



Briefing Paper
Number 12 REVISED April 27, 2014

The Politics of “Comprehensive Sexuality Education”

By: Jokin de Irala, M.D., M.P.H., Ph.D.
Alfonso Osorio, Ph.D.
Carlos Beltramo, Ph.D.
Silvia Carlos, Ph.D.
Cristina López del Burgo, M.D., Ph.D.



“Even if one achieves a ‘common understanding of consent,’ this does not guarantee that what is being consented to, is harmless to these individuals and/or to others.”

morality for today. The essence of this morality is that issues should be negotiated in a spirit of mutual consent by mature participants who are equal in status, rights and power. One important precondition for this is that the participants should develop a common understanding of the concept of “consent” and become aware of the consequences of their actions particularly in the context of relationship behaviour and sexual behaviour.

Again, this concept, that in theory seems oriented towards consenting adults, is in a document that provides guidance on sexual education for minors. They furthermore elaborate on the definition of “intimate citizenship” by saying the following:

Assuming that this precondition is fulfilled, we may make use of the concept of “intimate citizenship.” This is a sociological concept describing the realization of civil rights in civil society. It is based on the principle of moral negotiation. *Apart from sexuality, it covers sexual preferences, sexual orientations, differing versions of masculinity and femininity, various forms of relationship and various ways in which parents and children live together.* Thus the term intimacy overlaps greatly with the broad understanding of sexuality proposed in this paper. Intimate citizenship focuses on equality of social and economic status for individuals, who maintain autonomy in their lives while respecting the boundaries of others. (The emphasis is ours)

Finally, the very concept of “moral negotiation” and “autonomy in one’s lives while respecting the boundaries of others” is debatable because many personal decisions can indirectly harm others even if made by “autonomous individuals” who are supposedly deemed to be “respecting the boundaries of others.” Even if one achieves a “common understanding of consent,” this does not guarantee that what is being consented to, is harmless to these individuals and/or to others. The “Standards for Sexuality Education in Europe” document also suggests that “This entitlement strengthens the individual against intrusions by the family or society.” Obviously one can understand the implication of this sentence: if “intimate citizenship” exists between consenting minors, parents might also be considered as “intrusions.”

3. Adolescents and sexual and reproductive health.

From a Public Health perspective, sexual activity is plainly regarded as a risk factor for the sexual and reproductive health of adolescents.^{16 17} Early sexual activity increases the risk of sexually transmitted infections (STIs) or unplanned pregnancies, mainly because it is associated with other unhealthy behaviors, such as having

16 Currie C et al., eds. Social determinants of health and well-being among young people. Health Behaviour in School-aged Children (HBSC) study: international report from the 2009/2010 survey. Copenhagen, WHO Regional Office for Europe, 2012 (Health Policy for Children and Adolescents, No. 6). Available at: http://www.euro.who.int/__data/assets/pdf_file/0003/163857/Social-determinants-of-health-and-well-being-among-young-people.pdf

17 Madkour AS, Farhat T, Halpern CT, et al. Early Adolescent Sexual Initiation as a Problem Behavior: A Comparative Study of Five Nations. *Journal of Adolescent Health*. 2010;47(4):389-98.

“More should be done to protect them from messages that invite them to be sexually active as if this is harmless ‘as long as condoms are used.’”

multiple partners (concurrent or lifetime) or condom misuse.^{18 19 20} Adolescent sexual activity is also associated with adverse psychological consequences such as feelings of disappointment and regret,^{21 22} and a higher incidence of depression and suicide attempts.^{23 24 25} In addition, the early onset of sexual activity has been linked with substance use and lower academic achievement. All these evidence-based facts are routinely ignored, or at least do not seem to find their way into the documents of the Sex Education Establishment.

Epidemiological data around the world show that the vast majority of youth under 18 (usually the prime targets of sex education programs tailored by the Sex Education Establishment) are not sexually active.^{26 27} They are therefore at zero risk of unplanned pregnancies, STIs and other physical, social, and psychological problems related to premature sex. More should be done to protect them from messages that invite them to be sexually active as if this is harmless “as long as condoms are used.” This includes litigation, when appropriate, to protect them from messages that are not evidenced based such as any “safe sex” message used to promote condoms. The Sex Education Establishment tends to assume that most minors are sexually active and their programs do very little to protect the majority of non-sexually-initiated youth.

4. Prevention: risk avoidance and risk reduction.

In 2004, a consensus statement to prevent AIDS and other STIs was published by *The Lancet*.²⁸ It is also known as the “ABC strategy”: Abstinence (A), Be faithful (B), use Condoms (C). Abstinence and being mutually faithful are the best ways for avoiding risk whereas condoms reduce risk in individuals who choose not to avoid risks with “A” nor “B.” *The Lancet* consensus states that messages should be tailored to specific target groups. It points out the importance of prioritizing messages by calling for a delay of sexual debut in youth or for the return to abstinence in those who are having casual sex. When having sex is chosen, the consensus prioritizes the

18 Louie KS, de Sanjose S, Diaz M et al. Early age at first sexual intercourse and early pregnancy are risk factors for cervical cancer in developing countries. *Br J Cancer* 2009;100:1191–7.

19 Ma Q1, Ono-Kihara M, Cong L, Xu G, Pan X, Zamani S et al. Early initiation of sexual activity: a risk factor for sexually transmitted diseases, HIV infection, and unwanted pregnancy among university students in China. *BMC Public Health* 2009;22,9:111.

20 Kaestle CE, Halpern, CT, Miller WC & Ford CA. Young age at first sexual intercourse and sexually transmitted infections in adolescents and young adults. *A J Epidemiology* 2005; 161,774–780.

21 Eshbaugh EM, Gute G. Hookups and sexual regret among college women. *Journal of Social Psychology* 2008;148:77–89.

22 Osorio A, Lopez-del Burgo C, Carlos S, Ruiz-Canela M, Delgado M & de Irala J. First sexual intercourse and subsequent regret in three developing countries. *Journal of Adolescent Health* 2012;50:271-278.

23 Hallfors DD, Waller MW, Ford CA, et al. Adolescent depression and suicide risk: Association with sex and drug behavior. *Am J Prev Med* 2004;27:224–31.

24 Kaltiala-Heino R, Kosunen E, Rimpel ÅM. Pubertal timing, sexual behavior and self-reported depression in middle adolescence. *J Adolesc* 2003;26:531–45.

25 Heidmets L, Samm A, Sisask M, et al. Sexual behavior, depressive feelings, and suicidality among Estonian school children aged 13 to 15 years. *Crisis* 2010;31:128–136.

26 De Irala J, Osorio A, Carlos S, Ruiz-Canela M, López del Burgo C. Mean age of first sex: Do they know what we mean? *Archives of Sexual Behavior* 2011;40:853-855

27 See Footnote 17.

28 See Footnote 10.