

# **THE MENTAL AND SOCIAL IMPACTS OF EARLY SEXUAL EDUCATION AND SEXUAL DISEASE TRANSMISSION AWARENESS AMONG YOUNG, ADOLESCENT GIRLS**

## **ABSTRACT**

As children grow older and gain a better perspective, they are bound to take things into their own hands more often. At such times, it is not because of the upbringing of the parents, but rather the sense of independence that the children are bound to feel from the sense of growing up. Amidst a lot of changes that take place in the minds and bodies of growing children, the sense of being aware of their bodies, sexuality, and the entire process of procreation. This usually happens around the age of puberty, when both the male and female children attain a growth spurt along with a change or enhancement in their bodily organs and functions. Along with puberty come a lot of changes that are bound to impact the mental and physical well-being of both genders. It is because of reasons like these that experts think that children should be made aware of their sexuality and the processes that follow along with it, to avoid misconceptions and the roots of evil from taking place. It has already been observed that parents who keep their children, or more appropriately 'adolescents' away from all sorts of sexual education and its relevant discussions, are bound to face negative consequences more than the parents who have a proper discussion with their children. These negative impacts are not only limited to children engaging in sexual activities from a very early age but also include the perspective of having unsafe, unprotected sexual intercourse without any knowledge of sexually transmitted diseases (STDs) and other infections that could turn deadly in the long run. Therefore, to address all these misconceptions

and prove a well-researched and evidence-backed statement, this review will explore all the aspects of early sexual education and awareness among adolescent females. For the sake of convenience, the target population has been kept limited to adolescent girls only, as it would be better to judge one gender better than the other in a dedicated review. Also, because these females often turn out to be at the bigger end of the bargain, that is unwanted pregnancies. This review explored the outcomes of early sexual education and awareness among girls of different countries to compare the effectiveness of sexually transmitted disease prevention.

**Keywords:** sexual education, sexual awareness, adolescent females, sexually transmitted diseases, unwanted pregnancy.

## INTRODUCTION

Adolescence is undoubtedly a fascinating and transformative period in the lives of male and female children. It is a progressive period of life that is marked by growth, self-exploration of one's body, and a world of coming across newer changes that had never been there before. According to the World Health Organization, the adolescent period includes the ages of children between 10 and 19. (1)

Adolescence is also the period when teenagers embark on a journey of physical, psychological, and sexual maturation. However, the most important aspect is the piquing up and intensification of their curiosity about sex and relationships. It is also during these growing and progressive years that the children begin to grasp the vital link between healthy relationships and their sexual and reproductive well-being.(2)

Therefore, when sexual health comes into this very context, it is considered to be a holistic state of well-being. (3)Here, sexual health encompasses physical, emotional, mental, and social aspects of an individual's life. It becomes a crucial component of the broader goal of creating

sustainable and equitable societies, as has been highlighted in several places. It is, therefore, the foundation of this very agenda that calls for sexual education rooted in principles of gender equality and human rights.(4)

In many high-income countries of the world, adolescence is typically the time of one's life when individuals have their sexual debut. However, recent research indicates that sexual initiation is happening at even younger ages. (5)The consequences of risky sexual behaviors, such as unplanned pregnancies and sexually transmitted infections, loom over adolescents in an increasingly fearsome manner more than ever. However, as an unfortunate consequence, sexual violence is also a part of their reality, sometimes as an unintentional consequence. Adolescents are acutely aware of the need for better information to foster healthy relationships. (6)

Unfortunately, they often find themselves lacking the guidance they need, be it from parents or other formal sources, to cultivate a more positive and respectful understanding of sexuality and intimate relationships. It is the need for these very measures to be taken at an early age that would benefit society as a whole in the long run. However, due to several reasons and apparent controversies regarding the conservativeness and stigmatization of the topic, some parents shy away from the topic entirely. (7)

Sexual education can be understood as a set of learning experiences designed to encourage behaviors that promote sexual health. When it comes to adolescents, the focus has traditionally been on the delivery of content, whether it is abstinence-only programs or comprehensive sex education. These lessons are imparted by teachers, parents, health professionals, or community educators, in various contexts, both within and outside of school. (8)The proponents of abstinence-only programs aim to steer young adults away from unintended pregnancies and sexually transmitted diseases. They believe that abstinence is the only way to eliminate these

risks, unlike contraceptive use, which merely reduces them. Nevertheless, a substantial body of research has overwhelmingly shown that abstinence-only-until-marriage programs do not effectively delay sexual debut or change other risky sexual behaviors. Participants in these programs often report that they have little impact on their lives.(9) This is questionable for all the right reasons, and in many works of literature, is also the cause of worry that it would give rise to several young parents, who would have little to no knowledge of how to bring up their offspring.

### **CREATING AWARENESS REGARDING SEXUALLY TRANSMITTED DISEASES (STDs) AND GENERAL SEXUAL HEALTH IN INDIVIDUALS**

It is a general perception that insufficient knowledge about sexual health can lead to a host of health and social issues, each with its own set of risks and consequences.

On the health front, these risks encompass the transmission of sexually transmitted diseases, including HIV infection, early pregnancies, and unsafe abortions. Additionally, adverse birth outcomes stemming from consanguineous marriages can become a concerning issue, and maternal morbidity and mortality may also be a result of inadequate sexual health information, as has already been stated above.(10)

The social problems associated with inadequate sexual health knowledge are equally concerning. These can involve the initiation of smoking, and drug abuse, as well as unfortunate experiences and incidents of physical and sexual violence. Young-age marriages and even suicide are also seen to occur within the realm of potential risks. Adolescents, often with a lower level of education, are particularly vulnerable to adopting negative behaviors such as smoking and drug abuse, which can further exacerbate their risky sexual behavior in an attempt to become and appear more 'adventurous'.(11)

However, it is important to note that males and females have different levels of exposure to information sources that significantly impact their sexual health knowledge. Females, especially those in the Middle East region, face a greater risk due to their limited access to external sources of information. They often rely on their mothers, siblings, or friends for the information they receive. This gendered discrepancy in access to sexual health knowledge can have far-reaching consequences.(12)

Since the impact of sexual education and awareness among females is particularly highlighted here, it is vital to note that the impact of various gynecological conditions on female sexual functioning has been a subject of substantial concern for a long time.

Unanswered concerns and disorders are often seen to lead to significant distress and interpersonal difficulties. While sexual dysfunctions are prevalent among women, they frequently refrain from discussing these issues with healthcare professionals, often due to feelings of shame or cultural taboos surrounding the discussion of sexuality with medical practitioners. (8)This stigma is due to the lack of awareness regarding one's body and sexuality. Simultaneously, healthcare providers may grapple with a sense of helplessness, inadequacy, or a perceived lack of time and skills to address women's sexual complaints, which frequently results in their failure to broach the topic of sexuality altogether.(13)

Troia et al. have provided a critical review of the primary evidence related to sexual functioning and quality of life in women afflicted by endometriosis. Endometriosis, a chronic inflammatory condition affecting women of reproductive ages, has the immense potential to exert a profound and detrimental impact on various facets of a woman's life. This includes the quality of life, sexuality, daily and social activities, physical functioning, relationships, educational and work productivity, mental health, and overall well-being.(14)

Lara et al. explored the critical matter of therapeutic interventions for female sexual dysfunctions, offering a comprehensive overview of both pharmacological and non-pharmacological approaches. This is of inherent significance for clinicians, as they often feel ill-equipped to assist women dealing with sexual complaints. However, it is worth noting that the available evidence in this domain remains limited, highlighting the need for further research.(15)

Lastly, Barbara et al. shed light on the distressing issue of sexual violence in adult women and adolescents, an experience that inflicts severe negative consequences on women's health and quality of life. It has a particularly detrimental impact on women's psychological well-being and sexuality. This narrative review presents the manifold adverse effects of sexual violence, with a specific focus on clinical and sexual aspects.(16)

### **THE ROLE OF COMPREHENSIVE SEXUALITY EDUCATION (CSE)**

Through recent research, it has been found that Comprehensive Sexuality Education (CSE) is a powerful educational approach deeply rooted in a foundation of values and practices. It is an important tool that prioritizes human rights, gender equality, participatory learning, youth advocacy, civic engagement, and cultural sensitivity. Its fundamental objective is to empower both male and female students by providing them with the knowledge, values, attitudes, and skills needed to make well-informed decisions that promote sexual health, a fundamental approach in today's time.(17)

Extensive research has consistently supported the implementation of CSE. One notable endorsement comes from the United Nations Population Fund in 2016, which emphasized that CSE does not lead to earlier sexual debut or the adoption of risky sexual behaviors, as was traditionally believed. (18)

On the contrary, a majority of CSE programs, approximately two out of three, have demonstrated the capacity to reduce risky sexual behaviors among female students. Impressively, 60% of these programs have shown positive outcomes, including increased condom use and a reduction in teenage pregnancies. This evidence underscores the significant impact and benefits of Comprehensive Sexuality Education in promoting safe and informed decision-making in the realm of sexual health.(19)

Currently, the landscape of sex education in the United States operates under a state-level mandate, where individual states, districts, and school boards retain the authority to decide how federal policies and funding for sex education are implemented. This decentralized approach has led to what critics describe as a “highly diverse patchwork of sex education laws and practices”, resulting in a lack of cohesive and consistent policies governing the field.(20)

Out of the 50 states and the District of Columbia, only 24 have established mandates for sex education classes in public schools, while 34 states require HIV education to be included in the curriculum. (21)

While comprehensive sex education (CSE) has been gaining popularity and enjoys support from numerous organizations due to its demonstrated effectiveness in delaying sexual activity and reducing risky sexual behaviors among young females, some states, particularly those with socially and politically conservative beliefs, like Tennessee and Montana, still opt for the Abstinence-Only Education approach. This divergence in approaches reflects the complex and often contentious nature of sex education policy and implementation in the United States.(22)

This ultimately leads to the conclusion that females have an immense sense of understanding and context when it comes to educating them on matters like these. It is undoubtedly because of

careful education that unwanted pregnancies could be avoided and the world be made a safer and more aware place to live in.

## CONCLUSION

A recurring theme underpins all these contributions - a multidisciplinary approach and a women-centered care model are imperative when addressing women's sexual concerns.

Women should be actively engaged in all clinical processes, regarded as equal partners in decision-making, and supported by a diverse array of professionals, including gynecologists, psychologists/psychotherapists, and sexologists.

This collaborative, integrated framework takes into account the unique characteristics, goals, and expectations of each woman, recognizing the significance of addressing sexual health holistically.

However, this can only be possible when they are educated and made aware of their sexual wellness and health. Adolescence seems to be the perfect age at which such realities are taught and a person is made aware of them in the best possible way.

## REFERENCES

1. National Academies of Sciences E, Division H and M, Education D of B and SS and, Board on Children Y, Applications C on the N and S behavioral S of AD and I, Backes EP, et al. Adolescent Development. In: *The Promise of Adolescence: Realizing Opportunity for All Youth* [Internet]. National Academies Press (US); 2019 [cited 2023 Oct 16]. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK545476/>
2. Jaworska N, MacQueen G. Adolescence as a unique developmental period. *J Psychiatry Neurosci JPN*. 2015 Sep;40(5):291–3.
3. Sawyer SM, Azzopardi PS, Wickremarathne D, Patton GC. The age of adolescence. *Lancet Child Adolesc Health*. 2018 Mar;2(3):223–8.

4. Lameiras-Fernández M, Martínez-Román R, Carrera-Fernández MV, Rodríguez-Castro Y. Sex Education in the Spotlight: What Is Working? Systematic Review. *Int J Environ Res Public Health* [Internet]. 2021 Mar [cited 2023 Oct 16];18(5). Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7967369/>
5. Jiménez-Ríos FJ, González-Gijón G, Martínez-Heredia N, Amaro Agudo A. Sex Education and Comprehensive Health Education in the Future of Educational Professionals. *Int J Environ Res Public Health*. 2023 Feb 13;20(4):3296.
6. Hall KS, Sales JM, Komro KA, Santelli J. The State of Sex Education in the United States. *J Adolesc Health Off Publ Soc Adolesc Med*. 2016 Jun;58(6):595–7.
7. Navarro-Prado S, Tovar-Gálvez MI, Sánchez-Ojeda MA, Luque-Vara T, Fernández-Gómez E, Martín-Salvador A, et al. Type of Sex Education in Childhood and Adolescence: Influence on Young People's Sexual Experimentation, Risk and Satisfaction: The Necessity of Establishing School Nursing as a Pillar. *Healthcare*. 2023 Jun 6;11(12):1668.
8. Betit AL, Kennedy C. The Need for Earlier Implementation of Comprehensive Sexual Education Within a Formal Classroom Setting and Beyond Based on the Influences of Technology. *Cureus*. 14(8):e28552.
9. Osadolor UE, Amoo EO, Azuh DE, Mfonido-Abasi I, Washington CP, Ugbenu O. Exposure to Sex Education and Its Effects on Adolescent Sexual Behavior in Nigeria. *J Environ Public Health*. 2022;2022:3962011.
10. Grunseit A. Impact of HIV and sexual health education on the sexual behaviour of young people: a review update. In: *Database of Abstracts of Reviews of Effects (DARE): Quality-assessed Reviews* [Internet] [Internet]. Centre for Reviews and Dissemination (UK); 1997 [cited 2023 Oct 16]. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK67008/>
11. Lindberg LD, Maddow-Zimet I. Consequences of sex education on teen and young adult sexual behaviors and outcomes. *J Adolesc Health Off Publ Soc Adolesc Med*. 2012 Oct;51(4):332–8.
12. Boti N, Hussen S, Shegaze M, Shibru S, Shibiru T, Zerihun E, et al. Effects of comprehensive sexuality education on the comprehensive knowledge and attitude to condom use among first-year students in Arba Minch University: a quasi-experimental study. *BMC Res Notes*. 2019 Oct 26;12:700.
13. Ilkkaracan P. Commentary: Sexual health and human rights in the Middle East and North Africa: Progress or backlash? *Glob Public Health*. 2015 Feb 7;10(2):268–70.
14. Troia L, Luisi S. Sexual function and quality of life in women with endometriosis. *Minerva Obstet Gynecol*. 2022 Jun;74(3):203–21.
15. Female Sexual Dysfunctions: an overview on the available therapeutic interventions [Internet]. [cited 2023 Oct 16]. Available from:

[https://www.researchgate.net/publication/358548170\\_Female\\_Sexual\\_Dysfunctions\\_an\\_overview\\_on\\_the\\_available\\_therapeutic\\_interventions](https://www.researchgate.net/publication/358548170_Female_Sexual_Dysfunctions_an_overview_on_the_available_therapeutic_interventions)

16. Schnittker J. Sexual Violence and Major Depression among Women: Evidence for Reciprocal Relationships. *Soc Curr*. 2019 Dec 1;6(6):575–89.
17. Haberland N, Rogow D. Sexuality education: emerging trends in evidence and practice. *J Adolesc Health Off Publ Soc Adolesc Med*. 2015 Jan;56(1 Suppl):S15-21.
18. Kohler PK, Manhart LE, Lafferty WE. Abstinence-only and comprehensive sex education and the initiation of sexual activity and teen pregnancy. *J Adolesc Health Off Publ Soc Adolesc Med*. 2008 Apr;42(4):344–51.
19. Boonmongkon P, Thaweessit S. Sexuality education in Thailand: how far do we need to go? In 2009 [cited 2023 Oct 16]. Available from: <https://www.semanticscholar.org/paper/Sexuality-education-in-Thailand%3A-how-far-do-we-need-Boonmongkon-Thaweessit/c1c6f5f87094975598009c2b2067b96eb7a6483c>
20. Kost K, Maddow-Zimet I, Arpaia A. Pregnancies, Births and Abortions Among Adolescents and Young Women in the United States, 2013: National and State Trends by Age, Race and Ethnicity. 2017 Sep 7 [cited 2023 Oct 16]; Available from: <https://www.guttmacher.org/report/us-adolescent-pregnancy-trends-2013>
21. Widman L, Kamke K, Evans R, Stewart JL, Choukas-Bradley S, Golin CE. Feasibility, acceptability, and preliminary efficacy of a brief online sexual health program for adolescents. *J Sex Res*. 2020 Feb;57(2):145–54.
22. Development of Contextually-relevant Sexuality Education: Lessons from a Comprehensive Review of Adolescent Sexuality Education Across Cultures - PMC [Internet]. [cited 2023 Oct 16]. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6406865/>
23. Parkes A, Wight D, Henderson M, West P. Does early sexual debut reduce teenagers' participation in tertiary education? Evidence from the SHARE longitudinal study. *J Adolesc*. 2010 Oct;33(5–3):741–54.