Sex Education in School

Cynthia Kirkby
The Brunswickan

Sex education remains a controversial topic in area schools, despite the increasing need for it.

At Fredericton High School, only one course broaches the topic, according to the school's registration guide. This course is Family Living 120, which is neither compulsory nor a "University and College Entrance Credit." A maximum of 231 students (out of approximately 2650) can take the course this year. This means that only 8.7% of area secondary students are being taught (in school) about "the influences of... sex education, anatomy of the human reproductive system, birth control, pregnancy, ... and sexually transmitted diseases."

A survey conducted by several graduating students between October and December of 1994 found, however, that 45% of the 2040 students surveyed reported having had sexual intercourse. As to whether or not these students "practise[d] safe sex or use[d] birth control," 69.5% indicated they always did, 24.1% indicated they sometimes did, and 8.3% indicated they never did.

To help students with children, FHS opened a daycare in 1990, according to Sue MacLeod. Students who enroll their children in the daycare are required to follow a program including a parenting course and a support group. "We are more than just a babysitting program," she said. "It was developed to keep student parents in school so they could graduate. I think we've had sixty graduates through the program since 1990."

Currently there are 22 parents (and 23 children) enrolled in the program. The parents are all mothers, although MacLeod noted "we do have one child whose parents are both coming to school. Fathers are welcome but they're usually not in the picture."

When asked about condom machines, MacLeod said hesitantly: "My personal opinion is that yes, there should be condom machines in the school."

MacLeod believes that sex education should be compulsory for students. "But I think that when they take it in grade 12 it's a bit late." She added that the presence of mothers in grade 10 would suggest some level of sexual activity in Junior High.

FHS Principal Jim Thorburn declined to comment on this and all related topics.

Area Junior Highs follow the provincial Human Growth and Development Curriculum, which covers such topics as the reproductive system, AIDS, pregnancy and childbirth, child abuse, and decision making.

"We have 11 to 16 year olds," said Patricia vanRaalte, a guidance counsellor at Nashwaaksis Junior High. "Abstinence is the underlying message that we give to students."

However, 9.0% of all respondents in the FHS survey reported having had intercourse for the first time at age 16, 15.1% at age 15, and 17.5% at age 14 or younger.

Although there is a set curriculum for each of the Junior High grades (7, 8, and 9), parents have the option of opting-out their children. "While the school board strongly recommends that every student take the units, it recognizes that some parents may not want their children to be involved," says School District 18's Information Bulletin for Parents. "An optional independent unit prescribed by the Department of Education will be assigned to students whose parents wish them excluded."

It is possible, then, that students could graduate from High School without ever having taken sex education.

Sexual Healing: Problems,

Mary Rogal-Black
The Brunswickan

Amid the mysteries and controversies inspired by the subject of sex and all it's implications, some people maintain the ability to speak frankly on the subject, reminding the sex-crazed that, after all, it just is what it is. Sandra Byers is a professor in UNB's Psychology Department and has a professional practise as a sex therapist. It's an interesting job, and one that Professor Byers is happy to report affords an excellent success rate among patients. After doing graduate work in clinical psychology at West Virginia University, Professor Byers says she knew that human sexuality was a field that interested her. A somewhat empty field...

I got my Ph.D in 1978 and at that time, even in clinical psychology there was very little discussion of human sexuality, or courses or books in sex therapy. It's changed a little bit since then but not much to tell you the truth, not much at all.

Why do you think that is?

Oh, I think it reflects the fact that we live in a sex-negative society. Even though sexuality is important to most of us, most people find it hard to talk about, hard to talk about in their personal lives or with their children or with their friends or in therapy. People avoid things that are difficult.

What might make someone decide to go and consult a sex therapist?

Well, there's a range of kinds of sexual problems people have. When we talk about sex therapy, we're usually talking actually about sexual dysfunctions which means problems with your sexual functioning in terms of the sexual response cycle, problems with not feeling desire, problems in getting aroused, with getting erections or, for women, lubricating, problems with orgasms; discrepancies in desire between yourself and your partner also can cause a lot of stress in a relationship. If one person frequently wants to have sex when the other person doesn't, it can become the basis for a lot of arguments. Those are the kinds of problems we treat in sex therapy. Pain with intercourse would be another example of problems we might see. And there are others.

When you're doing therapy in the sexuality area, you end up also seeing people for other issues that aren't really sex therapy, but are part of your training in sexuality. I might also be seeing a number of people who are dealing with sexual orientation. People who might consult me might have concerns about how to talk to their kids about sex, or about their children's sexuality. Sexual abuse would be another therapy issue, as well as illness and sexuality. When I first did this I didn't realise that I would end up being consulted on a wide variety of issues related to sex and sexuality. The work of a sex therapist is certainly broader than just sexual dysfunctions.

That was one of my other questions: how closely is sex linked with a person's emotional life? So I guess that would be one of the things that you would find yourself addressing.

For some people it's more important, for some people it's less important. For some people, their own feelings about themselves sexually and their sexual relationships are very very important to feelings of self-esteem and emotional closeness and satisfaction with a relationship. For other people, while it still may be important, it's not as central and there are other things that are more important to them. So, we're each individuals. But I would say for everybody, we are sexual people. We're sexual from the day we're born to the day we die. We're sexual whether we're involved in a sexual relationship or not, whether we're engaging in sexual behaviour or not, and so for most of us, it's important to feel good about ourselves sexually.

What kinds of treatments do you recommend for people who are having problems, say with response or desire?

Well, not everyone needs a sex therapist. Often when people call me I start off by suggesting a book that they might read. There are actually a few books that are supplementary books that go with my course on Human Sexuality that are good for everyone. One is on female sexuality and one is on male sexuality. They're books just for personal growth, but also both books have suggestions in terms of dealing with some of the more common sexual dysfunctions. So reading is a great thing for people to do. Talking openly with your partner–you know a lot of people can solve their problem on their own, they don't need a therapist if they can bring up the subject with their partner and talk about it with no one feeling blamed or defensive or responsible. For some people, that doesn't work because it's complicated or because it's too hard to talk about it on their own. Those people may need a therapist.

Even for people who come to me with sexual problems, sometimes I don't recommend sex therapy. Sometimes I might recommend individual therapy, for example. I've seen people who I've also determined that they were seriously depressed and I thought probably the sexual problems were actually the result of the depression and if we treated the depression that would deal with the sexual problems.

I see a lot of couples who come in for sex problems and I think they have serious marital problems. Then what I always say to them is that you can't feel good about your sexual relationship with someone, you can't be comfortable having sex and being that intimate with someone when you're arguing with them, fighting with them. So sometimes I might recommend relationship therapy–and then maybe sex therapy after–but deal with the relationship problems first.

There's a range of options, but I think certainly for students, I'd always say start by reading a book.

Can most problems that people come to see you about be overcome?

That's one of the things I like best about sex therapy, which is that it has a very high success rate. Depending on how complicated the problem is, our success rate is better or worse, but the vast majority of people who come with a sex problem, we're able to help deal with it.

When there's both relationship problems and individual problems or sex problems and individual problems, those are the situations that take longer and sometimes may not end up entirely satisfactorily.

But yes, sex therapy works very well.

For a lot of years, there have been questions and myths about female orgasms. Why do you think it's such a difficult issue?

Well, Freud did a big disservice to women when he claimed that there are two types of orgasms: vaginal orgasms and clitoral orgasms. It wasn't really until Masters and Johnson that we had the empirical research to show that there's only one kind of orgasm in women. Certainly for women, the most common kind of sexual dysfunction is not having an orgasm. Virtually all women, one hundred per cent of women can have orgasms, so we like to say that women are pre-orgasmic, meaning that they haven't had an orgasm yet, not that they're non-orgasmic.

Boys talk about sex with each other. They talk about masturbation, they talk about orgasms. There's a bit of that macho thing–growing up. I don't know many girls who talked about masturbation or orgasms with their friends in their teen years. Girls hear about it but don't necessarily learn a lot about orgasm, about their own sexual response. Many women masturbate, the majority of women masturbate, but more men masturbate. And some women don't know how to masturbate or what would bring them to orgasm. The easiest way to have an orgasm is to bring yourself to orgasm because you get immediate feedback. If you don't know yourself what would bring you to orgasm, it's hard to give your partner feedback to tell him or her what to do. It's like you're trying to drive from here to Saint John and you don't have the road map. How do you know if you're even on the right road? If you're lucky, you're on the right road and all of a sudden, an hour later you end up 'ah! the city sign for Saint John!' Then once you've been there, you know how to get there the second time. But you might have ended up on a different road, on the ring road going around in circles or whatever. For men their genitals are right out there, they're obvious, they see them; when they look in the mirror, many women have never looked at their genitals, they don't know what they look like exactly. There are a lot of cultural reasons why women don't know themselves sexually as well as men do. Women who know themselves find it easier for women to be orgasmic, but every women can become orgasmic.

Now, another myth about orgasms, besides the vaginal-clitoral myth — it's clear that there is only one kind of orgasm for women and whether you have it through manual stimulation or oral stimulation or intercourse, they're all the same physiologically. But we know that there are some women who, physiologically cannot have orgasms through intercourse alone. For the most part, when a woman has an orgasm through intercourse it's because of indirect stimulation of the clitoris. Every one of us is slightly different in terms of the relative position of our genitals. For some women, the indirect stimulation works better, for some women it works not as well. Some people, they have a lower orgasm threshold biologically, just like some people have a lower pain threshold. For them, indirect stimulation works well; for people with a higher threshold, it's just not enough stimulation.

We have a few myths in our culture. One is that somehow, an orgasm with intercourse is better than an orgasm before or after intercourse through other kinds of stimulation. We also have this myth that somehow an orgasm through

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