

# Incorporating human sexuality content into a positive youth development framework: Implications for community prevention<sup>☆</sup>

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## ABSTRACT

As approaches to positive youth development (PYD) gain momentum, the issue of sexuality – a critical component of human development – is being subsumed by ideological debates. In the current political climate, sexuality education is often relegated to biological and/or values-based approaches, neglecting essential relational and collective aspects of sexuality. Through the explication of sexuality as an important component of youth's social ecology, this paper provides a conceptual link between the goals of the Sexuality Information and Education Council of the United States' (SIECUS) Guidelines for comprehensive sexuality education and those of PYD. We argue that sexuality, as a normative part of human development, culture, identity, and relationships, be approached from an asset-based perspective, rather than a deficit-based perspective. We propose a framework that illustrates how aspects of sexuality are embedded within PYD contexts, and demonstrates how a sexuality education program rooted in SIECUS guidelines can further PYD goals across community contexts.

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## 1. Introduction

Reproductive health among adolescents and youth in the U.S. remains a major priority in public health, with responsible sexual behavior being a leading health indicator (U.S. Public Health Service, 2008). According to the Centers for Disease Control and Prevention's (CDC) 2007 Youth Risk Behavior Survey, 64.6% of students in the twelfth grade report that they have engaged in sexual intercourse (Eaton et al., 2008). Almost one half of the 19 million annual new cases of the reportable sexually transmitted diseases (chlamydia, gonorrhea, and syphilis combined) occur among 15–24 year olds (Weinstock, Berman, & Cates, 2004). Additionally, one out of three girls will become pregnant before age 20 (Centers for Disease Control and Prevention, 2008).

Although teen pregnancy and birth rates have declined since 1991, birth rates increased in 2006 (Centers for Disease Control, 2008). To address the issue of adolescent sexual behavior, many schools and some youth serving agencies have implemented abstinence education programs. These programs are often funded in part through the federal Abstinence Education Grant Program, which provides funds to States for

providing local programs in schools and communities (Administration for Families and Children, 2008). Local grantee organizations are therefore obligated through the language of the law to constrain discussion of human sexuality to risk prevention through abstinence from sexual activity outside of marriage (H.R. Rep. No. 104-193, 1996). Consequently, the complex and overarching effects of sexuality on many aspects of adolescent development are often neglected. Numerous authors have explored the ineffectiveness of abstinence-only interventions (Kirby, 2001; Perrin & DeJoy, 2003; Santelli et al., 2006; Trenholm et al., 2007), suggesting that alternate preventative measures be explored.

Sexuality is an essential part of human development, and is not limited to sexual intercourse, but covers a wide range of behaviors, personal expression and communication (Arnett, 2001; Savin-Williams & Diamond, 2004; Sexuality Information and Education Council of the United States [SIECUS]. National Guidelines Task Force, 2004). During adolescence, sexual development accelerates, with rapid changes to adolescents' bodies (Arnett, 2001). Although sexuality education courses may discuss these physical developmental changes with adolescents, they often overlook the ways in which these changes affect interpersonal and cultural experiences throughout young people's lives. Beyond the youth's physical experience of a changing body, sexuality and gender identity and their expression affect youth's intrapersonal, relational, and societal interactions. The disconnect between the lived sexual experiences of youth and the restricted and acontextual content of the messages sent in many programs can make

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it difficult for young people to internalize and practice what they learn. For these reasons, it is necessary to address the role of sexual development across contexts, and to address sexuality education from a comprehensive standpoint. Although many comprehensive sexuality education programs do not address all of the aspects of sexuality mentioned here, a plethora of literature has advocated more comprehensive sexuality education as an alternative to abstinence-only education (Fine, 1988; Fine & McClelland, 2006; Kirby, 2001; Kirby, 2002; Kotchick, Shaffer, Forehand, & Miller, 2001; Lasser, 1996; Santelli et al., 2006).

As authors have argued for the necessity of including relational and contextual factors in sexuality education, many have begun to draw parallels between effective sexuality education and youth development interventions (Flay, 2002; Gallagher, Stanley, Shearer, & Mosca, 2005; Greenberg et al., 2003; Kirby & Coyle, 1997; Perlman, Dorothy Farley, Rivera, Daniels, & Bloch, 2004). Youth Development programs are designed to foster a set of guiding “desired outcomes” often referred to as “The Five Cs”: confidence, character, connection, competence, and contributions (Centers for Disease Control and Prevention, 2008; Pittman, Irby, Tolman, Yohalem, & Ferber, 2001). These outcomes are characteristic of positive youth development (PYD) programs, which focus on building relationships among youth and adults, empowering youth to advocate for themselves, focusing on strengths and assets rather than deficits, and including the youth's social context in the intervention (Hamilton, Hamilton, & Pittman, 2004). These PYD program goals contrast with problem focused “deficit model” initiatives by facilitating positive socialization and prosocial competencies among youth (Roth & Brooks-Gunn, 2003). This paper will provide a brief review of the strategies and concepts related to positive youth development and comprehensive sexuality education, and relate adolescent sexuality to a holistic “wellness” paradigm as developed by Prilleltensky, a notable education scholar and community psychologist (Evans & Prilleltensky, 2007; Prilleltensky & Fox, 2007; Prilleltensky, 2008). Finally, aspects of PYD will be presented in an integrative framework for comprehensive sexuality education. We will argue that inherent limitations of abstinence only approaches can be addressed in community settings outside of schools – and further, that promotion of healthy sexuality as part of youth development needs to be addressed across all contexts where adolescents live and interact.

## 2. Positive youth development and human sexuality

Rationales for addressing sexuality education from a comprehensive standpoint have ranged from program evaluations indicating reduced STD and unplanned pregnancy rates (Kirby, 2001; Perrin & DeJoy, 2003; Santelli et al., 2006), to more theoretical concerns, such as recognizing that human sexuality (as well as the type of sexuality education available to youth) effect multiple areas of youth's lives. From a deficit perspective, other indicators that traditional sexuality education programs often fail to adequately address are the interpersonal risks associated with sexuality. These risks, such as dating violence and sexual assault (East & Adams, 2002; Lasser, 1996), as well as peer exclusion, bullying, and harassment related to expression of gender and sexual orientation (Horn, 2007) are also prevalent among youth. Finally, the broader societal implications of failing to adequately distribute resources and responsibility for sexual behavior across social locations such as gender, race, ability, sexual orientation, and socio-economic status ought to be addressed by comprehensive educational approaches (Fine, 1988; Fine & McClelland, 2006; Nettles & Scott-Jones, 1987; Rickert, Sanghvi, & Wiemann, 2002). Taken together, these risks demonstrate a spectrum of concerns related to sexuality that span multiple relational contexts.

As an intervention, sexuality education programs typically take a reductionist, acontextual approach in that individual refusal skills are emphasized at the expense of learning more positive relational skills

(Fine, 1988; Fine & McClelland, 2006). Such programs are limited by their conceptual goals and measurable outcomes, which explicitly address only physical health related outcomes, such as STD and pregnancy prevention, implicitly excluding more holistic outcomes. In this vein, Pittman et al. (2006) argue that many intervention programs aimed solely at preventing problems are insufficient at encouraging positive skill sets that can be protective against a range of issues that adolescents face. Framing positive youth development as a “big picture” public health issue, she states that “problem free is not fully prepared, and fully prepared is not fully engaged” (Pittman, Martin, & Yohalem, 2006). Pittman proposes that youth initiatives attempt to address prevention, preparation, and engagement within multiple settings.

In terms of the developmental outcomes for youth initiatives, Pittman (2003) and Zarrett and Lerner (2008) define the Five Cs previously referred to. *Confidence* includes self-worth and hope for the future, akin to the concept of possible selves (Oyserman & Markus, 1990). *Character* includes responsibility, autonomy and spirituality. Membership and belonging, along with connection to resources characterize *Connection*. *Competence* includes knowledge, skills and their application, while *Contribution* includes exercising influence and participation. While indicators for these over-arching developmental domains are not agreed upon and may in fact overlap across domains, it can be useful to consider the broad categories (the Five Cs) when designing comprehensive sexual education programs. Although it is not within the scope of this paper to present how the Five C's are currently being operationalized for evaluation within PYD programs (Catalano et al., 2004), their significance for conceptualizing the potential of comprehensive sexuality education will become apparent as we consider more contextually relevant and health promoting approaches to youth development and education.

Although PYD programs range in focus (from sports, to art, to political action, etc.), successful programs contain an embedded curriculum (Deschenes, McDonald, & McLaughlin, 2004) promoting relational skills within the youth's social contexts through group participation. The opportunities for building relationships in these programs range from individual dyads, to program and naturally occurring groups and larger communities. Evans and Prilleltensky (2007) offer a framework for human “well-being,” that coincides with youth development principles, suggesting that optimal human development occurs when wellness needs are met through relationships across personal, relational, and collective “sites.” These relational “sites” or contexts provide opportunities for youth to practice advocating for themselves and each other. It follows that by making the implications for human sexuality across the personal, relational, and collective dimensions of adolescent functioning more explicit the likelihood of reducing risky and problem sexual behaviors is further enhanced. Hence, community programs and youth serving institutions that employ aspects of a PYD model identified above may offer an unintended benefit of promoting positive and respectful sexual behavior among youth served. For instance, Kirby and Coyle (1997) elucidate connections between antecedents to risky sexual behavior and PYD programs that effectively counteract such negative antecedents (including low expectations of the future, relational abuse, and poverty). He reviews several PYD programs that did not focus primarily on sexuality or sexual risk (whether or not they dealt explicitly with issues of abstinence or contraception), yet demonstrated a positive impact on adolescent pregnancy rates. These programs varied in focus from providing provision of employment, opportunities for academic assistance, work experience and participation in planning for community projects, as well as mentoring relationships between youth and community members who modeled abstinence values. In the paper referred to above, Kirby and Coyle (1997) selected programs to review that met the following criteria: being defined broadly as a youth development program, and providing evidence of the program's effect on sexual or contraceptive values, behavior, pregnancy rate or birth rate. Although

one of the eight programs reviewed did not demonstrate an impact, Kirby recommends further research identifying what potential protective factors inherent in PYD programs (e.g. higher educational aspirations and higher levels of self-efficacy) most positively impact healthy sexual behavior.

Because youth do not experience their sexuality in a vacuum, it's likely that youth in PYD programs (as youth everywhere) are confronting their sexuality within program contexts. As holistic beings, youth carry their sexual orientations, gender identities, personal health concerns, romantic feelings, and anxieties over peer norms and cultural stereotypes *everywhere they go*. Therefore, it's likely that these issues are already being discussed in engaged program settings – whether among program youth or between program youth and staff. While programs that foster positive development have the potential to both directly and inadvertently influence positive and responsible expressions of youth sexuality, we can also view these expressions across contexts or “sites” where youth live and interact in their daily lives. In the next section, we broaden the context of where human sexuality is performed (not just within programs) and relate its expression to a model of well-being.

### 3. Sexuality and well-being

In considering the broadest expressions of sexuality from a perspective of human well-being, Evans & Prilleltensky (2007) have provided a conceptual model for understanding well-being across multiple contextual sites, from intrapersonal (*personal*), to dyads and small groups (*relational*), to communities and the larger society (*collective*). Prilleltensky & Fox (2007) used this framework to elucidate the connection between human development and wellness within each of these sites. For example, individuals have “needs” within each of these relational spheres, which, if met, enhance wellness. These include the personal need for a sense of control and self-determination, mastery, learning and growth, physical and emotional health; the relational need for caring and compassion, social support, solidarity and a sense of community; and the collective need for equality and freedom. In this regard, Prilleltensky and Fox conceptualize well-being in consonance with Keyes (2006) conceptualization of thriving. They posit that these sites are potential contexts for promoting positive skills, perceptions, and supports, which will promote health and well-being. Because sexuality has such an essential effect on well-being across personal, relational, and collective sites (especially during adolescence), it follows that PYD programs must capitalize on opportunities to address sexuality related issues within and across all of these sites. This model of well-being is in contrast to how sexuality is conceived of in abstinence only programs, which are limited by the assumptions that sex education is only important because of the physical health risks and furthermore, that sexuality related feelings and expressions occur only within heterosexual dyads.

While interventions often attempt to address needs on personal and relational levels, Prilleltensky and Fox argue that it is essential to develop a balance between all three of the spheres identified above. They call attention to the frequently overlooked importance of having collective needs met through the equal allocation of resources, and tools for combating educational, historical, and political injustices. Thus, social policies that support these collective needs are considered to be indicative of the quality of the collective context or site. In a larger body of work, Prilleltensky and Prilleltensky, (2007) advance these concepts further by more explicitly relating the sites for well-being to the levels of social ecology in terms of personal, organizational and community sites. They further discuss “affirmation and empowerment” strategies that afford “voice and choice” in addressing local issues (Prilleltensky & Prilleltensky, 2007) (e.g. youth sexuality education). The success of such strategies with respect to PYD programs further implies that, rather than inculcating youth with specific sexuality related values, program staff ought to help youth to

feel a sense of affirmation of their *own* experiences, as well as to be empowered to voice their *own* opinions, and make their *own* choices. This is also consistent with developmental research, which suggests that adolescent conflict with adult authority stems from adolescents' desire for increased control over personal decision-making (Smetana, 2005), and other work demonstrating empirically that increased autonomy over personal and multifaceted issues predicts lower levels of depression, and greater self-worth among African American adolescents when controlling for earlier adjustment issues (Smetana, Campione-Barr, & Daddis, 2004). Simply presenting an alternative set of values, which includes safer sex principles, then, may be insufficient at promoting affirmation and empowerment if youth are not provided with developmentally appropriate opportunities for voice and choice.

Furthermore, because many adolescents don't always act in accordance with adult standards of behavior (particularly around issues of sexuality), involving youth in discussions may in fact provide adults greater influence over adolescent behavior, which would otherwise be kept secret from adults. According to Smetana's research on adolescent-parent conflict, adolescents view themselves as less obligated to share information with their parents about their behavior than parents think they are (Smetana, 2006), and they're less likely to disclose their behavior when they're concerned about parental approval (Smetana, 2008). Specifically, older adolescents were more likely to lie to their parents when their parents exercised greater levels of control over their lives (Smetana, 2006). Nonetheless, adolescents who did talk honestly with their parents about their behavior were more likely to have positive relationships with them (Smetana, 2008). In as far as adolescent relationships with program staff are characterized by similar attributes as the positive parental relationships described above, similar expectations about disclosure should apply. Thus, to the extent that youth participation is valued and encouraged within these adult supported contexts, youth are more likely to engage with adults in frank discussions of their behavior (Beam, Chen, & Greenberger, 2002). If the relationship between disclosure and behavior are reciprocal, youth who feel comfortable talking honestly with adults about their sexuality related beliefs and behaviors may be more likely to integrate lessons learned into their own behavioral repertoires when adults are not present.

Therefore, a strengths based prevention model of human sexuality education would enhance positive social identities, including gender identity and expression, and would foster social norms of respect and responsibility in all spheres of human interaction. Educational methods that allow for group reflection and critical analysis of societal issues that affect youth expression of their individuality, including sexuality, would take place across contexts where youth spend time, not just in schools. In an empowerment and affirmation model (Wallerstein & Bernstein, 1988; Wallerstein & Sanchez-Merki, 1994), youth might collectively ask “why” disrespect and violence, forced sexual relations and unplanned pregnancy exist. They could be given opportunities to choose specific sexuality related topics of significance to research and present information to adults, other youth in the program, or even at a community forum. This way of viewing change through empowering pedagogical approaches has implications for critiquing traditional<sup>1</sup> sexuality education. If education is to be effective (let alone relevant), it must connect youth's lived experience and understanding to the content and pedagogy in a given subject area (Dewey, 1998). Therefore, a realistic framework for understanding sexuality would allow youth to recognize their experiences with sexuality in all of its manifestations. Because traditional sexuality education/intervention programs focus exclusively on individual decision making to avoid health risks (Fine, 1988; Fine & McClelland, 2006), they tend to overlook the complex

<sup>1</sup> Throughout this paper, the authors will refer to “traditional” sexuality education, which we define as abstinence only until marriage or other abstinence values-driven sex education, as well as “comprehensive” models that employ a deficit perspective, approach only physical health related topics, and/or define “sex” exclusively as vaginal–penile intercourse.

levels of relational interaction that effect sexual identity and expression. Just as youth experience general well-being on *personal, relational, and collective* levels, they experience their sexuality on personal, relational, and collective levels, as well. At each of these levels, young people are confronted with many complex and interrelated issues. On a *personal* level, youth experience their sexuality in relation to their physical health, as well as their individual beliefs, thoughts, and feelings. Young people develop perceptions of themselves and make decisions about how they will treat their own bodies. However, it is also widely recognized that these perceptions and decisions are impacted by other relationships in youth's lives (hence, a focus on refusal skills and "peer pressure" in many intervention programs) (Brown, Dolcini, & Leventhal, 1997). Young people must make decisions about how to represent themselves to others (including adults, peers, and partners), as well as how to interact with these others.

Because many aspects of sexuality are inherently *relational*, young people also need to learn how to respect the personal rights of others, and to balance their own feelings, desires, and rights in relation to others'. For instance, relational abuse, and sexual assault and harassment are risks to adolescents' well-being that are generally not addressed in sexuality education interventions. According to a national study conducted by the Centers for Disease Control and Prevention, about 10% of students nationwide report having been physically hit, slapped, or otherwise hurt by a boyfriend or girlfriend in the last 12 months. Nearly 8% of students (11.3% female and 4.5% male) reported forced sexual intercourse (Eaton et al., 2008). In another study measuring sexual harassment, 57% of adolescents reported having experienced a sexually harassing behavior while at school during the two week period prior to the study, and 79% of the harassments were perpetrated by peers (Duffy, Wareham, & Walsh, 2004). Other research estimates that one in three teenage women will be in a controlling or abusive relationship before she graduates from high school (East & Adams, 2002). By focusing on the individual's protection of their own physical and emotional health, while neglecting the importance of respecting the physical and emotional health of others, sexuality education interventions are missing an important aspect of social emotional development (Greenberg et al., 2003).

Such educational approaches may detract from social-emotional and moral development by de-emphasizing relational skills, such as perspective-taking and cooperation important to communication and self control in sexuality related situations with others. Romantic relationships provide a unique opportunity for adolescents to practice these skills, which naturally develop in relationships where individuals have a vested interest in trying to relate to and understand the feelings of their partner. Instead of capitalizing on the potential of this opportunity, these approaches may promote an egocentric worldview by focusing exclusively on self-preservation. For instance, rather than asking young people to consider how they might balance their own desires and safety/health with the desires and safety/health of their partner, the "just say no" approach focuses on convincing individuals that the risks to their personal safety/health are more significant than fulfilling their personal desires, effectually ignoring the role of the other person in the equation. While perspective taking and cooperation are indicative of higher stages of moral development, egocentrism is indicative of the lowest stage(s) of moral development, according to moral developmental stage theorists (Gilligan, 1993; Kohlberg, 1969; Piaget, 1932). Each of these highly regarded authors describes processes of development through which individuals become increasingly capable of coordinating perspectives, needs, rights and understandings across interactions with individual others, and within groups of others where multiple perspectives, needs, rights and understandings exist.

Finally, the impact of *collective* influences (e.g social structures and norms) on sexuality is also underrepresented in sexuality interventions (Fine & McClelland, 2006). Regardless of their sexual orientation and gender identity, adolescents must consider what it means to feel like,

and/or be perceived by peers and society as a gendered/sexualized individual. Being perceived by peers and society as male or female insinuates a variety of assumptions that affect self-concept, individual and interpersonal behavior, and interactions with social structures. Obvious examples of these assumptions include the belief that all young people are heterosexual and identify with similar stereotypes of what it means to be "male" or "female" with regard to sexuality. For instance, the ideas that women are concerned primarily with emotional connections, and men are concerned primarily with sexual conquests represent commonly held stereotypes. During adolescence, young people rely increasingly on peer group norms, which are sometimes in competition with adult expectations (Brown et al., 1997), and may have an increasingly significant influence on health related behavior as youth enter adolescence (Brown et al., 1997; Trenholm et al., 2007). Emerging peer groups also enforce standards of identity expression through group inclusion and exclusion (Horn, 2005; Horn, 2006). For youth who are perceived by peers as failing to fit sexuality and gender related stereotypes and/or norms, this can often lead to justification of bullying, harassment, and even assault (Horn, Szalacha, & Drill, 2008). Given the salience of relational consequences to youth for failing to adhere to peer expectations of their identity expression and behavior, individuals and peer groups may be unlikely to challenge stereotypes related to gender and sexual orientation without a forum for thinking critically about them together.

Other phenomena exerting increasing social pressure on youth sexuality include technology (e.g. cell phone and social networking websites) (Larson, 2002; Valkenburg, Peter, & Schouten, 2006) and media (electronic and print) (Huntemann & Morgan, 2001). Youths' self-perceptions, peer relationships, and understandings of social norms and structures are subject to influence as media both reflect and produce youth culture, and technology catalyzes peer interaction and identity expression. As a result of its influence on youth, media often reinforce social marginalization and stereotypes. For instance, advertisements portray ideals of femininity and masculinity that require spending considerable sums of money in order to obtain the resources necessary for expression of those ideals, implying that working class youth who are not able to invest will not be able to attain such ideals. Likewise, media often reinforce stereotypes about the sexuality of different cultures, even exotifying these stereotyped images (Durham, 2001), further complicating youth's sexual identities and self concept with their racial and/or ethnic identities and self concept (David, Morrison, Johnson, & Ross, 2002). For these reasons, it's necessary for a framework of sexuality education to recognize the role of socio-cultural influences on sexual identity, expression, and behavior.

In summary, traditional sexuality education, which merely provides limited health related information in a health risk framework, would fall outside of an empowerment/affirmation model of how youth become aware and change. It also minimizes opportunities for positive youth development and achieving well-being. Furthermore, an educational approach that takes into account the developmental contexts (Trickett, 1996) or sites that youth encounter as part of their daily lives has the potential to be more relevant, inclusive and engaging to youth because it can draw upon existing resources in the community, whether organizational (programs) or historical/cultural (traditional customs, spiritual practices) or social (e.g peer networks, program participants). In the following section, we attempt to show how an alternative to traditional human sexuality education can foster positive development and well-being.

#### 4. An asset based approach to sexuality education: the SEICUS guidelines

Unlike other risks addressed by prevention programs, such as substance abuse and violence, the risks associated with sexuality are complicated by the fact that all expressions of sexuality are not innately risky, and sexual behaviors are widely perceived to be

enjoyable. Contrary to the contention of abstinence only legislation, which states that “sexual activity outside the context of marriage is likely to have harmful psychological and physical side effects,” (H.R. Rep. No. 104-193, 1996), Larson and Svedin’s study of childhood sexual experiences found that early autoerotic and non-coital sexual experiences were generally perceived as pleasant (90%), so long as such experiences were not coercive (Larsson & Svedin, 2002). In fact, sex is generally perceived as a normal experience of adolescence or emerging adulthood (Arnett, 2001). Even the most conservative messages directed toward youth promote seeking out pro-social relationships with others and aspiring to find a romantic partner with whom to share one’s life (and ultimately, one’s sexuality) in the context of marriage. In this manner, expression of sexuality is broadly associated with well-being, particularly if it reinforces self-respect and self-esteem and enhances a positive connection to others.

This is also true for youth in their collective experiences with their sexuality. For instance, although adolescent group norms and school culture have the potential to perpetuate unsafe environments for youth with nonconforming sexual orientations and gender identities (as stated above), they may also have the reverse effect of promoting positive, safe environments for all youth – regardless of sexual orientation or gender identity. According to Horn and Szalacha (Horn, & Szalacha, 2008, March) youth who attend schools with messages promoting acceptance of diverse sexual identities (such as “out” teachers and administrators, a Gay Straight Alliance and policies protecting youth from harassment) are less likely to condone bullying behaviors than youth who attend schools without such messages. This may indicate that youth who are able to recognize these positive expressions of sexuality are better able to resist promoting negative social stereotypes, and more likely to influence positive attitudes about sexuality in their communities. On a personal level, such an environment should have a positive effect on non-hetero identified youth’s wellness, since research with gay and lesbian individuals has indicated that internalized homophobia is associated with poor emotional health (Rosser, Ross, & Bockting, 2006; Williamson, 2000), while a lack of internalized homophobia was associated with emotional well-being (Cody & Welch, 1997; Rosser et al., 2006).

The Sexuality Information and Education Council of the United States (SIECUS) has developed one of the most widely cited approaches to comprehensive sexuality education, which lists several positive “Life Behaviors of a Sexually Healthy Adult” (Table 2, column 1) (Sexuality Information and Education Council of the United States [SIECUS]. National Guidelines Task Force, 2004) that are in stark contrast to a deficit model of sexuality education (i.e. abstinence only). The principles underlying the SIECUS Guidelines (Table 1) promote positive self-concept and identity, pro-social interpersonal communication, and social responsibility. Therefore, the asset-based approach inherent in PYD may also be apparent in many comprehensive human sexuality education programs.

In 1990, SIECUS created the “National Guidelines Task Force” to provide a clear set of standards to guide teachers through sexuality education classes. The Task Force included representatives from the U.S. Centers for Disease Control, the American Medical Association, the National School Boards Association, the National Education Association, the March of Dimes Birth Defects Research Foundation, and many school-based sexuality educators, program developers, and experienced trainers. The first edition was published in 1991, and well over 100,000 copies were distributed. The third, most recent edition was published in 2004 (Sexuality Information and Education Council of the United States [SIECUS]. National Guidelines Task Force, 2004). The SIECUS Guidelines specify four specific goals: 1) provide information, 2) explore attitudes, values, and insights, 3) develop relational and interpersonal skills, and 4) help young people to exercise responsibility. The “Life Behaviors of a Sexually Healthy Adult” (Table 2, column 1) listed in the Guidelines serve as an explicit set of norms addressing aspects of sexuality across levels of individual, interpersonal, and societal understanding.

**Table 1**

The SIECUS guidelines’ six key concepts and associated topics.

<b>Key concept 1: human development</b>	<b>Key concept 4: sexual behavior</b>
Topic 1: Reproductive and sexual anatomy and physiology	Topic 1: Sexuality throughout life
Topic 2: Puberty	Topic 2: Masturbation
Topic 3: Reproduction	Topic 3: Shared sexual behavior
Topic 4: Body image	Topic 4: Sexual abstinence
Topic 5: Sexual orientation	Topic 5: Human sexual response
Topic 6: Gender identity	Topic 6: Sexual fantasy
	Topic 7: Sexual dysfunction
<b>Key concept 2: relationships</b>	<b>Key concept 5: sexual health</b>
Topic 1: Families	Topic 1: Reproductive health
Topic 2: Friendship	Topic 2: Contraception
Topic 3: Love	Topic 3: Pregnancy and prenatal care
Topic 4: Romantic relationships and dating	Topic 4: Abortion
Topic 5: Marriage and lifetime commitments	Topic 5: Sexually transmitted diseases
Topic 6: Raising children	Topic 6: HIV and AIDS
	Topic 7: Sexual abuse, assault, violence, and harassment
<b>Key concept 3: personal skills</b>	<b>Key concept 6: society and culture</b>
Topic 1: Values	Topic 1: Sexuality and society
Topic 2: Decision making	Topic 2: Gender roles
Topic 3: Communication	Topic 3: Sexuality and the law
Topic 4: Assertiveness	Topic 4: Sexuality and religion
Topic 5: Negotiation	Topic 5: Diversity
Topic 6: Looking for help	Topic 6: Sexuality and the media
	Topic 7: Sexuality and the arts

According to the Guidelines, each of these life behaviors are modeled and practiced through the exploration of six key concepts over the course of four age levels that cover the primary and secondary educational levels from kindergarten through high school. As shown in Table 1, the six key concepts addressed by the Guidelines are divided into several topics. Each topic is then divided into several sub-topics (not shown) that span across the different age levels: Level 1, ages 5–8; Level 2, ages 9–12; Level 3, ages 12–15; and Level 4, ages 15–18. These age groups are then used to discriminate between age-appropriateness of topics and the framing of topics at each level. For instance, the examples of lesson plans available through SIECUS (Sexuality Information and Education Council of the United States [SIECUS], 2008), are separated by topics, then sub categorized by the age level appropriate for each lesson plan within that topic. An activity for youth at level two exploring the topic of “sexual abuse, violence, assault and harassment” will frame the discussion around recognizing “safe and unsafe touch” from others, as well as how to get help if youth feel they’ve been exploited. However, an activity centered around the same topic at level four will begin to address the concept of “consent,” allowing youth who may be engaging in shared sexual behavior to distinguish between what is consensual, and what is exploitative. Only students in the third and fourth level are expected to learn about STD’s and other issues appropriate for older students.

The Guidelines frame risks in complex and objective terms. As with Abstinence-Only-Until-Marriage interventions, abstinence is presented as the only *certain* method of preventing STDs and pregnancy. However, the Guidelines also suggest inclusion of general information and norms promoting safer sex practices, respectful interpersonal communication, self-awareness and acceptance, and critical participation in a democratic society. Language about issues of religion, culture, abstinence, abortion, and other controversial topics is limited to facts and representations such as: “Some families, religions, and cultures believe that masturbation is wrong,” or “Some religions teach that sexual intercourse should only occur in marriage.” In this sense, the values promoted by the guidelines take a relativist stance on issues that do not have an explicit bearing on sexual health.

The Guidelines seek to enable young people by providing them with information about how to recognize one’s own needs and desires, how to recognize coercive or exploitative behavior, how to engage in safer sex, and how to get help and help others. The affirmation for students with

**Table 2**  
SIECUS life behaviors of sexually healthy adults with corresponding developmental domains (Pittman's Five C's).

Life behaviors of a sexually healthy adult	Competence	Confidence	Character	Connectedness	Contributions
Appreciate one's own body.		X			
Affirm that human development includes sexual development, which may or may not include reproduction or sexual experience.		X		X	
Seek further information about reproduction as needed.	X				
Interact with all genders in respectful and appropriate ways.			X	X	
Affirm one's own sexual orientation and respect the sexual orientations of others.		X	X	X	
Affirm one's own gender identities and respect the gender identities of others.		X	X	X	
Express love and intimacy in appropriate ways.	X		X		
Develop and maintain meaningful relationships.	X	X	X	X	
Avoid exploitative or manipulative relationships.		X	X	X	
Make informed choices about family options and relationships.	X	X	X	X	
Exhibit skills that enhance personal relationships.	X	X	X	X	X
Identify and live according to one's own values.		X	X		
Take responsibility for one's own behavior.		X	X		X
Practice effective decision-making.	X	X			
Develop critical-thinking skills.	X	X			
Communicate effectively with family, peers, and romantic partners.	X	X		X	
Enjoy and express one's sexuality throughout life.		X		X	
Express one's sexuality in ways that are congruent with one's values.		X	X		
Enjoy sexual feelings without necessarily acting on them.	X	X	X		
Discriminate between life-enhancing sexual behaviors and those that are harmful to self and/or others.	X	X	X		
Express one's sexuality while respecting the rights of others.		X	X		
Seek new information to enhance one's sexuality.	X	X		X	
Engage in sexual relationships that are consensual, non-exploitative, honest, pleasurable, and protected.	X	X	X	X	
Practice health-promoting behaviors, such as regular check-ups, breast and testicular self-exam, and early identification of potential problems.	X	X			
Use contraception effectively to avoid unintended pregnancy.	X	X			
Avoid contracting or transmitting a sexually transmitted disease, including HIV.	X	X	X		
Act consistently with one's own values when dealing with an unintended pregnancy.		X	X	X	
Seek early prenatal care.	X	X			
Help prevent sexual abuse.	X		X	X	X
Demonstrate respect for people with different sexual values.		X	X	X	X
Exercise democratic responsibility to influence legislation dealing with sexual issues.	X	X	X	X	X
Assess the impact of family, cultural, media, and societal messages on one's thoughts, feelings, values, and behaviors related to sexuality.	X	X	X	X	X
Critically examine the world around them for biases based on gender, sexual orientation, culture, ethnicity, and race.	X	X	X	X	X
Promote the rights of all people to accurate sexuality information.	X	X	X	X	X
Avoid behaviors that exhibit prejudice and bigotry.	X		X	X	
Reject stereotypes about the sexuality of different populations.	X		X	X	
Educate others about sexuality	X	X	X	X	X

traditional and nontraditional gender identities, sexual orientations, and values about sex is likely to provide students with the self confidence necessary to advocate for themselves in a variety of situations. Furthermore, because the individual aspects of the Guidelines focus on relational skills, such as respect for others and acceptance of various gender identities and sexual orientations, it is expected that an affected peer culture would embrace healthy, respectful behavior. These Life Behaviors also correspond to the levels of well-being, as presented by Prilleltensky, and to Pittman's developmental domains (the Five "Cs"), as previously discussed. To demonstrate how the Life Behaviors correspond to domains of positive youth development, the authors constructed a table based on the constructs set forth by Pittman. Each Life Behavior was discussed and mapped to corresponding domain(s) of positive youth development (the Five Cs). The results are presented in Table 2. Overall, it can be seen that most Life Behaviors tap more than one developmental domain, suggesting that attainment of a life behavior can impact development in multiple ways.

## 5. Discussion and application

Despite the controversy associated with approaching sexuality from a positive perspective, it is a normative part of the human experience and there are socially approved norms for expressing one's sexuality in a positive way. The SIECUS Guidelines provide an outline for how sexuality can manifest in various contexts and within all relational sites in positive

ways. Because youth development programs seek to address youth as multifaceted individuals who are capable of contributing positively to their communities and society, it follows that they also recognize that youth are affected by their developing sexuality as they interact with their communities and society (Trickett, 1996). Additionally, youth are confronted by a multitude of (frequently contradictory) messages concerning their sexuality from one another, adults in their communities, and mass media. As Kirby demonstrates, by helping adolescents to be "fully prepared" instead of simply "problem free" (Pittman et al., 2006), youth development programs foster protective factors by providing adolescents with the tools to envision and work toward a more promising future, which may have the added benefit of preventing unwanted pregnancy and reducing transmission of STDs (Kirby & Coyle, 1997). In this sense, these programs were able to meet the PYD goal of prevention through engaged preparation (Catalano et al., 2004).

Still, although he recognizes the importance of addressing context related antecedents to individuals' risk behavior. Kirby's argument is bound by a traditional prevention perspective. This is because sexuality is not considered as a broad, encompassing construct, representing a range of human experience. As illustrated in this paper, recognizing the significance of the potential for youth development interventions to impact sexual behavior should include a focus on all sexuality-related issues, as they affect the lives of youth, not just on traditionally targeted issues like STDs and pregnancy. In fact, because PYD programs can create opportunities for individual youth to

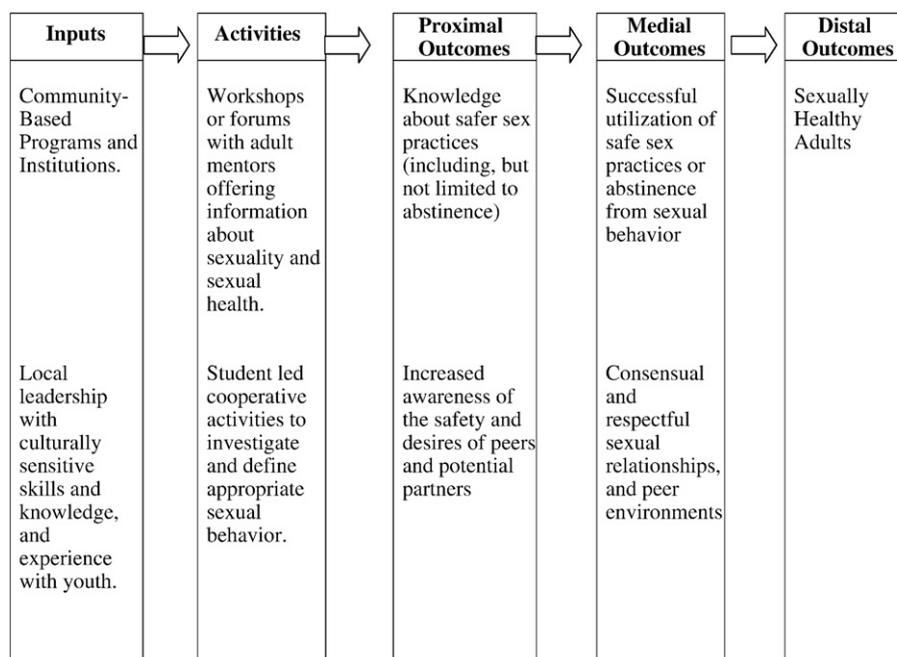


Fig. 1. Logic model for a sexual education program within a positive youth development framework.

collaborate with other youth to influence collective culture, these programs have a unique opportunity to affect youth's experiences with many sexuality-related issues across all relational levels.

In this regard, initiatives dealing explicitly with sexuality education ought to be envisioned from within a PYD framework. Fig. 1 provides an example of a logic model for such programs. This figure is an example of the authors' ideas for incorporating sexuality education into a positive youth development framework, with short and long-term benefits indicated. Although we broadly suggest workshops, mentorships, and student led activities, manifestations of these activities are likely to vary dependent upon the needs and resources of specific community contexts. Examples of integrated programs include those cited in SIECUS' "On the Right Track" manual ([Sexuality Information and Education Council of the United States \[SIECUS\], 2004](#)), including Adolescent Communication and Education Organization with the Institute of Women and Ethnic Studies in New Orleans, LA, Bright Passages; Checkpoint; Reflections; Youth AHEAD Organization with Planned Parenthood of Western Washington, and Circulo de Salud Organization with Planned Parenthood Los Angeles in Los Angeles, CA. These programs exemplify aspects of our logic model, including mentorships and/or student led activities such as peer education about sexuality related topics.

Of course, not all youth development programs must make sexuality education a primary goal. However, aspects of healthy sexuality education should be embedded in any PYD program, regardless of the ultimate mission of that program. Staff within these programs can work to promote positive identity, awareness about personal health, agency/communication skills, and respect for the identities, health, and desires of others. When issues related to sexuality inevitably emerge, program staff ought to be equipped with an understanding of how to promote positive norms and provide support.<sup>2</sup> By integrating some discussion of sexuality related issues into the training of staff, PYD programs can continue to work to close the gap between young people's lived

experiences and personal priorities, and the overall wellness goals of those working with them.

Further research is needed to measure the effectiveness of addressing sexuality education from a PYD framework across populations of adolescents and in varied contexts (e.g. schools, faith-based and youth serving institutions). Because measuring the effectiveness of such an overarching framework is likely to require extensive resources, as well as time for longitudinal data to be collected across youth's lives, the authors of this paper recommend the following: 1) investigating the effectiveness of integrating PYD approaches with comprehensive sexuality education by focusing on selective life behaviors most relevant to a specific population and study setting; 2) conducting meta-analyses of existing studies related to the above; 3) collecting retrospective qualitative and quantitative data to capture perceptions of youth and program staff about the effectiveness of these approaches and 4) implementing a process evaluation to provide insights on mechanisms by which the combined PYD and sexuality education approaches affect specific life behaviors and developmental domains. In consonance with youth empowerment approaches to education, youth should play more active roles in investigating program effects ([Checkoway & Richards-Schuster, 2004](#)).

## 6. Conclusion

Throughout this paper, we have demonstrated the complex and relational aspects of sexuality in youth's lives. We have elucidated the ubiquitous nature of sexuality as a part of the human experience, and given examples of ways that this omnipresence can be utilized to promote positive skill sets. The movement to foster optimal development among youth need not be separate from promoting healthy sexual behaviors. As many sexuality education intervention researchers have suggested, approaching sexuality education from a positive youth development framework presents a feasible alternative to ineffective abstinence only education programs. This approach also recognizes that teachable moments often arise through youth programming in community settings. Youth serving institutions and other organizations, including schools, can therefore promote healthy sexuality and development through incorporating aspects of human sexuality education into youth programming. Such an approach would address needs that may not be met in current school based programs

<sup>2</sup> This training is of course related to the broader issue of youth worker competencies- a critical issue for the field of youth development and quality out of school programming. [Huebner et al. \(2003\)](#) provide an excellent discussion and framework for curricula which to be realized, would need to be supported by sponsoring, accrediting and Institutional level affiliates of local youth serving organizations.

due to limitations of abstinence only programs and other obstacles posed by the political nature of public schooling. More importantly, by incorporating human sexuality education into local settings for youth, the content of asset and pro-social sexuality education would be mutually reinforced across local contexts.

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