

Fertility-regulating behaviour and the secondary-school pupil

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The author argues for a practical element of birth-control methods in sex education. To confine this topic to reproductive processes with a passing reference to contraception can often do more harm than good, and there should be discussion about the need for fertility regulation, its provision, and its methods. Teachers should bear in mind that at least some of their pupils are likely to be more sexually experienced than they are.

The arguments for and against sex education for the secondary school pupil have been heard and hotly disputed for decades. Few have considered the topic beyond the *principle* of sex education (whether sex education is desirable) and certain limited administrative issues (e.g. who should provide such education, to whom and in what circumstances).

The *content* of sex education is sometimes discussed, but not in much detail; after all, we all know what sex education is about. But do we? The purpose of sex education for teenagers – and even those of a younger age – is often stated in general terms which are difficult to relate to actual *behaviour*. What is it we are expecting our pupils *to do* as a result of this carefully argued and presented education? Of course, the aim is to help these young people to be sexually ‘responsible’; to understand the implications of one’s sexual behaviour in terms of those who

may be directly and indirectly involved; to be a caring parent when the time eventually arrives, presumably – and hopefully – later in life. But all of these assumptions are essentially abstractions or principles derived from behaviour. Sex education then is intended to lead to ‘informed’ behaviour of some sort. Presumably this behaviour will be concerned in some way with a ‘caring’ relationship between those entering a sexual relationship, resulting from it, or affected in other ways by its occurrence. But how is this behaviour to be described?

Unwanted babies

Some sex-education programmes, but by no means all, include a description of some of the major methods of fertility regulation. However, this is seldom complete. Even where such descriptions are included, they seldom detail what the responsible pupil should actually do,

either immediately or later, about obtaining or using such methods.

There is clearly a need for another step in the provision of sex education, and this I prefer to describe as instruction in 'fertility-regulating behaviour'. It is not enough to describe how babies are conceived and the likely results of sexual behaviour. Nor is it sufficient merely to introduce contraceptive methods in a general way and leave their obtaining and use to the imagination and persistence of the potential user. What is needed is education in *how unwanted babies can be prevented*. In other words, if sexual activity is to take place, the means by which reproduction is to be avoided. I realise that it is here that contention and disagreement are present. It is not sex education that is so contentious (few would today argue with education relating to the principles governing reproduction) but the behaviour to which it relates.

One major issue that has acted as a catalyst to this area of dispute is the comparatively recent ability to experience sexual intercourse without the concomitant problems associated with reproduction. The separation of sexual intercourse as fun from sexual intercourse for the purposes of reproduction has profound implications. It is this separation, prompted by the introduction of modern methods of contraception on a large scale, that has led to the need for a study of fertility-regulating behaviour.

Controlling reproduction

There has always been a desire by society at large to control reproduction. No society anywhere at any time — at least since records have been kept — has left the matter of reproduction to chance. The wish for more or fewer babies has been a feature of social organisation since the human race began. Not only has this been in relation to numbers, but also in relation to 'quality'. Who has babies by whom has been as much a matter of contention as their actual numbers. The way in which reproduction has been controlled has seldom been direct; instead, indirect control has been

exercised through negative rules governing who is not permitted to have sexual intercourse with whom and in what circumstances. These rules provide a proscribed list of sexual partners and a description of the situations in which such sexual activity can take place. For example, it is prohibited for males to have sexual intercourse with girls under the age of 16 years, and incest is a criminal offence which is regarded with considerable distaste. Similarly, the expectation is that reproduction and the sexual activity which precedes it should take place within the socially-approved institution of marriage; marriage being a social recognition of an approved sexual relationship between two adults of opposite sex who recognise that the children resulting from their sexual relationship are their responsibility.

But in the hard world of 1984, we all know that such idealism is often at odds with reality. There are a number of reasons why the traditional view of sexual activity can no longer be supported, but they all derive from the separation of sexual intercourse from reproduction. If it is accepted that this is so, then many of the 'old' rules governing sexual activity become difficult to justify. The dislike of under-age sexual intercourse is partly due to the possible result of sexual intercourse, which we all know is more hazardous physically, psychologically, and socially — for both baby and mother — the younger the mother happens to be.

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With the ability to take part in sexual intercourse without the need to worry about reproduction, this type of argument loses much force; but we still cling to the idea that such behaviour is 'wrong'. Whenever I have appeared on panels — usually at a church-sponsored parents' evening — the question has inevitably been asked: "I have a friend whose 16-year-old daughter has told her that she (the daughter) is going to start having sexual intercourse with her boyfriend. What advice should my friend give to her daughter?" The answers given by my fellow panel members have often also been predictable. Reference to venereal disease, pregnancy and the moral courage to say 'no' are usually made with varying degrees of emphasis. Perhaps the reason why I am seldom asked to make a return visit at a later date (at least to the same church) is because I point out as gently as I can that venereal disease can be dealt with fairly easily these days if it is detected early enough; that most young people are not promiscuous and, therefore, the likelihood of such infection is slight; that pregnancy is unlikely if modern contraception is to be used, and to say 'no' when most of one's contemporaries are acting in this way is perhaps asking for too much.

Issues affecting the pupils

This is not to argue for a *laissez-faire* approach to sexual activity among young people. We, as presumably mature adults, must at least recognise *why* we offer the advice we do: it is self-defeating to use arguments that clearly cannot be substantiated in the modern situation. It should come as no surprise to teachers that at least some of their pupils are often more sexually experienced than they are, so to confine sex education to reproductive processes with a passing reference to contraception can often do more harm than good. As John Balding has shown in his work, what the pupil sees — and also asks for — is often different from what the teacher sees as relevant and necessary. If we are serious about sex education we really must be prepared to start with the

pupil and to address ourselves to the issues that affect him or her.

In this short paper I have deliberately confined myself to the secondary-school or teenage pupil, for it is this group which should have some understanding of fertility-regulating behaviour and what this means to them if they are to engage in sexual intercourse. (I prefer to be blunt about these matters, for 'sexual activity' or the experience of a 'sexual relationship' is not necessarily the same thing as sexual intercourse. Many of us experience sexual feelings and even take part in sexual activity which does not end in sexual intercourse. If this is so with adults, who have easily-available sexual partners, how much more so it must be for the adolescent?)

I have always been impressed by the double talk that often goes with sex education. At one level we have long discussions about 'responsibility' and 'the need to consider the outcome of one's actions', whilst at another level we seem to be doing our best to create as many hurdles as possible for those who have considered these issues and as a result wish to ensure that an unwanted pregnancy does not occur. To say they shouldn't know about modern methods of fertility regulation, in order to prevent them engaging in sexual intercourse, is like arguing against the provision of crash helmets for motor cyclists as a means of ensuring that motor cycles are not ridden.

Being responsible about reproduction

So we arrive at the need to discuss fertility-regulating behaviour. Notice that the role of family planning methods is not given prominence here. What is of concern is the behaviour associated with the aim of being responsible about reproduction. In many cases (by far the majority) this leads to the avoidance of sexual intercourse, not to its close embrace! There are three levels of fertility-regulating behaviour; that associated with the wish for such regulation, and that directly associated with the method

chosen. These can be represented as three sets of hurdles which have to be overcome, with each set becoming more specific to individual behaviour.

The first set of hurdles refers to the need for fertility-regulation. Why should such a consideration be necessary and what issues would be included as relevant? Here is a rich area for participant discussion covering a wide range of topics: from the freedom of individuals to the rights of others, from religious objections to feelings of embarrassment, from the need to demonstrate masculinity to the treatment of women as being fit for baby production only, from the individual need for feelings of immortality to the needs of the state. Such topics are probably of much greater interest to both pupil and teacher, and of greater value to what will determine the pupil's behaviour, than discussions of how sperm meets egg!

The second set of hurdles assumes that the first have been overcome, and there is an intention to take part in sexual intercourse, but that pregnancy is unwanted. Where would one go for help in dealing with the means to prevent conception? Again there could be discussion surrounding the value of gossip and rumour; the difficulty of obtaining supplies, the role of professionals such as the family doctor (remembering Mrs. Gillick and her court action), and the reason why particular methods of fertility regulation require restricted forms of provision. The provision of fertility-regulating methods and services provides the most important set of issues relating to why a particular method will or will not be used.

The third set of hurdles comes closest to the behaviour of individuals, and the easiest way of presenting them is to discuss a hypothetical method of fertility regulation (like inoculation) or one that has briefly made an appearance (like the nasal spray). It is not necessary to discuss how they work, for the aim is to indicate what behaviour would be required in their use. Discussion could take place

concerning such issues as who uses it, when is it used, how often is it used, what part of the body is affected, for how long does it last, and what instructions in its use need to be followed? There are many others – perhaps a 'think-tank' approach to creating such a list would be instructive. Notice what has been done here: we have introduced the topic of fertility-regulating behaviour, and not just a discussion of family-planning methods. We have been able to talk of the motives which underlie behaviour in a way that is difficult when we approach such behaviour from a sex-education angle with the biological and often impersonal implications this contains. We can talk about rights, duties, obligations, expectations, and feelings we have about ourselves and others in a natural way. It may even lead to the realisation that discussions and behaviour relating to sexual intercourse need not be accompanied by guilt and embarrassment.

Our sexual behaviour is probably the most important yet most sensitive behaviour we exhibit, and being responsible for the beginning of a new human being is the most important social event most of us will accomplish. The behaviour surrounding such an event should therefore be given the detailed consideration it deserves.

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