

## AN ASSESSMENT OF SEXUALITY EDUCATION: SELECTED CASES IN SOUTHERN TAGALOG

Merlyne M. Paunlagui\*  
Girlie Nora Abrigo  
Nelson Quirijeno  
Ma. Reina Magbanua  
Madeline Suva  
Helen F. Dayo  
Nanette Calaor  
Cecil Andre Lopez

### ABSTRACT

*This study is an assessment of whether sexuality education is part of the secondary and tertiary curriculum in selected schools in the Southern Tagalog region. Specifically, the study aimed to identify and describe courses, topics, themes of sexuality education; characterize core competencies of education providers; collect core messages and teaching materials, e.g., syllabi, references and visual aids; and assess the strengths and weaknesses of sexuality education. Three secondary schools and two tertiary schools formed part of the study sites. A total of 102 high school students and 78 college students completed the survey questionnaire. Focus group discussions were conducted and key informants were interviewed for a deeper understanding and analysis of the issues raised in the survey. In addition, a copy of the curricula of the schools concerned including course outlines were requested from the teachers. From these, several patterns emerged in the examination of primary and secondary materials.*

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\*Merlyne M. Paunlagui and Helen F. Dayo are University Researchers while Cecil Andre Lopez is a University Research Associate of the University of the Philippines at Los Baños. Girlie Nora Abrigo, Nelson Quirijeno, Ma. Reina Magbanua, Madeline Suva and Nanette Calaor are professors of the same university.

## Background of the study

Increase in adolescent sexual activity has been noted during the past two decades in both developed (AGI, 1994; Kirby, 1997) and developing countries (Pitaktepsombati, 1989; Raymundo et al., 1994 cited in Sobritchea and Kintanar 2003). A study in the United States (Alan Guttmacher Institute, 1994) reported that by their 18<sup>th</sup> birthday, six in 10 teenage women and nearly 7 in 10 teenage men have had sexual intercourse.

In the Philippines, the level of premarital sexual experience for females aged 15-24 years is on the rise (Raymundo et al., 1994 as cited in Sobritchea and Kintanar 2003). Thirty-three percent of young women admitted to have been sexually active by age 20. Stewart et al. (1998) explained that the increasing level of premarital sexual experience was due to a relaxation of the stricter standard of sexual conduct for women than for men and attempts to achieve personal identity and physical intimacy. In a live webMD interview, Huberman (MSN, 2003) stated that there is now more openness and acceptance concerning sexuality. Other studies in developing countries (Pitaktepsombati 1989, UNICEF 1992, and Yoddoumner 1992 as cited in Somthorndhada, 1996) attributed the increasing pattern of premarital sexual activities to changes in norms about adolescent sexuality. These are due to a number of factors including a general loosening of family control over young people's behavior, increased sex interaction of young people in school and workplaces, and increased access to sexually stimulating materials.

What are the consequences of increased sexual interaction among adolescents? Of the sexually active women, 49 percent had premarital conception. What is also alarming is the increasing incidence of sexually transmitted diseases. Among US teenagers, roughly four million are infected with new sexually transmitted diseases like gonorrhea and chlamydia (Alan Guttmacher

Institute, 1994). Furthermore, every year, nearly one million teenage girls become pregnant, and about 80 percent of those pregnancies are unintended. Meschke and Bartholomae (nd) reported that teenage pregnancy negatively affected not only the young mother but also the children of teen mothers. There are negative effects on the health, economic, and social lives of young mothers. Specifically, young mothers were found to have higher health risks associated with birth complications and higher maternal mortality and morbidity than their older counterparts.

As economic achievement is associated with educational attainment, young mothers complete fewer years of school, and are less likely to earn a high school diploma or to go on for post-secondary education than women who delay childbearing (Hayes, 1987 as cited in Meschke and Bartholomae, nd). Eventually, teen mothers make progress academically (especially in their late twenties). However, they do not catch up completely. As a result, adolescent mothers are more likely to experience unemployment and poverty as an adult. Further, adolescent mothers are often relegated to lower-paying and less skilled occupations resulting in lower overall lifetime earnings (Hayes, 1987 as cited in Meschke and Bartholomae, nd).

### **Significance of the study**

Given the increasing sexual interaction and its negative outcome on the physical, emotional and mental well-being of young people (Sobritchea and Kintanar, 2003; Adolescent Sexuality Subgroup, 2003), there is a need for accurate and comprehensive information about sexuality and counseling services that are sensitive to the needs and insecurities of adolescents. Parents are the primary sexuality educators of their children from the time they are born. A survey on the sources of sexuality education reported that most young people look to

their parents as their most important source of information about sexuality (Planned Parenthood of Connecticut, 1998). However, numerous studies (e.g., ACCLU, 1998) have found that most parents report that they are uncomfortable discussing sexual issues with their children. Furthermore, as children grow older, they become less dependent on their parents to learn about sexuality. Among the adult children surveyed, only 26 percent have learned about sexuality from their parents compared to 75 percent of younger children (Planned Parenthood of Connecticut, 1998).

Another apprehension is that teaching sexuality education among adolescents may encourage sexual behavior. However, studies have proved otherwise. Research on contraceptive education (Eisen, Zellman, and McAllister, 1990; Howard and McCabe, 1992; Kirby, Barth, Leland, and Fetro, 1991; Zabin, 1992 as cited in Adolescent Sexuality Subgroup, 2003) did not support the idea that access to education about contraception leads to increases in risky sexual behavior. The Subgroup also reported that sexuality education among youth did not impact on the onset of sexual activity in 25 out of 47 studies; sexuality education delayed sexual activity in 17 studies, and increased sexual activity in only three studies. Moreover, the study provided very little evidence that sexuality and HIV education promote sexual activity or promiscuity (Grunseit, Kippax, Aggleton, Baldo, and Slutkin, 1997 as cited in Adolescent Sexuality Subgroup, 2003). Baldo and Slutkin (1993) reviewed 19 international comprehensive sexuality programs of the World Health Organization (WHO). The authors found no increasing level of sexual activity among participants. According to Baldo and Slutkin (1993), there were programs which showed decreasing sexual activity, including reduced numbers of sexual partners and more effective use of contraception.

The above findings highlight the need for formal programs or a school-based sexuality education. This study could provide useful inputs in the improvement of sexuality education courses being offered in secondary and tertiary schools. The school-based sexuality education is supposed to provide adolescents with enough and correct information about sexuality to practice healthy sexual behavior, thereby reducing the risk of having unwanted pregnancies and being infected with sexually transmitted diseases.

## **Objectives**

There is a need to determine whether sexuality education is part of the secondary and tertiary curricula in the country. If there are existing sexuality education programs, then the next questions to answer are: which topics are covered, how are they being taught, which values are emphasized, is it a required course particularly at the tertiary level, and what are the challenges that need to be addressed to make the teaching of sexuality education accessible, comprehensive and effective? What about the teachers who are teaching sexuality education? Are they formally trained? If sexuality education is not yet a part of their curriculum, similar questions would be asked as regards their recommendations/suggestions.

Specifically, the objectives of the study are to:

- a. identify and describe courses, topics, themes of sexuality education;
- b. characterize core competencies of education providers;
- c. collect core messages and teaching materials (syllabi, references and visual aids); and,
- d. assess strengths and weaknesses of sexuality education.

## Review of Literature

### *Sexuality education*

Internet articles offer an array of what sexuality education is (Hoffman, 1997; Planned Parenthood of Connecticut, 1998; National Guideline Taskforce, 1991 and Education for Sexuality and HIV/AIDS, 1993 as cited in <http://www.emc.cmich.edu/HIV/default.htm>). A few of these definitions are presented below.

Sexuality education is a lifelong process of acquiring information and forming attitudes, beliefs and values about identity, relationships and intimacy. It encompasses sexual development, reproductive health, interpersonal relationships, affection, intimacy, body image and gender roles (National Guidelines Task Force, 1991 as cited in Planned Parenthood of Connecticut, Inc., 2003).

On the other hand, the Education for Sexuality and HIV/AIDS (1993) simply stated that the purpose of human sexuality education is to protect and promote health and to provide skills needed for loving and responsible relationships. A more detailed rationalization for teaching sexuality education was proposed in the *Family Life Education Teacher Training Manual* (1981). These are as follows:

1. Provide students with adequate and accurate knowledge of human sexuality (gender-role development, body image, family formation, reproduction and childbirth and interpersonal relationships) in its physical, psychological, social and moral dimensions.
2. Help students clarify and appreciate their values and attitudes as they relate to the family and sexuality.
3. Enhance students' self-esteem.
4. Increase students' skills in decision-making and communication.

Planned Parenthood Federation of America (<http://www.plannedparenthood.org>) further explained that women have the good sense to find out as much as they can about sex and sexuality, not only for their own sake, but also so they can inform friends who need information.

### *Content of sexuality education*

In the United States, it is generally agreed that sexuality education should be part of the students' curriculum (Hoffman, 1997). About 69 percent of public school districts have a district-wide policy to offer sexuality education (Alan Guttmacher Institute, 1994). What makes the issue controversial is the question on what should be the content of a sexuality education program. Questions revolve around which topics to cover, when to cover them, and which values to emphasize (Hoffman, 1997). Broadly, there are two types of sexuality education curricula: abstinence only and abstinence-based, comprehensive sexuality education (Hoffmann, 1997).

### *Abstinence only*

The first type advocates abstinence as the only appropriate choice for adolescents. It either prohibits the discussion of contraception altogether, or limits discussion to its ineffectiveness. Some use fear-based tactics of shame and guilt to discourage young people from sexual activity. The abstinence-only policy is practiced in 35 percent of public school districts in the United States (Landry et al., 1999 as cited in [www.guttmacher.org](http://www.guttmacher.org)). A variation of this type is the abstinence-until-marriage curricula. It advocates sexual activity as belonging only within marriage.

A broader content of sexuality education is being espoused by the University of Michigan (<http://www.emc.cmich.edu/2002>) where abstinence education involves not only teaching

the students not to have sex at any given time but it should be part of the HIV/sex education curriculum. It involves teaching and practice of decision making communication. Refusal skills, which may need to be reinforced over time, may require a change in perceived norms about student behavior, is supportive of and supported by students with strong goals and vision toward the future, works best with a commitment to self and others, and works best with supportive parents, peer and community.

#### *Abstinence-based comprehensive sexuality education*

The other type, abstinence-based, comprehensive sexuality education covers abstinence as well as other sexual behaviors and contraceptive options. It also covers building skills communication, negotiation, and refusal, and allows adolescents to practice applying the skills and information. There are those who oppose comprehensive sexuality education as it undermines abstinence and encourages social experimentation. However, an evaluation of the different school curricula on sexuality education revealed that comprehensive sexuality education is more effective in reducing sexual activity and sexual partners and more effective use of contraception (Baldo, 1993 as cited in Hoffman, 1997; Harrison, 1999; SIECUS, 2002). Another study in the United States found that majority of the teachers believe that topics such as birth control methods and how to obtain them, the correct way to use a condom, sexual orientation, and factual and ethical information about abortion should also be taught by the end of the twelfth grade (Landry et al., 2000 cited in [www.guttmacher.org](http://www.guttmacher.org)).

The National Guidelines Taskforce, composed of representatives from 15 national organizations, schools and universities, has recommended six key concept areas that should be part of any comprehensive sexuality education. These are: human



development, relationships, personal skills, sexual behavior, sexual health, and society and culture. In another article, the common characteristics found effective in sexuality education curricula are as follows (Hoffman, 1997): information about abstinence and contraception; theoretical basis that emphasizes skill building; focus on active learning through experiential activities; acknowledgment of social and media influence on behavior; age appropriate information and activities; developmentally appropriate information and activities; culturally appropriate messages; exploration of personal values and feelings; and training for the implementers. For the PPFA (nd), sexuality education should talk about bodies and how the bodies work, gender (male or female), sexual orientations (straight, lesbian, or bisexual), our values about life, love, and the people that touch our lives.

The article on teaching messages (H.E.L.P. for Kids, 2003) enumerated the following sexuality messages:

1. Sexuality is not only about biology and science, but also about social, emotional, and behavioral differences that occur throughout life. Learning about sexuality involves learning about ALL of these things.
2. Puberty is a period of physical, emotional, and behavioral changes that occurs when the person is maturing from being a child to becoming an adult. Everyone matures at a different rate.
3. Hormones are directly or indirectly responsible for the changes that occur during puberty. The main hormones involved are estrogen in women and testosterone in men.
4. The female reproductive system includes ovaries, fallopian tubes, uterus, and vagina. Eggs are produced in the ovaries. The male reproductive system includes testes, prostate gland, and penis. Sperm cells are produced in the testes.

5. It is the RIGHT and the CHOICE of any individual to decide her or his gender identity and gender role.

In the Philippines, then Department of Education, Culture and Sports (DECS) and the Philippine Center for Population and Development with funding from the United Nations Population Fund (1998) developed and produced a set of modules with an accompanying workbook containing a collection of readings and activities for high school students. The workbook for each year level is divided into three parts: Part I — revolves around self-awareness in relation to learning to live with others, personal and family values, Filipino family dynamics and wellness and academic enrichment; Part II — relates to goal setting and decision-making, and career planning; and Part III — tackles the subjects of boy-girl relationship, changes and adjustments which an adolescent undergoes, teenage pregnancy, early marriage and parenting, touch continuum, and sexually transmitted diseases, including HIV and AIDS. A matrix of the readings/activities on a yearly level of Part III is presented in Table 1.

#### *Age-appropriateness of sexuality education*

A related issue is at what age should sexuality education be introduced? Sex education should start before young people reach puberty and before they have developed established patterns of behavior (Kirby et al., 1994; Schaalma et al., 1993; and Dickson et al., 1997 as cited in <http://www.avert.org/sexedu.htm>.) The precise age at which information should be provided depends on the physical, emotional and intellectual development of the young people as well as their level of understanding. Providing basic information provides the foundation on which more complex knowledge is built up over time.

Barbara Huberman, founder and president of the nationally recognized Adolescent Pregnancy Prevention Coalition of North

Carolina from 1985-1995, when interviewed by WebMD Live, differentiated by age the concepts that should be taught to children (MSN, 2003: Table 2). On the other hand, the Oregon State of Education (nd) recommended a sexuality education curriculum to assist children from Kindergarten to Grade 12 to make responsible choices in their lives (Harrison, 1999). A subset of the selected age groups related to the study is presented in Annex Table 1. The Canadian Association for Sexual Health developed a lesson plan for teachers of sexuality education from Kindergarten to Grade 12.

The Canadian Association for School Health (<http://www.safehealthyschools.org>) published a sexuality education gateway with the aim of helping teachers and other educators locate good lesson plans and classroom-based activities in sexuality education. The lesson plan is presented by grade level and covered six learning domains and three other categories. These are: preparing students for sexuality education, functional knowledge about sexuality, beliefs/attitudes/perceptions/understandings, self-knowledge/intentions/image/skills or practical behaviors, access to social support/motivation/resisting social influences, access to preventive health services, special needs and special situations.

### *Mode of delivery*

At the moment, available literature dealing on how sexuality education is being taught is less numerous than on defining sexuality education and its content. Generally, sexuality education is offered either as a course itself or integrated in the general courses like adolescent development (Luengo and Toledo, nd). For instance in Chile, the number of unwanted teenage pregnancies has resulted in the integration of sexuality education in the general curriculum about adolescent development (Luengo and Toledo, nd). In addition to the teaching of sexuality

Table 1. Excerpt from the Growing Adolescent Workbook, Revitalized  
Homeroom Guidance Program for Third Year High School.

<p>Part 3 Boy/Girl Relationship</p>	<p>First Year Making and Keeping Friends (R) The Worth of Friendship (R) Ten Rules for Understanding Others (R) LIFE Choices (R) What If (A) In the Thick of the Big IF Peer Pressure (R) Types of Peer Pressure (A) 3 Steps to Say No (R)</p>	<p>Second Year Male or Female Is My Life Already Planned (R) He and She (S) What Will You Do? (A)</p>	<p>Third Year Crushes (R) Dating (R) Courtship (R) Going Steady (R) Ang Pakikipag-date (R) A Dating Checklist (A) Am I a Good Date? (A) What is Love? (R) Gender Roles and Responsibilities (A) The Houseband (R) Gender Issues and You (A)</p>	<p>Fourth Year Growing Up Pains: Dating (A) The Secret of Courtship (R) Why Date (R) Selfish Reasons for Dating (R) New Dilemma in Dating (A) Who Should Call a Halt (R) Useful Tips in Dating (R) Letter to A Friend (A) Unsteady Over Going Steady (A) How to Keep From Going Too Far (R)</p>
<p>Changes and Adjustments</p>	<p>Physical Changes(R) The Life Cycle (R) Persons (R) Female Reproductive Organ (R) The Menstrual Cycle (R) Male Reproductive Anatomy (R)</p>	<p>Sex and Sexuality (R) Human Sexuality (R) A Many Faceted Gift (R) Is She or Isn't She? (R) Is She? (A) On Virginity (A) Time for Personal Reflection (A) Self-Control (R) In My Opinion (A) Relationships &amp; Responsibilities (A)</p>	<p>Sex: That God-given Gift (R) Situational Analysis (A) Peggy is Preggy Practice (A) Adolescent Pregnancy (R) Joseph, the Winner (R) I Lost More Than Virginity (R) Parenthood: Is It a Job For Me? (R) Quotable Quotes (A) Cost of Parenting (A) Cost of Parenting: Baby Care Catalog (R) What Does What (A) What to do If? (A) One on One (A) A Crippled Baby (R) On Children (R)</p>	

Table 1 — Continuation

Touch Continuum	A Stranger's Touch (R) Touch Continuum (R) Panic at the Beach (R) What Touches Do I Share with Others? (A) Kiss Someone Before You Go (R)	Categories of touches (R) Placing Relationships in Circles (A) Keeping in Touch (R)	Touch Chart (R) A Deep, Deep Secret (R) Myths About Incest (R) Preventing Sexual Abuse of Children (R) Prolonged Sexual Abuse: Difficulties Abuse Children Face (R) They Are Not Alone (R) Relationship Problems Among the Sexually Abuse (R)	Expressing Physical Affection (R) Physical Expressions (R) What Would You Do If... (A) Touching Rules (R) Protecting Children from Sexual Abuse (R)
Sexually Transmitted Diseases	AIDS Facts (R) AIDS Vocabulary (R) AIDS and Child Prostitution (R) Best Time to Move on AIDS (R) Rating Behaviors (A) 8-12 M Kids Made Orphans by AIDS (R) AIDS March (R)	On Sexually Transmitted Diseases and AIDS (R) STD Information Outline (R) STD Chart (R) What is Risky? (R) Sign Posts (R)	Common Sexually Transmitted Diseases (R) General Diseases transmitted Sexually or Non-sexually Knowing About VD (A) Implication to Me (A)	AIDS Facts (R) AIDS Vocabulary (R) How Can You Protect Yourself Against AIDS (R) Interview About HIV and AIDS (R) To Tell or Not To Tell (R) STD Chart (R)

Note: A—Activity R—Reading

Table 2. Concepts to be taught by age group.

Age group	Concepts to be taught/introduced
Under 5	Parents help their child to understand that their body is their body and they have a right to say no to unwanted touch. And that, if anyone ever touches their body and they don't like it or it doesn't feel good or they know that that's not okay, then they should come to you and tell you and you will protect them.
5-10	Reinforcing some of the early lessons about cleanliness, about taking care of their body to make sure that you're healthy, and, again, reinforcing the messages about good touch and bad touch. It is important for parents to reassure their children that their body is normal, no matter what it looks like, what size it is, so that they can feel, as they move into the teen years and begin to experience the changes of puberty, a sense of pride about their bodies.
11-19	The values of the parents so that children will know the parents' standards and expectations as well as an understanding that, more than likely, when the children make a decision about being involved with someone in an intimate sexual relationship, parents will not be there to hold their hand or pull them back so they don't get hurt or they don't suffer consequences. When children do decide that they feel good about that decision, that they are not being coerced, they're not being used, and that they are protecting themselves against pregnancies and STDs.

Source: <http://www.content.health.msn.com/content/Biography/3/1756-51147.htm> Age Appropriate Sexuality Education: What to Tell Your Children and When with Barbara Huberman

education, medical services, free contraception, counseling, workshops for adolescents and parents on emotional development and sexuality were also offered.

Under the new curriculum structure of the Department of Education (DepEd, 2002; Yap, 2002), home economics — where topics of sexuality education are most likely to be included— and livelihood is one of the four major components under the *Makabayan* learning areas.<sup>1</sup> In contrast to the previous curriculum, the time allotment of *Teknolohiya at Edukasyong Pantahanan at Pangkabuhayan* (TEPP) has been reduced in order to give the learners more time to work on their class projects outside the school.

Another component of *Makabayan* is *Edukasyong Kalusugan* (Health Education) which includes education on population, drugs, and safety. Values Education, which also falls under the *Makabayan* learning area and is the presumed equivalent to homeroom advising, contain topics on sexuality education. The subject Values Education is allotted one hour a week as a separate subject, and at the same time, to be integrated in every learning area everyday (DepEd, 2002).

Outside of the school, a non-traditional approach to teaching sexuality education, referred to as Plain Talk, was introduced in three cities in the United States: Atlanta, New Orleans, and San Diego (Walker and Kotloff, 1999). Plain Talk aims to: 1) create a consensus among parents and adults about the need to protect sexually active youth through encouraging early and consistent use of contraceptives; 2) provide parents and other community adults with the information and skills they need to communicate more effectively with teens about responsible sexual behavior; and improve adolescent access to quality, age-appropriate and readily available reproductive health care, including contraception. Developed by The Annie E. Casey Foundation, Plain Talk is a unique and controversial approach to teen pregnancy and STD prevention. Plain Talk is unique in enlisting a broad cross section of community adults in the effort to protect teens from pregnancy and disease. The initiative's design called for the creation of community consensus around the needs of youth by focusing on adults, both as recipients of accurate information about the issue and disseminators of that information throughout their communities. Plain Talk is controversial in focusing on the needs of sexually active youth, a design element that grew out of the observation that it is the rates of adolescent pregnancy—and not sexual activity—that vary between the United States and Europe.

However, the evaluation of Walker and Kotloff (1999) concluded that community initiatives are time consuming and arduous. The three years of the Plain Talk initiative was enough to glean rich information about a range of implementation issues but not enough to watch the full unfolding of a community change initiative.

#### *Reference materials for sexuality education*

There are a number of materials on sexuality education. Some of these materials are included in the kit distributed during the workshop in Baguio in May 2003. There are numerous references available in the Internet. For instance, SIECUS (1998) compiled and briefly described these materials (Annex Table 3). Added to this list are the curricula and guides for sexuality education in faith communities developed by various denominations (SIECUS). These include the Presbyterian Church (U.S.A.), the United Church of Christ, and the Unitarian Universalist Association. A summary of these materials are presented in Annex C. SIECUS stated that these materials reflect diverse faith perspectives and diverse values, and are not appropriate for use in public schools or in every faith community in the United States. A brief description of the said materials is presented in Annex Table 4. This may serve as invaluable source of information in the development of the sexuality education modules.

#### *Assessing the effectivity of sexuality education*

Available literature suggests a number of criteria in determining the strengths and weaknesses of sexuality education being offered in schools. These are comprehensiveness, effectiveness of teaching methods and approaches, training and administrative support, and if reference materials are continuously updated (Population and Public Health Branch, 1997).



A comprehensive sexuality education means that the provision of sexuality education is a shared responsibility. It requires integration and coordination of efforts by concerned individuals, organizations, agencies and various levels of government in order to address a broad range of issues relevant to the education needs of diverse populations.

Effectiveness refers to teaching methods and approaches. Effective sexual health education incorporates the key components of knowledge acquisition, development of motivation and personal insight, development of skills that support sexual health, and development of the critical awareness and skills needed to create an environment conducive to sexual health. Sexual health education to be effective must be structured to be culturally appropriate and reflect different social situations. Hughes (nd) stated that programs need to be sensitive to environmental and cultural contexts. Effective programs should consider ecological contexts, including features of the family, neighborhood, and community.

Among others, effective sexuality education is based on sound behaviour theory (Social Influence Theory, Social Learning Theory, Cognitive-Behavioural Theory) that has been developed over several years (Fisher, 1997 as cited in <http://www.schoolfile.com/safetyhealthschools/sexualityeducation>, n.d.). The other characteristics of a good program are: at least 14 hours in duration; uses regular, consistent and coordinated interventions rather than single, isolated interventions; includes activities that allow participants to observe in others and to practice themselves, communications and negotiation skills that can lead to delayed initiation of sex or to protected sex.

Support represents the willingness of the school or organization to send staff for further training on sexuality education. School administrators must also continuously acquire

books, magazines, and other materials related to sexuality education. Specifically, support for sexuality education should come from within and outside the school system and should include (<http://www.schoolfile.com>):

- links with preventive services;
- local media cooperation;
- supportive, comprehensive policy and leadership;
- supportive administrative leadership at the school district and school levels;
- data to monitor implementation and evaluation;
- dedicated staff, with adequate time, training and resources; and
- regular parent information sessions, resources to use at home and effective communication about the program.

Finally, health education materials should be regularly evaluated on program objectives and participant feedback, updated regularly, and reinforced by an environment conducive to sexual health.

## Methodology

### *The study sites*

To achieve the objectives of the project, five case studies from Region IV were conducted (Table 3). Region IV was selected for two reasons. One, next to the National Capital Region, Region IV has the most number of secondary (1,624) and tertiary schools (1,479) in the country. Two, except for the Tugdaan Center for Human and Environmental Development, the schools are in the province of Laguna which is most appropriate given the proposed budget and time for which the study has to be

completed. The explanations for selecting the individual institutions are shown in Table 4.

Table 3. The Cases

Case	Public	Private	Proponents
Tertiary	University of the Philippines Los Baños	San Pablo Colleges – Non-sectarian	Ma. Reina Boro-Magbanua/ Nanette E. Calaor
Secondary	UP Rural High School – Los Baños	San Pablo Colleges (Non-sectarian)	Girlie M. Abrigo/Helen F. Dayo/ Madeline Suva
Indigenous School	Tugdaan Center for Human & Environmental Development		Merlyne M. Paunlagui/ Nelson B. Querijero

Table 4. Reasons for choosing the cases

Institution	Reason
University of the Philippines Los Baños	<ul style="list-style-type: none"> <li>• As far as the proponents are concerned, this will be the first time that this kind of study will be conducted at UPLB</li> <li>• All the proponents are from this institution</li> <li>• The result of the study could serve as an input in the development of courses on sexuality education at the Department of Social Sciences, College of Arts and Sciences</li> </ul>
San Pablo Colleges	<ul style="list-style-type: none"> <li>• Most accessible to college students given the lower tuition fee; thus it has one of the highest enrolment in the province of Laguna</li> <li>• Also has a medical school</li> </ul>
University of the Philippines Rural High School	<ul style="list-style-type: none"> <li>• One of the best public schools in the province, as evidenced by the number of graduates who pass the annual UP College Admission Test.</li> <li>• Serves as the social laboratory of the UP Los Baños.</li> </ul>
High School Department, San Pablo Colleges	<ul style="list-style-type: none"> <li>• Originally, the identified school was the Liceo de San Pablo High School but due to difficulties encountered in getting the approval of the school administration, it was replaced by the High School department of San Pablo Colleges</li> <li>• Makes possible the comparison of private and public school at the tertiary and secondary levels.</li> </ul>
Tugdaan Center for Human & Environmental Development	<ul style="list-style-type: none"> <li>• A private non-sectarian secondary school exclusive to the seven ethnic tribes (e.g., Alangan, Iraya, Hanunuo) of Mangyans in Oriental Mindoro.</li> </ul>

### Data sources and collection

Both primary and secondary data were used. Primary data were gathered through a combination of quantitative (survey of students and teachers using three different questions) and

qualitative methods e.g., key informant interviews and focus group discussions. Respondents of the study were the school officials, teachers, guidance counselors, and students representing all levels at the secondary and tertiary levels. We tried to get equal numbers of male and female students respondents but this proved impossible, as other students did not return the completed questionnaire. Secondary data were sourced from the teaching materials including syllabi, references, and the Internet.

Among others, the data collected were:

- age, sex, educational attainment, religion, trainings attended related to sexuality education of sexuality education providers
- contents of sexuality education courses, topics, and themes
- core messages
- methods/approaches in teaching sexuality education
- perception on the strengths and weaknesses of sexuality education by various stakeholders.

## Results and discussion

### *Sexuality education at the secondary level*

#### Socio-economic profile of respondents

Figure 1. High school students by year, 2004.

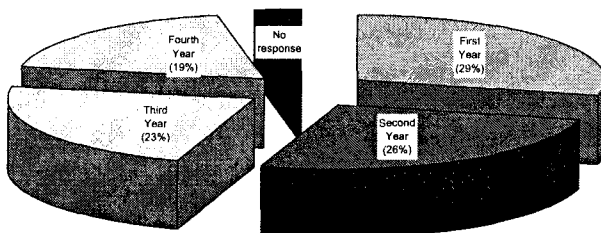


Table 5. High school students by school, 2004.

	Number	Percent
San Pablo Colleges High School	36	35
University of the Philippines Rural High School	28	28
Tugdaan	38	37
<b>Total</b>	<b>102</b>	<b>100</b>

A total of 102 high school students were interviewed (Table 5). Of these, 37 percent were students of the Tugdaan School for Mangyans in Paitan, Oriental Mindoro followed by the students from San Pablo Colleges High School with 36 percent and students from University of the Philippines Rural High School with 28 percent. Grouped by year level, the percentage of respondents was reduced as the year level becomes higher (Figure 1). For instance, the highest percent of respondents were freshmen compared to 19 percent of seniors, being the lowest represented among the four year levels.

On average, a high school student was 15 years old. The age ranged from 11 years old to 16 years old. By gender, there were more male student respondents with 54 percent compared to female students with 45 percent.

The question on ethnicity was only asked from students from Tugdaan, thus only 38 percent of the students were included in this analysis. Among the Mangyans, majority of the respondents belonged to the Alangan (37 percent) tribe followed by Iraya (23 percent), and Tadyawan (19 percent). This pattern is not surprising because Tugdaan is located in Paitan, the village of the Alangan Mangyan.

Eighty-eight percent of the respondents were Roman Catholics while the rest were either Born Again Christians or

Protestants. This pattern closely resembles the national pattern where about 80 percent of the Filipinos are Roman Catholics.

### *On Sexuality Education*

More than half (57 percent) of the high school students defined sexual education as associated with sex, sexual intercourse, gender relations, the body, and population. About 41 percent of the respondents did not define sexuality education. This perhaps reflects the reality that either sexuality education is not being talked/discussed in the school, or that some topics which fall under sexuality education are not being considered as such. The latter explanation seems to be most likely as will be discussed in the succeeding part of the report.

When asked if there was a difference between sex education and sexuality education, high school students opined that there are differences but they are also related. Sex education refers to reproductive organs and the act of sex while sexuality education is broader as it covers the total make up of a person—physiological, social, mental, emotional and spiritual. Sexuality education is about male and female relationship. Some of the definitions given are cited below:

[Sexuality education is] *Higit sa paghahawak kamay* (more than just holding hands).

Sexuality education is where you teach kids what kind of person they are, their body, their body systems, etc. I think part of sexuality education should also be teaching kids that even though their body is the same as everybody else's, they are special.

A course that tackles the physical, mental, social and/or spiritual aspects of human sexuality. It is to equip the student to handle real-life decisions that require intelligent decision-making.

Sexuality education is a knowledge about adolescence and its changes, the anatomy of a human reproductive system, and the contraception and prevention.

Sexuality education includes how to avoid pregnancy at a very young age for example, another example is on adolescence and good communication with family. While sex education, is the application of what you've learned from sexuality education.

Sexuality education is a deeper explanation of sex education.

Sex education is making love, sexuality education is about population and sexually transmitted infections.

Among the topics included in the survey, communicating with parents was the most commonly discussed/talked about topic in the school (Table 6). The popularity of this topic could be explained by the fact that communicating with parents was probably understood by students as talking/discussing with parents on all topics and not just confined to sexuality education. Among Filipinos, topics related to sexuality are not openly discussed between parents and children. Other popular topics included parenting responsibilities, intimate relationships, and physical and social changes associated with adolescence (Table 6). This could be due to the fact that students understood the topic to cover everything and was not just confined to communications related to sexuality education.

On the other hand, the least discussed topics were risk reduction, sexual orientation, and sexually-transmitted infections like HIV. This pattern leans more on preparing the students to become “successful” future parents, their supposed relationship with their children, and having relationship with the opposite sex. The students are less primed on what are sexually-transmitted diseases and how these can be avoided. This is surprising because under the Revitalized Homeroom Guidance Program (RHGP) for all the four secondary year levels, the module devotes section

3 on sexually transmitted diseases (DepEd and PCPDI 1998). Does this reflect the non-use/non-reference to the said modules?

Table 6. Topics on sexuality education

Topic	Total	Percent to total respondents
1. Communication with family	77	74.76
2. Parenting responsibilities	62	60.19
3. Intimate relationships	47	45.63
4. Physical and social changes associated with adolescence	43	41.75
5. Abstinence	40	38.83
6. Sexual decision-making	39	37.86
7. Pregnancy and child-birth	39	37.86
8. Sexual abuse, rape, and sexual assault	37	35.92
9. Reproductive anatomy	34	33.01
10. Contraception	31	30.10
11. Sexually-transmitted infections including HIV/AIDS	29	28.16
12. Sexual orientation/identity/ preference	27	26.21
13. Risk reduction	26	25.24

Unexpectedly, only 34 percent of the students reported that reproductive anatomy had been taken up in one of their subjects (Table 6). This is surprising because human reproduction is supposed to be one sub-topic under biology. Similarly, the topic on contraception which is included in Science II under population education, was reported less than the percentage of students who reported abstinence. This pattern suggests the biased preference on abstinence or teaching the students to avoid having sexual relationship while young. This also relates to the fact that teaching sexuality education is influenced by the Catholic religion which heavily leans on abstinence. It should be mentioned that even if Tugdaan School is classified as non-



sectarian like the other two secondary schools included in the study, it was conceptualized under the Paitan Mangyan Mission, and the Missionary Sister Servants of the Holy Spirit (SSpS Sisters) are very much into its continuous operation.

Table 7. Subjects where sexuality education is discussed talked, selected high schools: 2004.

Subject	Number of times mentioned
Technology and Home Economics	177
Values Education	111
Homerom	59
Physical Education, Health, and Music	56
Social Studies	25
Natural science	14
Biology	12
Mangyan Culture	5
Science	2
Christian Living	2
Others	68

The students have identified a number of subjects where the listed sexuality education topics were covered/discussed. The students mentioned Technology and Home Economics (THE), the most number of times, followed by values education (Table 7). The popularity of these two subjects is not surprising because home management is covered under THE, while morality is the central issue in the Values Education subject. Furthermore, Values Education is offered in all four year levels with the topics/issues being emphasized varying for each year level. Revitalized Homerom Guidance Program was the third subject, and fourth

was Physical Education, Health and Music (PEHM). Interestingly, there were students who reported subjects (e.g., Physics and Chemistry) which are doubtful. The explanation could be that whenever topics concerning sex, dating, or marriage are mentioned or used as examples in a class, the students consider it as part of teaching sexuality education.

Topics on sexuality education seem to be crosscutting themes and are integrated in a number of subjects (Table 8) (See Also Querijero and Paunlagui, 2004 and Suva and Paunlagui, 2004). For instance, the topic on communicating or expressing feelings with parents were mentioned in Technology and Home Economics, Values Education, and revitalized Homeroom Guidance Program. Another example is reproductive anatomy (under the biology subject) which was also discussed in Technology and Home Economics, Values Education, and other several subjects. There were also other subjects which one would least expect such as Chemistry and Physics. The explanation could be that topics on sexuality education could have been used as examples on these subjects that the students regarded it as part of the subject matter. Perhaps, this is an indication of what the Department of Education (DepEd) would like to happen when sexuality education, or topics related to it, is integrated in the subjects of high school students. However, this raises the issue of the school just teaching the students very little information, which might just raise their curiosity and leave many questions unanswered.

The most common methods used in teaching sexuality education were lecture and interactive discussion (Figure 2). There were also other methodologies adopted such as role playing but very few students (9 percent) mentioned it. On the other hand, instruction materials used were mainly composed of posters, charts, pictures from books and other reference materials, films and videos (Figure 3). Of these materials, 39 percent were

books on their health, science, and biology subjects while the remainder included encyclopedia, magazines/newspapers, film, video, and posters. Students from the San Pablo Colleges mentioned books on Physical Education, Health, and Music, Biology books, magazines and general reference materials like encyclopaedia. A student from Tugdaan mentioned the Bible as reference material for sexuality education.

Table 8.

Topic on sexuality education by subject, selected high schools, 2004.

	Tech. & Home Economics	Values	RGHP	PEHM	Social Studies	Natural Science	Biology	Health	Others	Total
Communication with family	22	12	7	3	2				18	64
Parenting responsibilities	24	18	6	1	1	2		8	2	62
Intimate relationships	16	11	6	1	2				11	47
Physical and social changes associated with adolescence	22	4	2	3	2		2	1	5	41
Abstinence	11	15	2	4	1				7	40
Sexual decision-making	16	10	4	3	4				2	39
Pregnancy and child-birth	20	8	3		1				7	39
Sexual abuse, rape, and sexual assault	6	13	3	7	8					37
Reproductive Anatomy	6	2	2	2		8	8		6	34
Contraception	13	2	3	6	3				4	31
Sexually-transmitted infections including HIV/AIDS	4	4	4	10		4			3	29
Sexual orientation/identity/ preference	10	6	1	1	1		1	1	6	27
Risk reduction	7	6	3	5			1		4	26
<b>Total</b>	<b>177</b>	<b>111</b>	<b>59</b>	<b>46</b>	<b>25</b>	<b>14</b>	<b>12</b>	<b>10</b>	<b>75</b>	<b>529</b>

The topics which according to the students should be included were population issues and family planning and false beliefs about sexuality education because many students are being misled because of misinformation. Population issues and family planning are already included under Biology; thus, this suggestion seems unwarranted. This also implies non-coverage of population issues and family planning in Biology.

Figure 2. Method used in teaching sexuality education, selected high schools: 2004.

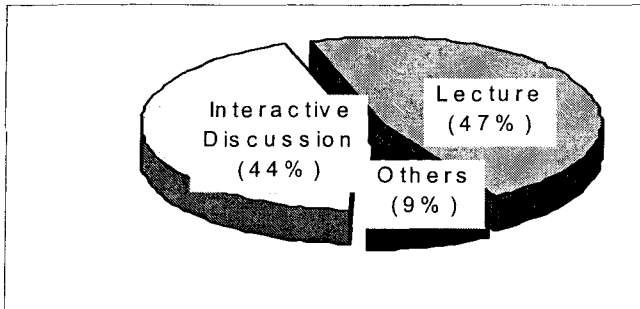
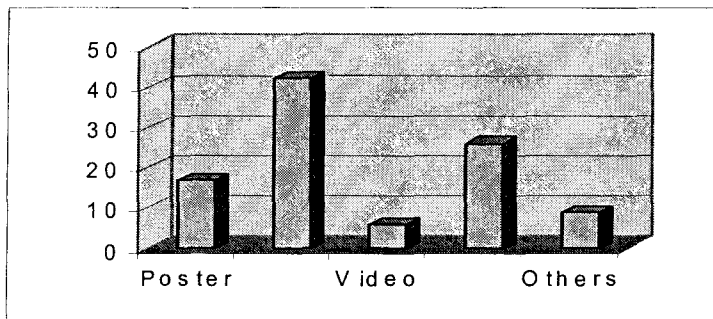


Figure 3. Reference materials used in teaching sexuality education, selected high schools, 2004.



Teachers, cited by 66 percent, were the most popular choice among the students to be the provider of sexuality education. Others mentioned were the elderly (5%), medical staff (4%), advisers (3%), and guidance counselor (2%). Among the teachers, the most commonly mentioned were teachers in Health (25%), Science (10%), and Biology (10%). In the focus group discussion among high school students, some students added some physical characteristics like age. They want teachers who are relatively

young, someone whom they could easily relate with. Other students would like a sexuality education teacher who is kind, open-minded, not too sensitive, strict, and someone who has already experienced what is supposed to be taught.

### *Messages on sexuality education*

Although not very well defined, messages reflect an age-appropriate teaching of sexuality education. For first year and second year students, messages mentioned were communication with family, physical and social changes associated with puberty, human anatomy, and understanding oneself. On the other hand, third year and fourth year students reported messages related to boy-girl relationships, pregnancy, responsibilities associated with having sex, contraception, and sexually transmitted infections.

Majority of the messages also denote sexuality education as abstinence-based and abstinence-based before marriage. For example in Tugdaan, the most quoted messages were:

*Bawal makipagkita/magtagpo sa dilim* (meeting is not allowed at night).

Only married couples should engage in sexual intercourse.

Kissing is not allowed.

In the other two schools, examples of the messages mentioned are as follows:

*Mag-aral muna bago mag-asawa.* (Study first before getting married.)

*Dapat kontrolin ang sarili.* (Control oneself.)

*Huwag magbubuntis habang bata pa.*

The additional comments of some high school students were very encouraging. Examples are: many of the students were grateful that they were included in the survey, more students should have answered the questionnaire and topics on sexuality education should be more openly discussed. However, there were also other students who found the questionnaire lengthy and difficult to answer.

*Sexuality education at the tertiary level*

*Socio-economic profile*

Table 9. College students by school.

School	Number	Percent
UP Los Baños	50	64.10
San Pablo Colleges (Medical Center)	28	35.90
Total	78	100.00

A total of 78 students completed the survey questionnaire for college students distributed as follows: 50 from the University of the Philippines Los Baños and 28 from San Pablo Colleges (Table 9). Two-thirds of the students who were interviewed were females and Roman Catholics, 20 years old on average, one-third were third year college students, and half of them were students of the College of Arts and Sciences, University of the Philippines Los Baños. The students from UPLB were either enrolled or have already taken the following subjects: Gender Relations (SOC 107) and Sociology of the Family (SOC 110) at the College of Arts and Sciences and Human Sexuality (HFDS 121) from the College of Human Ecology.

The course on *Gender Relations* is about the structure, dynamics, and issues on gender relations while *Sociology and the Family* studies the family as a social institution; patterns by region, race, and social classes; problems and issues in contemporary family life. Meanwhile, Human Sexuality is a three-unit class and covers the following topics: nature of human sexuality and physiological, social and historical perspectives of contraception. Students enrolled in other courses, (e.g., *The Adolescent* (HFDS 113), *Adulthood and Aging* (HFDS 114)) under the College of Human Ecology were also considered for interview. Unfortunately, they were busy with their field work during the administration of the survey questionnaire. The students from the San Pablo Colleges were enrolled in nursing and physical therapy courses.

#### *On sexuality education and sex education*

Majority of the college students agreed that there is a difference between sexuality education and sex education but the two are related. Sexuality education includes issues regarding how society determines masculinity and femininity (sexual identity), emotions with respect to sexuality, sexual preference and orientation and its consequences and relationships between sexes/gender. Sexuality education is a more comprehensive topic compared to sex education, which is more specific, and talks about the biological aspect of sexuality and the sexual act. Many respondents claimed that they did not know the difference between sexuality and sex education or that there is really no difference between the two concepts.

Table 10. Socio-demographic characteristics of selected college students, University of the Philippines Los Baños and San Pablo Colleges Medical Center, 2004

	Number	Percent
<i>Age</i>		
18 and below	27	34.62
19-21	38	48.72
22 and above	13	16.67
Total	78	100.00
Mean age	20	
<i>Sex</i>		
Male	28	35.90
Female	50	64.10
Total	78	100.00
<i>Religious Affiliation</i>		
Roman Catholic	51	65.38
Iglesia ni Cristo	4	5.13
Born Again Christian	5	6.41
Protestant	2	2.56
Others	7	8.97
No response	9	11.54
Total	78	100.00
<i>Year</i>		
First	10	12.82
Second	25	32.05
Third	16	20.51
Fourth	19	24.36
Fifth	2	2.56
No response	6	7.69
Total	78	100.00
<i>College</i>		
College of Arts and Science, UPLB	39	50.00
College of Human Ecology, UPLB	11	14.10
Medical School, SPC	28	35.90
Total	78	100.00



*On sexuality education topics, mode of delivery and instruction materials used*

Among the respondents included in the study, HFDS 121 covers almost all the 13 topics asked in the questionnaire. The other subjects, *Gender Relations* and *Sociology of the Family*, have also touched on the majority of topics listed in the questionnaire because these subjects have a more specific course description, therefore focusing only on topics under the subject matter (Boro-Magbanua, 2004). It was also observed that there was overlapping of topics in the different courses. Subject matter in sexuality education is not black and white, like the hard sciences. One cannot possibly talk about girl-boy relationship without touching on the issue of biological changes (Boro-Magbanua, 2004).

On the other hand, the respondents from the San Pablo Colleges Medical Center indicated that *Health and Science* are still the subjects in which sexuality education is taught. Though the sexuality education topics that the respondents were asked to assess were social in character (e.g. sexual orientation and identity, sexual abuse, rape and assault), *Health and Science* remain highlighted as subjects which cater to these socially-oriented topics.

Overall, sexuality education is taught at the San Pablo Colleges with emphasis on the biological and physiological aspects whereas it is the opposite at the University of the Philippines Los Baños. This is understandable as the respondents from the SPC were from the College of Nursing and Physical Therapy, while human ecology and sociology students comprised the respondents from the University of the Philippines Los Baños. However, it should be mentioned that one of the subjects taken by the SPC medical students was Promotive and Preventive Nursing Management (NCM 101) where a topic on human sexuality and gender sensitivity is included

The traditional type of teaching is still the primary style used in teaching sexuality education, with some technological innovations such as the use of Power Point, slide presentation and transparencies (Table 11). Other innovations include using films and the setting up of exhibits. This encourages students to take an active part in the dissemination of information.

Posters and charts are still at the top of the list of instructional materials used (especially in discussing contraception), with the addition of photocopied materials and pictures from magazines (particularly in discussing sexual orientation and identity). As may be noted, the tables could have been richer if most of the concerned students had answered all the questions.

Table 11. Method of delivery by topic, selected college students, University of the Philippines Los Baños and San Pablo Colleges Medical Center

Topic	Lecture	Role playing	Interactive Discussion	Others	Total
1. Reproductive anatomy	76	4	13	7	100
2. Physical and social changes associated with adolescence	51	3	17	29	100
3. Communication with family	52	0	10	38	100
4. Intimate relationships	50	4	12	35	100
5. Sexual decision-making	61	0	4	35	100
6. Pregnancy and child-birth	60	0	14	26	100
7. Parenting responsibilities	62	0	7	31	100
8. Abstinence	76	6	6	12	100
9. Sexually-transmitted infections including HIV/AIDS	51	5	8	35	100
10. Risk reduction	35	12	0	53	100
11. Contraception	44	8	6	42	100
12. Sexual orientation/identity/preference	42	8	3	47	100
13. Sexual abuse, rape, and sexual assault	24	21	9	47	100
Total	53	6	9	33	10

Table 12. Instruction materials used in teaching sexuality education, selected college students, University of the Philippines Los Baños and San Pablo Colleges Medical Center.

Topic	Poster	Chart	Video	Pictures	OPH/ Power Point	Total
1. Reproductive anatomy	9	12	21	6	52	100
2. Physical and social changes associated with adolescence	39	0	0	0	61	100
3. Communication with family	26	0	4	0	70	100
4. Intimate relationships	5	5	11	0	79	100
5. Sexual decision-making	9	5	9	5	73	100
6. Pregnancy and child-birth	23	4	19	0	54	100
7. Parenting responsibilities	20	4	4	0	72	100
8. Abstinence	15	5	0	0	80	100
9. Sexually-transmitted infections including HIV/AIDS	15	5	0	0	80	100
10. Risk reduction	18	0	0	0	82	100
11. Contraception	29	7	0	7	57	100
12. Sexual orientation/identity/ preference	21	4	0	4	71	100
13. Sexual abuse, rape, and sexual assault	35	9	9	0	48	100
Total	20	5	7	2	66	100

A student suggested that Sociology 110 (Gender and Relations) include immersion or fieldwork as part of the course work. Immersing into a community and helping the people understand myths related to sexuality, sharing knowledge on birth control methods by distributing pamphlets will enable the students to put into action what they learned.

Other interesting issues raised during the FGD are as follows: the Filipino culture does not allow candidness about topics on sexuality education, and Filipinos are very sensitive people that some topics are still a taboo. Thus, a suggestion was made that faculty teaching courses related to sexuality education should be adept with the Filipino culture to be able to contextualize examples within the bounds of what the Filipino can appreciate. Another comment was that a course on sexuality education would be very attractive because it will deal with a subject matter that is not usually taken up in formal class and is considered verboten.

*The teachers of sexuality education*

For the college students, the guidance counselors and teachers of sociology, psychology, and human ecology were most qualified to teach sexuality education (Table 13 ). Others who were mentioned were professionals, doctors and nurses, adviser, and gay person.

Only one faculty member of SPC filled up the questionnaire and he claimed that all the faculty members at the College of Nursing and Physical Therapy were qualified to teach sexuality education. For the UPLB faculty, out of the four respondents,

Table 13. Suggested teachers of sexuality education, selected college students, University of the Philippines Los Baños and San Pablo Colleges.

Teacher	Number	Percent
Teachers	16	20.51
Professionals	16	20.51
Guidance Counselor	11	14.10
Doctor/nurses	6	7.69
Adviser	1	1.28
Master of Science Graduate	1	1.28
Without training	1	1.28
Gay	1	1.28
Sociology majors	1	1.28

only the faculty teaching HFDS 113 is not a master's degree holder. All have been teaching the course for six years and longer, except again the faculty of HFDS 113 who has handled the course only for two semesters. The faculties of HFDS have undergraduate and graduate degrees from the College of Human Ecology. While the faculty of Sociology 110 has a undergraduate and graduate degrees in Sociology and is pursuing her Ph.D. in Sociology. The faculty of Sociology 107 has a Ph.D. in Sociology.

### *Sexuality education messages*

Again, the medical perspective on sexuality education was reflected on the messages enumerated by the SPC students. These are as follows: Anatomy and Physiology, Maternal and Child Nursing Sensitivity and Health Ethics. Surprisingly, there was a message on “Philippine Constitution: Know the Filipinos’ Rights”. For the UPLB students of sociology and human ecology, the messages are as follows:

Sexuality education is necessary in life. Always better to be informed.

*Pagkakataon ng mga estudyante ng chance na i-discuss yung matters about sex and other related things na hindi pa pinag-uusapan sa bahay.* (It is an opportunity for the students to discuss matters about sex and other related things, which are not discussed at home)

A major problem in our community is the lack of information about sexuality education.

Ignorance about sexuality I think leads to some problems in the society.

### **Summary, conclusions, and recommendations**

This study is an assessment of whether sexuality education is part of the secondary and tertiary curriculum in selected schools in Southern Tagalog. Specifically, the study aimed to identify and describe courses, topics, themes of sexuality education; characterize core competencies of education providers; collect core messages and teaching materials (syllabi, references and visual aids); and assess strengths and weaknesses of sexuality education.

Three secondary schools and two tertiary schools formed part of the study sites. A total of 102 high school students and

78 college students completed the survey questionnaire. For a deeper understanding and analysis of the issues raised in the survey, focus group discussions were conducted and key informants were interviewed. In addition, a copy of the concerned schools curricula and course outlines of the schools concerned were requested from the teachers.

Several patterns have emerged in the examination of primary and secondary materials. These are as follows:

At the high school level:

- Majority of students associated sexuality with sex or the act of sex.
- Further inquiry revealed that the students considered sexuality education as broader than sex education. For students, sexuality education includes the relationship between males and females and all the other topics. Their teachers shared similar views.
- The teaching of sexuality education or some topics related to it are integrated with the various subjects, the most commonly mentioned being Home Economics, followed by Values Education, Homeroom, Physical Education, Health, and Music. It should be noted that sexuality education, according to the students, were also discussed in most unexpected subjects like Chemistry and Mathematics.
- Among the thirteen pre-identified topics on sexuality education, communication with parents, parenting responsibilities, intimate relationships, and physical and social changes associated with adolescence were the most commonly reported. This pattern seems to illustrate the influence of religion on how sexuality education is being taught at the secondary school.

- The least talked about topics were those relating to risk reduction, sexual orientation/identity/preference, sexually-transmitted infections including HIV/AIDS, and contraception. As commented by two students, some topics should not be taught because it is against their religion.
- Interactive discussions and lecture were the most common mode of imparting knowledge to students on sexuality education aided by books, posters, and pictures.
- Messages mentioned by the students conveyed age appropriateness in teaching sexuality education. First and second year students preferred topics related to discovering themselves, their relationship with their family, and the physical and social changes associated with puberty. For junior and senior students, their messages relate to boy-girl relationship, pregnancy, and becoming responsible for their acts.
- Teachers were the most preferred to teach sexuality education, particularly the Biology and Homeroom teachers. Others mentioned were guidance counselors and parents. Students added some qualities of those who should be teaching sexuality education like someone who is mature enough and had experienced what should be taught, kind, sweet, and caring.

At tertiary level:

- As the title of the course implied, Gender and Relations (Sociology 113), contained almost all the 13 pre-determined topics of sexuality education.
- The sociological and cultural aspects of sexuality have been very well addressed, but not the biological aspect in

the UPLB courses, which was contrary to the experience of the SPC college students.

- Sex education and sexuality education were perceived by the students in both schools as related with the latter being broader than the former. Sex education refers to the reproductive organs and reproduction while sexuality education covers how society determines masculinity and femininity (sexual identity), emotions with respect to sexuality, sexual preference and orientation and its consequences and relationships between sexes/gender, sexuality.
- Lecture and interactive discussion were the most common means of teaching sexuality education with the use of powerpoint presentations, slides and overhead projects and sometimes video and film showing. Exhibit was once used in imparting knowledge on sexuality education.

### *Some recommendations*

That sexuality education should be taught at an early age was suggested by the students. The non-introduction at a young age of topics related to sexuality education constrains the growth of sensitiveness to these issues. This is perhaps one reason why Filipinos are so restrained concerning issues on sexuality education. Topics to be tackled should be appropriate for the age of the students. There are concepts that can be discussed at a certain age bracket, but when introduced to another age group will require a different emphasis on the topics.

### *Secondary level*

The integration of sexuality education among the various subjects in high school is not adequate for students to become



well-aware of the biological, sociological, emotional, and mental dimensions of sexuality education. This is the mode still being pursued by the Dep Ed (formerly DECS) in its Basic Education Curriculum. Currently, there are only general guidelines on how values, presumably sexuality education, should be integrated. Thus, implementation could vary widely or may end up with the exclusion of certain topics on sexuality education or sexuality education in totality. This is risky. As one of the students has commented, false beliefs on sexuality education have contributed to their wrongdoing. Thus, there is a need for secondary teachers to have proper and continuous training in teaching sexuality education.

Less emphasis on some “controversial” topics of sexuality education reflects the influence of religion in the teaching of sexuality education. There must be a way by which topics like abstinence, sexual orientation/identity, sexual decision-making, and reducing the risks from sexually-transmitted infections should be given more emphasis in the development of a training module on sexuality education.

It is high time to stop hiding the topics about sexuality education under the title “Human Development for Adolescents.” Perhaps, this is the reason why students were confused and did not associate the topics enumerated above as part of sexuality education.

### *Tertiary level*

Sexuality education is a course on the development of one’s individuality; consequently, it is a course that involves the participation of every individual, emotions and experiences, and possibly the sharing of it. Therefore, activities should involve the students, the college students in particular, to have hands-on experience, such as immersion into communities will be an

effective way to impart the “correct” information about sexuality education.

Except for teachers handling Human Sexuality, there can be no one discipline that can tackle sexuality education completely. There are many who can handle the courses on sexuality education. Team-teaching as suggested by the respondents appears to be the best solution to impart sexuality education to the students.

There is a need for the faculty of UPLB to offer a general education (GE) course on sexuality education. On the other hand, there is a need to emphasize the sociological aspect of sexuality education at the SPC given the strong stress that the school gives on the clinical/medical aspect of sexuality education.

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## Annex A. Recommended Topics on Sexuality Education by Grade

Annex Table 1. Recommended topics on sexuality education by grade

Grade	Topic
6-8	<ul style="list-style-type: none"> <li>• Young teenagers are not physically or emotionally prepared for a responsible sexual relationship that include intercourse.</li> <li>• Abstinence from sexual intercourse is the safest and most effective method to prevent HIV/STI's and unintended pregnancy.</li> <li>• Teenagers need to discuss sexual limits with their partners and people need to respect the sexual limits set by their partners.</li> <li>• There are many ways to express love, attraction and connection to a partner. Sexual intercourse or other sexual activities are just one way.</li> <li>• There are many ways to give and receive romantic attention and not have sexual intercourse or engage in sexual activity that can put you at risk.</li> <li>• Teenagers need to talk to their parent(s) or other trusted adult before they engage in sexual intercourse or other sexual risk behaviors, seeking reliable advice.</li> <li>• Effective use of contraceptive and disease prevention methods.</li> <li>• Most adults believe school-aged teenagers should not have sexual intercourse or engage in risky sexual behaviors.</li> <li>• The majority of school-aged youth are not having sexual intercourse.</li> <li>• Influence of media.</li> <li>• Puberty and maturation, masculinity/femininity.</li> <li>• Positive body image and healthy identity.</li> <li>• Reproductive health, conception, personal hygiene.</li> <li>• Dating violence, responsibility and respect for oneself and others, gender respect.</li> <li>• Refusal skills, resisting and effectively dealing with negative pressures, communication and asserting personal boundaries.</li> <li>• Many religions teach that sexual intercourse should only occur in marriage.</li> <li>• Teenagers who have had sexual intercourse can choose to be abstinence.</li> <li>• Define HIV/STIs and the immune system, symptoms, effects testing, self-examination.</li> <li>• Define vaginal, oral and anal sexual intercourse.</li> <li>• Chain of infection.</li> <li>• Skills for making responsible decisions and choices.</li> <li>• Social issue with regards to abstinence and non-abstinence.</li> <li>• Family structures and dynamics.</li> <li>• The effects of alcohol and drug use in making responsible sexual decisions.</li> <li>• Disease treatment, past/current/future research for HIV and STI's</li> </ul>
9-12	<ul style="list-style-type: none"> <li>• The majority of high school students are not having sexual intercourse.</li> <li>• There are many ways to express love, attraction and connection. Sexual intercourse or other sexual activities are just one way.</li> <li>• Accessing contraceptive disease prevention methods, resources and community services, adoption and abortion.</li> <li>• Review of HIV/AIDS/STI's symptoms, effects, testing, self examination.</li> <li>• Prevention through responsible decisions and choices.</li> <li>• Refusal and communication skills to maintain sexual limits and healthy relationships.</li> <li>• Teens perceiving themselves at risk.</li> <li>• Treatment and research.</li> <li>• Male and female anatomy, reproduction.</li> <li>• Masculinity/femininity, gender identity and sexual orientation.</li> <li>• Promoting gender respect, respect for oneself and others and individual differences.</li> <li>• Family structures and dynamics.</li> <li>• Media influence, peer and parental influence on sexuality.</li> <li>• The effects of alcohol and drugs with regards to responsible sexual decision making.</li> <li>• Vaginal, oral, anal sexual intercourse.</li> <li>• Social, physical and emotional advantages of making choices that are right for us, that fit with our personal choices and boundaries and are freely chosen.</li> <li>• Analyzing appropriate behavior in dating relationships</li> </ul>

Source: Oregon Department of Education

Annex Table 2. Lesson Plan by Grade

Topic/Learning Outcomes	8-10	11-12
Preparing Students for Sexuality Education	*	*
1. Setting the Ground Rules	1	1
2. Proper Vocabulary	1	1
3. Respect for Others	0	0
4. Privacy and Confidentiality	0	0
5. Comfort and Safety	1	1
Functional Knowledge About Sexuality	*	*
1. Human Growth and Development	4	0
2. Anatomy/Physiology	5	3
3. Sexuality, Health and Disease	11	12
4. Parenting/Families	15	13
5. Conception/Pregnancy/Birth/Contraception, Abortion	17	17
6. Gender Identity and Roles	10	4
7. Values, Ethics, Morals	1	1
8. Sexuality and Society	4	7
9. Sexuality and Relationships	3	2
10. Sexual Activity/Expression and Associated Benefits and Risks (including abstinence, intercourse, monogamy, multiple partners, non-coital sex, masturbation, oral sex and anal sex)	15	14
11. Sexual Orientation	6	6
12. Sexuality and the Law	2	1
13. Prevalence, Transmission, Prevention of STI	19	17
14. Prevalence, Transmission, Prevention of HIV	17	10
15. Knowledge of Health Services (purpose, function, careers)	6	5
16. Fears and Fallacies	3	3
17. Related Risks	4	2
Beliefs/Attitudes/Perceptions/Understanding	*	*
1. Sexuality is Normal Part of Healthy Human Development	4	4
2. Relationships, Love & Attraction	5	2
3. Passion/Emotions	1	1
4. Intimacy, Trust, Honesty, Respect	10	6
5. Coercive Sex is Unacceptable, (includes date rape)	6	6
6. Using Sex Unacceptable	2	3
7. Beliefs about sexual norms, adolescent activity	5	4
8. Sexual Harassment	4	2
9. Pornography/Eroticism	0	1
10. Accepting Personal Responsibility and Risk	6	4
11. Meeting Adolescent Development Needs (including taking risks, socialization, independence, recognition)	3	3



12. Social Barriers to Condom Use, Purchase	3	3
13. Compassion/Discrimination or Stigma	3	3
14. Gender Equity	10	4
Self-Knowledge/Intentions/Image	*	*
1. Developing and Clarifying Values	11	9
2. Self-Image, Self-Worth, Self-Concept, Self-Esteem	6	2
3. Preparation for Puberty	14	4
4. Beliefs in Capacity to Influence Own Health	4	3
5. Personalization of Longterm Health Risks	12	9
6. Perceptions of Immediate Social Consequences	7	7
7. Body Image	9	4
8. Awareness, Understanding of Social/Psychological Influences on Behaviour	10	5
Skills/Modeled or Practiced Behaviours	*	*
1. General Social Skills	2	1
2. General Decision-Making Skills and Problem-Solving	8	3
3. Media Literacy	13	8
4. Critical Thinking Skills	9	6
5. Specific Skills Related To Sexuality (avoiding, refusing, negotiating)	16	16
6. Developing/Maintaining a Personal Health Plan	16	11
7. Role Modeling/Advocating/Helping Others	1	0
8. Condom Use Skills	7	7
9. Able to gather information from a variety of sources	1	1
Accessing Social Support/Motivational Supports/Resisting Social Pressure	*	*
1. Supporting Friends and Finding/Identifying Supportive Friends	4	3
2. Talking With Parents	15	12
3. Talking With Siblings	1	1
4. Talking With Close Friend	1	1
5. Talking with Trusted Adult	2	1
6. Acting to Discourage Harassment	0	0
7. Advocating for Better Sex Education or Sexual Health Services for Youth	2	2
8. Acting to Discourage Sexual Exploitation	0	1
9. Peer Led Sexuality Education Programs/Activities	2	1
Accessing Preventive Health Services	*	*
1. Awareness, Knowledge of Local Preventive, Sexual Health Services and Information	4	3
2. Comfort, Trust in Speaking With Physician	2	2
3. Comfort, Trust in Speaking With Local Health Professionals	1	1
4. Accessing and Evaluating Sexual Health Information on the Internet	0	0
5. Awareness, Knowledge, Comfort in Accessing, Testing for Pregnancy, STD or HIV	6	6

6. Awareness, Knowledge, Comfort in Accessing Emergency Contraceptive Services	1	1
7. Awareness, Knowledge, Comfort in Accessing Abuse/Assault Services	4	3
8. Awareness, Knowledge of Self-Help Groups and Youth Groups	1	1
9. Awareness, Ability to Overcome Practical Barriers to Accessing Sexual Health Services	2	2
10. Ability to Gather Information on Sexuality from a Variety of Sources	0	0
Special Needs	*	*
1. Students With Disabilities	0	0
2. At-Risk Youth (Street Youth, Incarcerated Youth)	0	0
3. Ethnocultural Influences/Conflicts	3	3
4. Aboriginal Students	0	0
5. Students Living in Poverty	0	0
6. Continuing Education for Young Parents	0	0
7. Victims of Sexual Abuse, Assault or Incest	0	0
8. Students in Geographically Isolated Communities	0	0
9. Gay, Lesbian and Bisexual Youth, Same Sex Parents	5	5
10. People, Children Living With AIDS	1	1
11. Adopted Children	0	0
Special Situations	*	*
1. I think I'm Pregnant	5	5
2. The Condom Broke	1	1
3. I Forgot To Take My Pill	0	0
4. My Partner is Pressuring Me to Have Sex	5	4
5. Where Can I Get Emergency Contraception	1	1
6. I think I May Have an STI/HIV	3	3
7. Am I Gay/Lesbian/Bisexual?	8	8
8. I have been date raped	2	2
9. I am being harassed/bullied	2	2

Source: Canadian Association for School Health, 2003. *Sexuality Education Gateway: Sexuality Education Gateway to Lesson Plans/Learning Activities*. <http://www.safehealthyschools.org>

Annex Table 3. Curriculum on sexuality education

<p>Choosing Health—High School: Sexuality &amp; Relationships Berry M. Hubbard, Ed.D. 1997</p>	<p>This Choosing Health skills-based program consists of eight curricula for high school students. Each stresses communication, decision-making, assertiveness, stress management, and goal setting. This component on “Sexuality and Relationships” is designed to give students information about anatomy and physiology as well as about the psychological and social aspects of sexuality. Topics include establishing and maintaining healthy relationships and making responsible decisions as well as information on sexual orientation, pregnancy, and birth. Additional program materials are available. <a href="http://www.ctr.org/">http://www.ctr.org/</a></p>
<p>Comprehensive Health For the Middle Grades: Puberty &amp; Reproduction Catherine S. Golliber, Ph.D. 1996</p>	<p>This Comprehensive Health skills-based program consists of 15 curricula for middle grade students. Each stresses communication, decision-making, assertiveness, stress management, and goal setting. This supplement on “Puberty and Reproduction” is designed to give students information about the basic facts of human reproduction and to explain the physical, emotional, and social changes of puberty. Additional program materials are available. <a href="http://www.ctr.org/">http://www.ctr.org/</a></p>
<p>F.L.A.S.H.: Family Life and Sexual Health Grades 5-6, 7-8, 9-10, and 11-12 Elizabeth Reis, M.A. Special Education for Grades 7-12 Jane Stangle, M.Ed., 1992</p>	<p>These five skills-based curricula are designed to promote knowledge about human development and reproduction and to promote young people’s respect for and appreciation of themselves, their families, and others. curricula cover such subjects as puberty, sexual health and hygiene, reproductive systems, pregnancy, contraception, abstinence, HIV/AIDS, STDs, sexual exploitation, and lifelong sexuality</p>
<p>The Family Education Program Katherine Simpson, M.F.C.C. Planned Parenthood of Shasta-Diablo, 1990</p>	<p>This curriculum addresses sexuality, self-esteem, and abuse prevention for developmentally and learning disabled high school and junior high school students. It consists of 24 sessions.</p>
<p>Filling the Gaps: Hard-to-Teach Topics in Sexuality Education Sexuality Information and Education Council of the United States (SIECUS) 1998</p>	<p>This teacher’s manual covers eight topics—abstinence; condom use; diversity; pregnancy options; safer sex; sexual behavior; sexual identity and orientation; and sexuality and society—that are often missing or need strengthening in many sexuality education programs. It provides background for teachers, rationale for teaching each topic, teaching activities, and resources. It is designed to supplement an existing curriculum</p>
<p>Growing Together, 2nd Edition: A Sexuality Education Program for Girls Ages 9-11 &amp; Their Parents Girls Incorporated 1998</p>	<p>This is a component of Girls Incorporated’s Preventing Adolescent Pregnancy program. It is a series of five workshops designed to help parents and their daughters learn new information and develop the skills they need to talk about sexuality issues. It addresses puberty; adolescent sexual development; and values and expectations for teen sexual behavior. A Spanish version is also available. <a href="http://www.girlsinc.org/">http://www.girlsinc.org/</a></p>
<p>Growing Up Caring: Exploring Values and Decision Making Frances Schoonmaker Bolin, et al 1990</p>	<p>This curriculum discusses respect, family, caring, commitment, trust, and responsibility. It consists of 20 activities incorporated within a five-day lesson plan. Topics include decision-making, eating smart, staying drug-free, and sexual choices. <a href="http://www.glencoe.com/">http://www.glencoe.com/</a></p>
<p>It Takes Two: Pregnancy Prevention Classroom Group Program Young Women’s Resource</p>	<p>This curriculum encourages youth to accept the shared responsibility of pregnancy prevention by explaining the consequences of premature and unprotected sexual activity, urging responsible decisions about sexual intercourse, and</p>

Center 1997	encouraging healthy, respectful, and safe male/female relationships. It consists of 36 lessons targeted at young people in grades seven through 12. Worth the Wait is a new abstinence-only-until marriage version of this program. Be sure to ask for the original <i>It Takes Two</i> .
Learning About Family Life: Resources for Learning and Teaching Barbara Sprung Illustrated by Debra Wainright 1992	This curriculum helps children in grades K through three form healthy attitudes about sexuality. Developed to meet the New Jersey state mandate for family life education for children in elementary grades, it consists of three components: <i>The Big Book</i> (an easel book that illustrates stories), <i>Resources for Learning and Teaching</i> (a manual for the educator, consisting of 43 lessons), and <i>Families, Friends, and Feelings</i> (a journal for students). Topics include relationships, human growth and development, sexuality and reproduction, responsible behavior, and building strong families.
Life Planning Education: A Youth Development Program Advocates for Youth 1995	This skills-based curriculum combines sexuality education and career education with the goal of motivating adolescents to delay parenthood until they achieve their educational and vocational goals. The material can be used with teens in grades seven through 12. This curriculum consists of 142 activities on such topics as values, communication, goals, decision-making, health, sexuality, sexual risks, contraception, STD prevention, and employment. <a href="http://www.advocatesforyouth.org/">http://www.advocatesforyouth.org/</a>
PLAIN TALK Training Package Dominic Cappello 1997	This four-part series utilizes innovative approaches to assist parents in developing communication skills to talk openly and honestly to their children about sexuality issues. It focuses on character education and helps parents talk nonjudgmentally with their children about assuming adult responsibility. Topics include: "Setting Personal Boundaries," "TV and Sex," "Decision-Making," and "Healthy Neighborhoods." This package also includes "Plain Talk about Community Organizing," "Plain Talk Promo Kit," "Plain Talk Trainer's Guide," and a "Patty Plaintalk Video." <a href="http://www.speakeasy.org/plaintalk">www.speakeasy.org/plaintalk</a>
The New Positive Images: Teaching Abstinence, Contraception, and Sexual Health Peggy Brick and Colleagues 1995	This manual focuses on prevention behaviors, as well as the developmental, social, emotional, interpersonal, historical, cultural, and cross-cultural forces that shape healthy behavioral change. Intended as a supplement to existing curricula, the manual includes 27 activities for middle school, high school, and college-age groups.
Project SNAPP: Skills and Knowledge for AIDS and Pregnancy Prevention for the Middle Grades Carla Adivi, M.P.H. & Jennifer Weissman, M.P.H. with Dalisa Barquero, B.A., Kim Perry, M.S.W., and Project SNAPP Educators 1996	Division of Adolescent Medicine Children's Hospital Los Angeles This curriculum, originally developed as a peer education program, is based on social learning theories and research findings from several pregnancy- and HIV-prevention programs. A variety of skills-based activities give students the opportunity to practice communication, refusal, assertiveness, and negotiation skills. This eight-lesson program for grades five through nine includes information on abstinence and safer sex. It requires prior knowledge of basic anatomy and physiology. <a href="http://www.etr.org/">http://www.etr.org/</a>
Reducing the Risk, Third Edition: Building Skills to Prevent Pregnancy STD and HIV Richard P. Barth, M.S.W., Ph.D. 1996	Targeted to grades nine and 10, this skills-based curriculum teaches students how to refuse or delay sexual intercourse as well as how to use protection against pregnancy and STDs. A student workbook is available in English and Spanish. The U.S. Centers for Disease Control and Prevention's (CDC) Division of Adolescent and School Health has identified this 16-lesson curriculum as one that reduces health-risk behaviors among youth. <a href="http://www.etr.org/">http://www.etr.org/</a>

<p>Streetwise to Sex-Wise: Sexuality Education for High-Risk Youth Steve Brown 1993</p>	<p>This manual is intended as a supplement to a sexuality education curriculum and focuses on issues of particular concern to high-risk teens. Topics include: communication and decision-making skills, contraception, STDs, sexual orientation, and sexual abuse. It consists of 10 lessons for young teenagers nine to 13 years old and 12 lessons for older teenagers 14 to 19 years old.</p>
<p>Taking Care of Business, Second Edition Girls Incorporated 1998</p>	<p>A component of Girls Incorporated's Preventing Adolescent Pregnancy program, this curriculum for girls 15 to 18 years old consists of 44 lessons. It focuses primarily on the motivation and skills needed to avoid early pregnancy. Sessions include: "Gender-Role Stereotyping," "Examining the Risks," "Skills for Avoiding Unreasonable Risks—Being Assertive," "Making Abstinence An Option," "Decreasing Pregnancy Risk," "Resisting Sexual Pressure," "Avoiding the Risk of HIV/AIDS," "Sexual Responsibility—Communicating with Young Men," and "Get a Life for Yourself Before You Make Another Life."; available to affiliated organizations and to licensees; non-member organizations should call for more information <a href="http://www.girlsinc.org">www.girlsinc.org</a></p>
<p>Teaching Safer Sex Peggy Brick, et al. 1989</p>	<p>This manual is designed as a supplement to provide the knowledge, attitudes, and skills required for safer sexual behavior. It consists of 21 skills-based lessons targeted to adolescents and young adults. It is also useful for training teachers, counselors, and parents.</p>
<p>Values and Choices: A Value-Based Curriculum For 7th and 8th Grades John Forliti, et al. Revising Editor Dorothy L. Williams 1991</p>	<p>This curriculum focuses on abstinence from sexual intercourse as the most desirable choice for teenagers. Emphasizing values such as respect, responsibility, self-control, equality, honesty, and social justice, its 15 lessons address topics such as puberty, dating, sexual pressure, pregnancy, birth, STDs, and birth control.: <a href="http://www.search-institute.org%20/">http://www.search-institute.org%20/</a></p>

Source: SIECUS. <http://www.ppct.org/>

Annex Table 3. *Continuation.*

Denomination	Title	Brief Description
United Church of Christ	Affirming Persons-Saving Lives; AIDS Awareness and Prevention Education William R. Johnson and Cynthia A. Bouman 1993	This curriculum integrates Christian values, Bible study and theological reflection and prayer, into a comprehensive HIV-prevention program. It includes eight learning series for each of the following age groups: Preschool/Kindergarten (four sessions), Grades 1-2 (four sessions), Grades 3-4 (four sessions), Grades 5-6 (six sessions), Youth (11 core sessions and one optional session), Adults (seven sessions), Parents (three sessions), and Intergenerational (seven sessions). Also included are a teacher's booklet, handouts, teacher's support resources, and two videos.
	Creating Compassion: Activities for Understanding HIV/AIDS Phyllis Voz Weseman 1994	This is an activity book designed for children and adults. It utilizes nine themes-world, nation, state, community, neighborhood, school, congregation, family and self-and employs art forms as teaching methods. Each theme consists of 13 activities that are appropriate for different age groups.
	Preventing Child Sexual Abuse: Ages 9-12 Kathryn Goering Reid with Marie M. Fortune 1994	These two curricula provide information about sexual abuse and prevention to children in the context of a religious education program. The curriculum for ages 5-8 consists of 10 sessions, and the curriculum for ages 9-12 consists of 13 sessions.
	Sexual Abuse Prevention: A Course of Study for Teenagers Revised and Updated Rebecca Voellkel-Haugen and Marie M. Fortune 1996	This curriculum covers sexual abuse and harassment. It consists of six sessions and is designed to help participants distinguish healthy sexuality from sexual abuse and violence. Topics include sexual harassment, dating violence (including date rape), incest, sexually explicit materials, and abusive images found in popular media. The first and last session frame the conversation within theological and ethical issues.
United Methodist Church	Male and Female: Blessed by God 1989	This curriculum is designed for adolescents in grades 10-12 and their parents. It consists of seven core sessions and four optional sessions. Topics include the biblical and theological foundations for sexuality, decision-making, relationships, dating, sexuality in the media, sexually explicit materials, sexual abuse and sexually transmitted diseases.
	Our Sexuality: God's Good Gift Branson L. Thurston, Editor 1989	This curriculum is designed for adolescents in grades seven through nine and their parents. It consists of seven core sessions and four optional sessions. Topics include biblical and theological foundations for sexuality, decision-making, relationships, dating, sexuality in the media, sexually explicit materials, sexual abuse and sexually transmitted diseases.
Multi-faith	Teen Sexuality Re-sources/ Let's Be Real: Honest Discussions About Faith and Sexuality Duane A. Ewers and M. Steven Games, Editors 1998	This non-denominational Christian curriculum is designed for adolescents in middle school and high school. It consists of six sessions of discusses anatomy, decision-making, relationships, contraception and Sexually transmitted diseases, as well as media and culture. A parent resource is included.
	Unmasking Sexual Con Games: Helping Teens Identify Good and Bad Relations Ron Herron and Kathleen M. Sorensen 1997	This five-session curriculum is targeted to middle school and high school youth. It helps them to learn to identify and deal with sexual harassment and abuse.

Source: SIECUS. <http://www.ppct.org/>

Annex Table 4. Sexuality education materials by denomination

Denomination	Title	Brief Description
Catholic	Benziger Family Life Program Grades K-8, Third Edition, 1995	Each grade has its own curriculum that consists of address five themes: "God's Gift of Family," "God's Gift of Self," "Gift of Live," "God's Gift of Sexuality," and "God's Gift of Community." Topics include: anatomy, reproduction dating, marriage, intercourse, and date rape.
	In God's Image: Male and Female <i>Patricia Martens Miller. 1989</i>	This human sexuality program is for grades 5 through 8. It consists of four manuals: Respecting yourself; Asserting Yourself; Informing Yourself and Challenging Yourself. Each manual is composed of five sessions. Topics include: "Sexuality: Something Special," "It's O.K. to say NO," "Consequences," "Homosexuality: The Christian Attitude," "Abortion: A Serious Issue," "Dating Decisions," "Teens, Babies, and Marriage," "Birth Control/Self/Control."
Church of the Brethren	Dating: The Art of Respect <i>Debbie Eisenbise and Lee Krahenbuhl. 1998</i>	Jointly published by the Mennonite Church and the General Conference and the Church of the Brethren, it consists of sex core sessions and one optional session. It uses 1st Corinthians 13 to show youth that dating involves deep friendship built on respect, mutual admiration, and trust.
	Sex: God's Great Idea <i>Carol Derksen. 1994</i>	It consists of seven sessions and is structured around the encounters of two teenagers, Chris and Ali, who interview people in the Old Testament about their experiences with sexuality. These interviews include Adam and Eve, who remind teenagers that sexuality is a God-given "design"; Samson and Delilah, whose relationship is used as a lesson in howand Rebekah, newlyweds whose love blossomed with their trust in God.
Evangelical Church in America	YouthTalk: Sexuality. 1994	YouthTalk is a theme-based curriculum for junior high and high school youth. Topics include "Voices & Messages," "Relationships," "Real Difficulties," "Self-esteem," "Religion," and "Sexuality." YouthTalk Sexuality consists of five sessions that will help youth understand that sexuality is an ongoing aspect of their lives and to appreciate the God-given goodness of their own sexuality. It addresses gender roles, dating, date rape, AIDS, and attitudes and behaviors.
Mennonite Church, General Conference	Some Body! Fast Lane Bible Studies For Junior High Youth Steve Ropp 1998	This curriculum challenges youth to appreciate and care for their body. It consists of five sessions. Using Bible passages, the sessions address: body image, self-esteem, peer pressure, abstinence, and physical fitness.
	Dating: The Art of Respect <i>Debbie Eisenbise and Lee Krahenbuhl. 1998</i>	See previous description.
	Sex: God's Great Idea <i>Carol Duerksen. 1994</i>	See previous description.
Presbyterian Church	The Congregation: A Community of Care and	This 12-session study guide for older adolescents and adults is designed to engage local leaders and

	Healing, HIV/AIDS Awareness Resources Beth Basham, Editor 1993	congregations in the issues surrounding HIV/AIDS.
	God's Gift of Sexuality: Study for Young People in the Reformed Tradition in the Presbyterian Church (U.S.A.) Mary Lee Talbot, Editor David M. Dobson, Editor for Revised Edition	This is a comprehensive sexuality education program for middle school and high school students. The course for middle school students consists of seven sessions. Topics include anatomy and physiology, puberty, relationships and intimacy, sexual violence, values and decisions, and communication. The course for high school students consists of 11 sessions. Topics include: sensuality, intimacy, sexual identity, anatomy and physiology, contraception, sexually transmitted diseases, parenthood, decision making, and communication
Southern Baptist Convention	True Love Waits 1999-2000: Crossing Bridges With Purity 1998.	It is an abstinence-only-until marriage campaign for teenagers and college students