likely to talk about the issuewith others. Others may try to seek information from another source, while other may consult their doctor about it (Kaiser Family Foundation, 2002). An episode that portrays a pregnancy resulting from condom failurehas the potential to teach young ones learning that condoms could fail at times (Collins, et al., 2003).

Sometime media may actually teach new behaviors, including potentially some extremely violent and destructive ones In a review of correlational research examining the role of pornography in the sexual development of sex offenders, including the possible role of pornography to incite sexual offenses, Bauserman (1996) concluded that such links have not been reliably demonstrated as general trends. However, sex offenders are a highly diverse group and there may be a subset that uses violent pornography in disturbing ways. Allen, D’Alessio, and Emmers-Sommer (2000) found that, although convicted sex offenders did not consume more pornography than did non-offender controls, they were more aroused by it and were more likely to commit some form of sexual act afterwards (masturbation, consensual, or coercive sex). Vega and Malamuth (2007) found that the amount of pornography consumption was a significant predictor of sexual aggression in men. Malamuth, Addison, and Koss (2000) came to a similar conclusion examining numerous meta-analyses and empirical studies, with the effect being strongest for violent pornography and those men at high risk for sexual aggression.

Cybersex, defined as communicating online and masturbating (Ferree, 2003), as well as viewing sexual images on the Internet while masturbating, has behavioral consequences for the user as well as the user’s partner and family. Results from an online survey of those impacted by their significant other’s frequent cybersex found that such behavior was a contributing factor in separation and divorce. Furthermore, the majority of couples abstained from having sexual intercourse, resulting from the partner’s (usually female--97%) feelings of isolation and lower self-esteem from not feeling as pretty as the online women, and anger from being lied to (Schneider, 2000). If the user and partner had children, results showed that 14% of those children have seen pornographic images and/or the user masturbating, while 11% of children were adversely affected by the images and users’ cybersex behavior (Schneider, 2003).

Aside from teaching new behaviors, sexual media may also break down natural inhibitions of previously learned behaviors. For example, watching a video with oral sex or bondage may disinhibit the viewer’s prior existing inhibitions against engaging in such behavior. Watching a rape scene where a woman appears to enjoy being assaulted may disinhibit the constraint against some men’s secret urge to commit such a crime. Amount of violent pornography consumed significantly predicted self-rated likelihood to rape, although there was no effect of nonviolent pornography (Demare, Briere, & Lips, 1988). Check and Guloien (1989) found that men exposed to a steady diet of rape-myth sexual violence reported a higher likelihood of committing rape themselves, compared to a no-exposure control group, but the same result was found for a group exposed to nonviolent erotica.

Such effects appear to carry over to new settings. Donnerstein and Berkowitz (1981) showed men a sexually violent film where a woman is attacked, stripped, tied up, and raped. In one version of the film the woman was portrayed as enjoying the rape. Afterward, men who had seen that version administered more electric shocks to a female, though not to a male, confederate who had earlier angered them in an ostensibly unrelated study. In a similar vein, Zillmann and Bryant (1984) found that participants with repeated exposure to sexually explicit media recommended shorter prison sentences for a rapist than did a control group. Shope (2004) found that men who used pornography, especially if they also abused alcohol, were more likely to batter their partners.

***Correlation of Sexual Media to Rape and Other Crimes.*** One of the main concerns about behavioral effects of viewing sexually explicit materials is their possible relationship with rape and other so-called sex crimes. Most Western nations have experienced since the 1960s a large increase both in the availability of sexually explicit media and in the rise in reported rapes. The relationship between the two, however, has been difficult to clarify. There have been many studies looking at correlations of rates of crimes like rape, sexual assault, exhibitionism, and child molestation, relative to sexual media consumption and changes in the availability of pornography in many different countries (see Bauserman, 1996, for a review). Results have sometimes shown an increase in availability of sexual explicit media associated with an increase in rape rates (e.g., Court, 1984; Jaffee & Straus, 1987), and other times a decrease or no difference in rates of rape and other crimes (e.g., Kutchinsky, 1973, 1991). This inconsistency in the literature may be in part due to sampling and procedural differences across studies and in part due to cultural and national differences in social attitudes toward rape, rates of reporting, and likelihood and severity of punishment.

One interesting example of cultural factors is seen in the case of Japan, which has a fairly high availability of sexually explicit materials, including sexual violence, but very low rape rates (Diamond & Uchiyama, 1999). Sexual themes in Japanese art and society go back centuries and continue to be common, without being associated with shame or guilt. Although Japan prohibits pictorial representations of adult genitalia, explicit sexual depictions are not restricted to “X-rated” magazines, books, and films, as in the United States. Why, then, is the incidence of reported rapes in Japan less than one tenth the rate in the U.S. and one-quarter the rate in Western Europe? Although rape in Japan may be more likely to be group instigated, perpetrated by juveniles, and greatly underreported by victims (Goldstein & Ibaraki, 1983), these factors are unlikely to entirely explain the difference (Abramson & Hayashi, 1984). Japanese society emphasizes order, obligation, cooperation, and virtue, and one who violates social norms is the object of shame. This probably discourages victims from reporting rape but also greatly discourages and stigmatizes those who perpetrate it.

You may be aware that, firmly establishing a causal relationship between the availability of sexually explicit materials and the incidence of crimes like rape is extremely difficult, due to the many other relevant factors, including the different varieties of sexual material, cultural differences, changes in social consciousness about reporting sexual assaults, and changing norms sanctioning such behavior. Although there may be positive correlations between specific measures like sex magazine circulation and reported rapes within a narrow geographical area (e.g., Court, 1984; Jaffee & Straus, 1987), a more general conclusion remains elusive, especially in the age of the Internet where material is available to users almost anywhere.

**Mitigating the negative effects of sexual media**

Although not all questions have been answered, results from the research reviewed in this chapter are disturbing, especially given the widespread viewing of sexually violent films by children and young teens and their hugely increased availability through video and the Internet. Some studies have developed and evaluated extensive pre-exposure training and/or post-exposure debriefing procedures designed to lessen the desensitizing effects of sexual violence (Intons-Peterson, Roskos-Ewoldsen, Thomas, Shirley, & Blut, 1989; Linz, Fuson, & Donnerstein, 1990). These studies have typically shown mitigating effects on some measures and not on others. Linz et al. (1990) found that men were most strongly positively affected by the information that women are not responsible for sexual assaults perpetrated on them. Offering pertinent information about rape myths reduced desensitization and the inaccuracy of media portrayals *after* people had seen the sexually violent media. Participants were more impressed with such arguments after they had felt themselves excited and aroused by the film and had seen very specific examples to illustrate the point of the debriefing/mitigation information. In the context of having seen such a film, the specific points of the sensitization training had greater impact. Thus experimental participation may at least sometimes actually *decrease* rape myth acceptance.

Using a different approach, Wilson, Linz, Donnerstein, and Stipp (1992) measured the effect of seeing a prosocial TV movie about rape. Compared to a control group, people viewing the film generally showed more awareness and concern about rape. However, not all groups were so affected. Unlike women and young and middle-aged men, men over 50 had preexisting attitudes reinforced and actually blamed women more for rape *after* seeing the film. This suggests that attitudes and experiences of the target audience of interventions must be carefully considered.

In a recent meta-analysis, Mundorf et al. (2007) conclude that studies testing various methods of pre-warning and/or debriefing can completely undo the negative effects of sexual materials and often move attitudes to a less antisocial position than where they were before viewing the material.

**Children and Sexual Media.**

As you have seen, all of the research discussed so far has tested adults or adolescents. For obvious ethical reasons, there is no research systematically showing young children sexually explicit material and measuring their reaction. However, children do see sexual media and are probably affected by them.

One study (Cantor, Mares, & Hyde, 2003) has used an ingenious methodology to study this problem without the unacceptable ethical situation of showing children sexual media. The study asked 196 college students to describe a memory for some sexual media content they had seen. Almost everyone (92%) did so, and 39% wrote about something they had seen at age 12 or younger. Most of these instances were R-rated movies playing in a home with older children or teens (but usually no adults) watching and the child as an incidental viewer. Memories of young children focused on salient physical aspects of the scene, such as nudity, kissing, and “sexual noises.” This was in contrast to the over-age-13 memories, which focused more on dialogue, relationship, and themes like rape or same-gender sex. Overall, men’s early memories were more positive than women’s. Young children felt guilt and concern about what others would think of them. Older children responded more to the content (e.g., anger at rape scenes). Clearly there is need for parental mediation for children exposed to such content, and just as clearly they are often not receiving it.

**Adolescent sexuality and the media**

There is growing concern about young people's exposure to sexual content through television and other electronic media and about its potential effects on their sexual attitudes, beliefs, and behaviors. Researchers have documented the growing prevalence of sexual talk and portrayals of sexual behavior in televised media, as well as associations between adolescent viewing patterns and their sexual activities.

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| **ACTIVITY 10.1**   * Most pupils in Zambia own a mobile phone with internet capabilities. Discuss the merits and demerits of learner using social media. * Discuss the effects of sexual contents in the media |

**Adolescent Sexuality and Consequences**

Premarital sexual activity among adolescents is a precursor of pregnancy and sexually transmitted diseases, including infection with the human immunodeficiency virus (HIV). Research suggests that even among teenagers who have not experienced vaginal intercourse, substantial numbers engage in other intimate sexual behaviors that carry health risks.

Among adolescent girls in Zambia aged between 15 and 17 years, a significant number become pregnant each year. Those adolescents who report four or more lifetime sexual partners are at greater risk for contracting sexually transmitted diseases, including HIV infection.

**Effects of sexual content in the media**

What we know about the potential effects of televised sexual content on adolescents is based largely on content analyses of media that quantify levels of sexual material and track trends from year to year (Huston, Wartella, Donnerstein. In addition to content analyses, correlational studies have linked socio-demographic factors (for example, sex, age, and ethnicity) to adolescents' viewing preferences and to their understanding and interpretation of sexual material in the media. Findings indicate that adolescent girls choose network television programs with sexual content more often than do adolescent boys and spend more time watching it, often in the company of parents. In Zambia, Telemundo and Zee world are widely watched by teenage girls than boys. Older adolescent boys, however, are more oriented to the hardcore sexual content found in explicit music lyrics and X-rated films. They are also more drawn to new media choices like handheld devices, the Internet, and computer games (Brown, 1993). Adolescents of both sexes who watch and listen to a lot of media are more likely to accept stereotypes of sex roles on television than are less frequent viewers (Walsh-Childers, 1993).

Age or stage of development also influences comprehension and interpretation of sexual content. In a study of sexual innuendo on television, (Silverman-waltkins &Sprafkins, 1983), 12-year-old youths were less likely to understand suggestive material than 14- and 16-year-olds. Adolescent girls aged 11 to 15, who are at an earlier stage of physiological development are less interested in sex portrayed in the media whereas more mature young women were intrigued and more actively sought out sexual content in the media as a means of “learning the rules, rituals, and skills” of romance and relationships. The media provides models for achieving the “right look” to become popular and attract boys, and portrays teen characters with problems similar to their own, shows how they solve their problems, and give examples of how to behave in sexual situations.

Many theories have been advanced to explain the effects of media on behavior (Brown,1995) .They are all based on the fundamental notion that greater exposure to the media leads to the adoption of the values, beliefs, and behaviors that are portrayed, particularly when they are shown to be reinforced or are unaccompanied by adverse consequences. Exposure to violent content in the media provides some support for these views (Commstock 1991) Sexual activity, however, may not be learned by observation and modeling in the same way as aggression or violence. Other promising work appears in research on televised alcohol advertising and adolescent drinking (Wash-Childers& Brown, 1993) Simple exposure to alcohol advertisements does not affect alcohol use. Rather, the effects of alcohol advertisements depend on the extent to which young people like and attend to them. Music and humor are key elements in determining liking and attention. Attention to alcohol advertising increases adolescent drinking, whereas drinking does not influence attention to alcohol advertising.

These days, almost every teen has many ways to get online: via Smartphones, tablets, and laptops, all of which can be used in private. It's very easy for teens to create and share personal photos and videos of themselves without their parents knowing about it.

Most of the time, this is no big deal. By sharing something with a friend, your teen could have a memory to enjoy forever. But if what gets shared is a little too personal, your teen's reputation could be harmed. Even if the image, video, or text was only meant for one person, once it's been sent or posted, it's out of your teen's control. It could be seen by lots of people, and it could be impossible to erase from the Internet, even after your teen thinks it has been deleted.

Any sort of photo, video, or message that shows someone doing or saying something embarrassing or offensive can be damaging to a reputation. But this is especially true if there's nudity, sex, or sexually suggestive content involved. This type of sharing, known as "sexting," has the potential to haunt a teen for the rest of his or her life.

**Sexting**

Sexting (or "sex texting") is the sending or receiving of sexually explicit or sexually suggestive images, messages, or video via a cell phone or the Internet.

Examples of sexting include sending:

* nude or nearly nude photos or "selfies"
* videos that show nudity, sex acts, or simulated sex
* text messages that propose sex or refer to sex acts

**Why Do Teens Sext?**

Many young people sext as a joke, as a way of getting attention, or because of "pressure from guys." Guys sometimes blame "pressure from friends." But for some, it's almost become normal behavior, a way of flirting, being seen as cool, or becoming popular. And teens get some reinforcement for that when lewd celebrity pictures and videos go mainstream and the consequences are greater fame and reality TV shows, not ruined careers or humiliation.

**How Common Is Sexting?**

It's hard to know exactly how common sexting is among teens. Studies have found that about 1 out of every 5 to 10 teens — guys and girls — have sent sexually suggestive pictures. And about 1 out of every 3 to 8 teens have received them.

The studies focused mainly on pictures, not sexually suggestive comments, messages, or tweets. The percentage of teens involved in sexting goes up if written sexual content is included, but it's not clear by how much. But one thing is clear: Sexting is relatively common among teens.

**Consequences of Sexting**

Young people should understand that messages, pictures, or videos sent via the Internet or Smartphone are never truly private or anonymous. In seconds they can be out there for the entire world to see. If a compromising image of your learner goes public or gets sent to others, the young person could be at risk of humiliation, embarrassment, and public ridicule. Even worse, it could damage the young person's self-image and possibly lead to depression and other mental health issues.

And don't overlook the potential for legal consequences. In some states, a teen could face felony charges for texting explicit photos or even have to register as a sex offender.

Beyond that, questionable behavior online can haunt a college applicant or prospective employee years later. More and more prospective employers check online profiles looking for indications of a candidate's suitability — or giant red flags about bad judgment and immaturity.

**What teachersshould know**

Young peoples’ decision-making skills, judgment, and ideas about privacy are still being formed. It can be hard for them to grasp the permanent consequences of their impulsive interactions. Just as they might not consider how smoking now can lead to long-term health problems, they can be reluctant to curb their "share everything" tendencies now for the sake of their reputations later.

One of the top responsibilities of teachers is to teach their young ones how to take responsibility for their own safety and their own actions. It's important to send that message about the virtual world too. Even if a learner's intentions are playful or harmless, if messages or pictures become public, the outcome can be anything but devastating.

It's crucial to talk to your learners about how pictures, videos, emails, and text messages that seem temporary can permanently exist in cyberspace. One ill-considered picture sent to a personal friend ‘phone easily can be forwarded to the recipient's friends, posted online, or printed and distributed. Even an image sent to a boyfriend or girlfriend could lead to problems if someone else sees it or it's distributed after a break-up. Intense peer pressure to take or send nude pictures will pale in comparison with the public humiliation that follows when the images land on Face book or the cell phones of hundreds of other kids and even adults.

Teachers need to have open conversations about personal responsibility, personal boundaries, and how to resist peer pressure. Conversations like this should occur throughout the time they are at school or in your care — not just when problems arise.

It is important to explain to your learners, early and often, that once an image or message is sent, it is no longer in their control and cannot be taken back. It can, and likely will, spread beyond the person who was meant to see it. Teach kids to follow the "WWGT" ("What would grandma think?") rule. If grandma shouldn't see it, they shouldn't send it.

In the meantime, schools can make it clear that there will be consequences if their pupils are caught sexting, such as taking away cellphones and computers or having limits to when and how they can use these devices.

**Strategies to help adolescents use media productively**

No guidelines exist on the recommended amount of time that adolescents should spend viewing television or other media. The main concern for parents should be whether television or other electronic media use is interfering with an adolescent ability to function effectively in other spheres of life. Does media viewing cut into homework time or other recreational activities like athletics or hobbies? Are teenagers absorbed in long hours of solitary viewing or game playing in their bedrooms without supervision or oversight? Are they modeling their behavior on that of performers or dramatic characters? Is this behavior inappropriate or harmful for their age or stage of development? Are adults aware of the media influence? Asking adolescents about their media viewing can give the physician or parent the opportunity to detect any feelings of depression or alienation. The adolescent may reveal unrealistic expectations about physical attractiveness and unhealthy dieting and exercise practices.

The importance of supervision and guidance in the media choices of adolescents and their volume of use should be emphasized to parents and concerned adults. Joint viewing or participation may be the best option. When joint viewing is not possible, parents and guardians should be encouraged to take advantage of the television channel blocking system on decoders and screening software for computers to reduce inappropriate access. Finally, adults in all areas of adolescents' lives need to help teenagers critically evaluate the media and its often unrealistic representation of characters, products, behavior, and life situations. Teaching adolescents to be critical consumers of electronic media is the best prevention strategy.

**ACTIVITY 10.2**

* Discuss any three types of sexual contents
* Explain how you can mitigate the negative effects of sexual media
* Explain how adolescents can use media productively.
* Discuss the consequences of sexting

## Conclusion

Adolescents are exposed to many sexual images and messages on television that are almost universally presented in a positive light with little discussion of potential risks and adverse consequences. Adolescents use the media as sources of information about sex, drugs, AIDS, and violence as well as to learn how to behave in relationships

Teachers and significant others should address preadolescent and adolescent use of electronic media and the Internet, television viewing patterns, and R- and X-rated movie attendance or buying of video when assessing risk behavior. Parents and guardians should be encouraged to supervise adolescents' media use, take advantage of the channel blocking system on decoders and screening software to reduce inappropriate access, and help teenagers to critique what they see in the media

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