

THE IMPORTANCE OF SEXUAL EDUCATION FOR ADOLESCENTS IN ISRAEL

YOUTH DEVELOPMENT



WHY IS IT IMPORTANT?

- Developing a **healthy sexuality** is a key developmental milestone for all children and adolescents (Swartzendruber & Zenilman, 2010).
- **Healthy sexuality** (Martino et al, 2008)
 - preserve significant interpersonal relationships
 - Value one's body and personal health
 - Express affection, love, and intimacy in ways consistent with one's own values, sexual preferences, and abilities
 - Awareness of identity, orientation, roles, and personality; thoughts and feelings
- **Unhealthy sexuality** (Jackson et al, 2012; Grello, Welsh & Harper, 2006; Ream, 2005)
 - Can cause a variety of **physiological** issues.
 - **Social and psychological** issues.

BUT WHY IS IT IMPORTANT TO ADOLESCENTS?

- Adolescence is characterized by (Ross, Godeau & Dias, 2004).
 - physiological changes
 - sexual development
 - psychological and social changes
 - sexual curiosity
- Adolescents are in risk for these sexual implications because they are experimenting in a variety of sexual activities **without having** the maturity, knowledge, skills and experience to deal with them in a healthy way (Pedlow & Carey, 2004).

SEXUAL MILESTONES AND FACTORS ASSOCIATED WITH COITUS INITIATION AMONG ISRAELI HIGH SCHOOL STUDENTS

Ronny A. Shtarkshall, Sara Carmel, Dena Jaffe-Hirschfield, Anna Woloski-Wruble, 2009.

- Norms towards sexual behaviour in adolescence today have become **more permissive** than other generations.
- Today, **more adolescents** start to experiment in sexual activities at a **much younger age** and in a **larger variety of activities**.
- The double standards that indicate that boys have more sexual interactions than girls have **narrowed**

Table 6 Comparing percentages of Israeli youth reaching specific stages of sexual behavior with the national sample of general schools of 1970 for 12th graders (Antonovsky, 1980, Table 4–8)^a

Stage of sexual behavior	1970s (%) (After Antonovsky et al., 1980)			Current (%)		
	Boys	Girls	RRs	Boys	Girls	RRs
Petting under the cloths	64	46	1.4	70	68	1.02
Touching Genitals	47	28	1.7	62	54	1.14
Coitus	43	14	3.1	56	32	1.75

^a Only percentages were reported by Antonovsky et al. (1980)

BUT NOT ONLY!

These factors reflect the broader problem of **youth's lack of access** to the psychological, social, and material resources that support well informed, empowered choices about reproductive and sexual health (Bay-Cheng, 2012).

A SOLUTION?

- **Sexual education interventions** have been found to be an effective way that may prevent or reduce the risk of adolescent pregnancy, HIV and STIs for children and adolescents in the United States (Chin et al, 2012).

United States

Girls who participated in a sexual education course are significantly more likely to use an effective contraceptive method (73%) than are those who have never taken a course (64%) (Marsiglio & Mott, 1986).

Africa

Examined 11 school-based sexual intervention programs has found that most programs increased HIV knowledge and/or changed behaviours and attitudes concerning sexual risk taking (Gallant & Maticka-Tyndale, 2004)

Worldwide

2/3 out of the 83 programs that were tested worldwide had positive effects on the adolescent participants including;

- 40% of the participants delayed sexual initiation, reduced the number of sexual partners, or increased condom or contraceptive use
- 30% reduced the frequency of sex, including a return to abstinence
- 60% reduced unprotected sex (Kirby, Laris & Rolleri, 2007).

THE PROBLEM IN ISRAEL

I would like to argue that a better sexual education programs are needed in the Israeli education system.

HOW?

- Sexual education that is situated in the school environment is a well-suited program because
 - schools can reach a large number of adolescents
 - It's a setting that is already equipped to facilitate educational lessons (Gallant & Maticka-Tyndale, 2004).
- I will argue the necessity to focus on 4 aspects:
 - (1) Debut of the sexual education
 - (2) The span of the programs
 - (3) The content
 - (4) The educators

DEBUT AND SPAN OF SEXUAL EDUCATION

Sexuality **develops and changes over time** with different physiological and psychological stages that bring the person to become a sexual being (Tolman & McClelland, 2011).

Sexual education should start **early**, before adolescents start to experiment, so when they will start being sexually active they will do it in a safe way (Michael, 2016).

Over a third of Israeli adolescents start their sexual intercourse **before the age of 15**, and some adolescents even start before the age of 13 (Habron & Habron, 2017)

- Sexual education should begins at a young age and deals with issues relevant to children.
- there is a need for sexual education in a long-term program from preschool to the end of high school, which meets **each year for needs that change according to age, gender and sector** (Habron & Habron, 2017).

CONTENT AND EDUCATORS

Sexual education that is updated and is taking into account the beliefs and practices of the adolescents in question, will be the most affective (Moore & Rosenthal, 2007).

Critics of **abstinence-only** education claim that it violates human rights by withholding potentially life-saving information from people about other means to protect themselves (Ott & Santelli, 2007).

- It is important to have skilled teachers who are comfortable with the material and can provide a classroom climate of safety and trust.
- It is needed to have a professional development of teachers to increase their knowledge, competence and comfort with the subject (Moore & Rosenthal, 2007).



Thank

you!