

Macro Sex-Negativity to Micro Implications:

My Personal Experience with Absent (Abstinence) Sex Education

Kassandra McFarland
Idaho State University

DJ Williams
Idaho State University
Center for Positive Sexuality (Los Angeles)

Introduction

This paper focuses on how U.S. sex education programs that are rooted in widespread sex-negativity may impact individuals' personal lives. We begin by discussing sex-negativity and its infiltration into sex education. We then illustrate, via brief autoethnographic method, how such education (or lack thereof) has negatively impacted the personal life of the first author, who is a female graduate student studying at a western U.S. university under the supervision of the second author. We conclude by suggesting how a positive sexuality approach may improve sex education and provide important benefits to youths' lives.

Sex-Negativity and U.S. Sex Education

Sex negativity is reflected in both institutions and in individuals' attitudes, wherein frequent and/or diverse sexual practices are often regarded as unacceptable, deplorable, shameful or unhealthy. Societies that are largely sex negative generally have a narrow range of "appropriate" sexual behaviors and limited sex education and communication (Williams, Thomas, & Prior, 2015). At the same time, what is defined as *sexual health* is influenced by numerous micro, mezzo and macro interactions including peers, family, social networks, organizations, institutions and public policy frameworks (Richard, et al. 1996). In the United States, children are often taught in school about physical and physiological changes caused by puberty and, if a sex education program for teens is provided, about the risks and negative consequences of sexual intercourse. However, adolescents are provided very few, if any, tools to understand sexuality in its social and cultural context. This omission leaves no consistent, publicly-sanctioned discourse for positive adolescent sexual development (Russell, 2005).

Widespread institutionalized messages of sex negativity pervade many aspects of adolescents' lives and can detrimentally influence romantic relationships and sexual decision making as they mature. Much of American society is clearly sex-negative (Williams, Thomas, & Prior, 2015), especially in comparison to other developed nations such as Germany, Norway, and the Netherlands. While there is variation in the U.S education system concerning how sex education is taught and what precisely is covered, many states are required to emphasize sexual abstinence until marriage and only a minority are required to provide information on contraception (Guttmacher Institute, 2012).

Although comprehensive sex education programs in other countries have been found to be more successful in reducing teenage pregnancies and the spread of sexually transmitted infections, the U.S. has a history of funding abstinence-only sex education at staggering levels (Schaalama et al., 2004). Over the past few years, approximately \$50 million per year was allocated for these programs (Sexuality Information and Education Council of the United States, 2015). Not only do these programs reinforce a puritan, homogenous ideal of sexuality, current U.S. sex education programs also unintentionally promote race, class and gender-based inequalities (Connell & Elliott, 2009).

In light of this background, an obvious important question arises concerning how sex education programs, rooted in widespread sex negativity, may impact the personal lives of individuals. Researchers have directly or indirectly explored this question from different theoretical and methodological perspectives as it pertains to the marginalization of sexual minorities. However, our focus here is to utilize an autoethnographic method that focuses on sex education directly and how this has impacted the personal sexual development of the first author of this paper. Scholars and professionals who study sexuality frequently face stigma among their peers simply given their area of interest, thus it is not surprising that few, such as Bezreh, (2015), Blinne (2012), Prior (2013), Wagner (2009), and Thomas and Williams (in press) have openly discussed personal aspects of their sexualities. However, Thomas and Williams (in press) argue that researchers' own disclosure potentially can generate new knowledge and facilitate progress in sexual science. Thus, using a form of autoethnography (for an overview, see Ellis et al., 2011), we highlight a few specific personal experiences of the first author to illuminate how macro sex negativity in the form of sex education, or more precisely the lack thereof, significantly impacted her personal sexual development.

My Discovery of My Vagina within a Tradition of Silence, Mystery, and Fear

One of the most prominent and manifest characteristics of sex negativity is the general discomfort with discussing sex or related topics; this includes access to media depictions, and the dreaded "talk" about sex from parents to teens.

As a young child growing up in southeast Idaho in the 1990s, anatomy or any kind of sex education was avoided by my parents, who both came from a strict religious background. Sex was a taboo topic, just as it had been in their homes when they were growing up. This tradition of silence, mystery, and fear seemed to have a long history. Menstruation was discussed only once after my sister and I discovered what we thought were some strange form of adult diapers in the bathroom. My mother simply told me that "Periods happen when you're older. You bleed and they hurt." That was it! The end. Aside from that brief abrupt lesson, I had no realistic conception of what a vagina was. I was too young to question where the blood came from.

Despite my fears surrounding specific anatomy and physiology, I was curious that there was something interesting, exciting, yet forbidden in the adult world. Clues surfaced occasionally both through movies and private conversations that I overheard among friends at school. One day, I saw the sex scene from the movie "Hellraiser" and came to

the conclusion that sex was when adults rubbed their “naughty parts” (as my parents called them) together.

Puberty is marked by many cultures as the beginning of sexual maturity, but the onset of puberty has been occurring earlier in females in the last century. Prehistorically and historically, women did not begin to menstruate until around age 17 or older; however, with puberty occurring earlier due to nutritional improvements, the average age of menarche is approximately 12 years old (Sarpolis, 2011). Due to this physiological shift, children have less time to develop cognitively and to obtain the social skills necessary to understand their unique bodies and sexualities. Thus, sex education should include not only accurate information on reproductive anatomy and physiology, but it should also address social skills, communication, and personal decision-making.

It was not until age ten when my period actually started that I ascertained what a vagina was and that I even possessed one. Curious of where the blood was coming from, I hid myself away in the bathroom to find out. Until then, I had no idea that this opening existed! This was the discovery of a whole new part of my body I did not know I had! I remember haphazardly inserting a finger and simply pausing, my brain racing as innumerable events and whispered conversations suddenly made more sense. Sex was not just rubbing body parts against one another, it involved fitting them together, and I happened to be the receiver! I remember thinking, "sex must feel really good if everyone makes such a big deal about it!" But I also remember thinking that since we go to the bathroom alone, bathe alone, and every sex scene I had inadvertently witnessed involved two people alone, and that I had to figure this out alone, then sex should be very private. It then made sense that no one talked about it! So, I didn't talk about it, or ask any questions about it either.

This personal experience is, of course, illustrative of common aspects of sex negativity. Too many parents in prior generations have been uncomfortable discussing sex or anything related to it, but with no instruction or precedent, how could they be expected to discuss such topics with their children? However, this lack of education causes another problem. Many, if not most, children, when natural events occur, are logically able to extrapolate anatomic realities and social cues as to what sex seems to be. Yet, without guidance they are free to make assumptions and outright guesses in their comprehension of sex. The first author grew up believing that sex was something secretive, and something she passively received, or in other words, something that was done *to* her. This belief would have disastrous effects later in her life.

Compounding the Problem: Classroom Sex-Ed

The ultimate purpose of health education is to encourage voluntary actions conducive to well-being (Schaalama et al., 2004.) Prerequisite to voluntary actions is obtaining high quality knowledge from which one may then make informed choices, which does not seem to occur in many abstinence-only sex education programs.

In my school district, Sex Ed was taught in health class in 10th grade. The health teacher was required to teach health along with coaching his preferred sport. Our health text

contained one chapter on human sexuality, which was covered in less than two days. I remember very little of the curriculum because there was barely anything covered. The teacher discussed STIs, stated abstinence was the only fool-proof method to avoid them, and abruptly finished. There was no mention of pleasure, different sexual orientations, or how to develop healthy relationships. His apprehension and discomfort in teaching the subject was blatant.

The sex negativity I had grown up around was compounded in high school. I was ill prepared for romantic relationships. Like the adults who were responsible for educating me about sexuality, I was not comfortable with the topic and had very little knowledge. Much of my knowledge was faulty—very faulty! When I caught a boy peeping on my sister and me, I perceived the act as a compliment. Flattered and naïve, I began dating him.

Our relationship started innocently with holding hands and talking on the phone, but his behavior quickly escalated into conduct that I did not know how to process or evaluate. Still, I thought I was in love. He would ask, "I noticed your car was gone for a few days, where were you?" I believed it was part of a normal relationship to know where the other person was at all times. I interpreted it as caring for one another.

Not surprisingly, our relationship escalated into sexual activity. Since I believed sex was something not to be discussed, when his controlling behavior appeared, I kept it to myself. I assumed this was all normal and that I was in control of the situation. I believed that sexual coercion was normal as well, because I thought that women were passive receivers. Sex was something that happened to us—not something that we chose to engage in. So, when my boyfriend would repeatedly make attempts, I would eventually concede under duress. Eventually, I attempted to break up with him. Three times I told him that we were breaking up. Two of those times he forcefully replied, "No we are not!" This toxic relationship lasted on and off for three years, and I never talked about my relationship difficulties with my parents.

New research suggests that adolescent relationships can be part of developmentally normative and healthy processes (Harden, 2014). Unfortunately, pervasive sex-negative socialization, including the absence of quality sex education, leaves many teens feeling inadequate and wholly unprepared to engage in healthy romantic and sexual relationships (see Burkett & Hamilton, 2012).

Elliott and McKelvy (2015) found that both parents and sex educators perceive youth as “too young to have sex and too sexed to handle information about sex” (p. 87). Clearly, these assumptions about youth are directly linked with sex-negativity, wherein sex is constructed as being particularly risky and dangerous, and youth are constructed as incapable and perhaps irresponsible. Sex education that is rooted in widespread sex-negativity may be less effective than complete ignorance at best, but at worst it may inflict serious damage in the personal lives of people that it should help.

Conclusion: Toward Positive Sexuality Education

U.S. sex education is rooted in sex-negativity and is inconsistent in its application, which seems to be somewhat detrimental to those it is targeted to help. Preston (2013) found while teachers see value in using sex-positive definitions, they see their duty as combatting risk to an audience that is immature and oversexualized. The result is that many adolescents lack a serious understanding of what positive, healthy sexual and relationship experiences can be. For the first author of this paper, she fortunately became much more knowledgeable about positive sexuality during her college experience. Yet many youth may not receive such helpful information that could significantly improve their personal wellbeing and relationships.

Sex education from a holistic, positive sexuality approach encourages empowerment and consent, promotes diversity and equality, focuses on wellbeing, and acknowledges that both risk-reduction and pleasure are important considerations (Russell, 2005; Williams et al., 2013). At present, sexuality education from a positive sexuality approach is extremely rare, however. Interestingly, scholars in medical and health sciences are beginning to call for a reconceptualization of sexual health that emphasizes wellbeing; positive and respectful relationships; sexual diversity, fluidity, and benefits (i.e., Anderson, 2013; Diamond & Huebner, 2012; Satcher et al., 2015). These developments show promise that despite current roots in widespread sex-negativity, U.S. sexuality education in the future may eventually improve.

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