

Development of a Sexual Ethics Continuum Teaching Strategy

James T. Broadbear

Abstract

Adolescents and young adults are likely to be sexually active and interested in sexual ethics. In order to tap into this interest and assist in their intellectual development, a sexual ethics continuum teaching strategy was developed during four semesters with six sections of two different college courses. A total of 52 behaviors of interest to students were identified and rated by students as ethically ideal, ethically allowed, or ethically forbidden. A combination of quantitative and qualitative methods was used to rate the behaviors and clarify how learners thought about several behaviors. Reflections on the development of the strategy, the quality of thinking displayed by learners, and guidelines for conducting the strategy are offered.

Introduction

For many people, the most challenging ethical dilemmas they will face in their lifetime have to do with sex. Deciding with whom and how we will behave sexually presents ethical dilemmas that have been pondered by many great thinkers throughout human history. Yet in the lifespan of each person, it takes a short time to reach adolescence and young adulthood when these questions become highly relevant and important. The abilities of young people to grapple with these issues, to reason through questions of sexual ethics, are made difficult by their stages of intellectual development and the unique socio-cultural and biological context of our time. The loosening of traditional sexual mores, a more sexually permissive society, the proliferation of media featuring sexually suggestive and explicit content, and the HIV/AIDS epidemic are some of the trends that have dramatically altered the landscape of sexual ethics in recent years and increased the need for sexual ethics education.

The situation is more complex because of what is known about when young people start having sex. Research does indicate that young people are waiting longer to begin having sex. From 1991 to 2003, the total percentage of high school students who reported ever having sexual intercourse decreased from 54.1% to 46.7% (Centers for Disease Control and Prevention, 2004; Santelli et al., 2004). Still, that means nearly half of high school students have sexual intercourse

at least once before graduation. Research also indicates that “the majority of sexually experienced teens reported having sex with their partners within three months of beginning their romantic or dating relationship” (Ryan, Manlove, & Franzetta, 2003, p. 6). By the time students complete college, 86.1% reported having had sexual intercourse (Centers for Disease Control and Prevention, 1997). Therefore, many of the students arrive on campus sexually experienced, many more become sexually active while at college and, if they choose to do so, are likely to engage in sexual intercourse relatively early in their relationships.

All of this sexual activity is happening at a time when young people are experiencing advances in their intellectual development. King and Kitchener’s (1994) “Reflective Judgment Model” includes seven stages categorized into pre-reflective, quasi-reflective, and reflective thinking groups. Pre-reflective stages (1-3) represent knowledge as concrete and received from authority figures. Quasi-reflective thinking stages (4 & 5) are characterized by views of knowledge as highly uncertain and subjective. Reflective thinking stages (6 & 7) feature conceptions of knowledge as “the outcome of a process of reasonable inquiry in which solutions to ill-structured problems are constructed” (King & Kitchener, 1994, p. 15). The research on the development of the Reflective Judgment Model used interviews that categorized students by stage. Findings of the research demonstrated that high school students averaged 3.19 and traditional-aged college students averaged 3.79 on reflecting thinking development (King & Kitchener, 1994). This means young people typically move from concrete to subjective conceptions of knowledge from high school to college, but they do not often develop the ability for reflective judgment. Educational strategies that could further assist intellectual development are desirable.

The types of strategies that are most likely to aid intellectual development will engage learners in topics that interest them (Sweaney, 2001). Opportunely, many young people are exceedingly interested in issues pertaining to sexuality. Aiding intellectual development also requires learners to consider different points-of-view (Paul, 1995) and to reason about ill-structured problems (King & Kitchener, 1994). Ill-structured problems are those that are complex and may not be solved with a great deal of certainty. Mere factual knowledge will not be adequate to arrive as a well-reasoned solution to ill-structured problems and subjective opinions are also insufficient (Paul, 1995).

Sexual ethics is a very complex, ill-structured area of inquiry. Consider, for example, the wide range of philosophical perspectives that have been developed over time surrounding the ethical issue of sexual consent. The

James T. Broadbear, PhD; Associate Professor of Health Education, Department of Health Sciences, Illinois State University, Campus Box 5220, Normal IL 61790; Telephone: 309-438-8807; Fax: 309-438-2450; E-mail: jtbroad@ilstu.edu; Chapter: Omega

liberal view holds that consent given by the parties involved is sufficient to make sex morally permissible (Primoratz, 1999). A romantic or personalistic view argues that legitimate consent is only possible when one's sexual desire is guided with an intentional respect for the other person in his or her entirety – including such aspects of the person as their thoughts, feelings, ambitions, desires, and body (O'Neill, 1985; Scruton, 1986). The Catholic perspective extends the personalistic view by teaching that consent be given only within marriage which is “not just a union of persons, a reciprocal relationship between a man and a woman, but is essentially a union of persons affected by the possibility of procreation” (Wojtyla, 1981, p. 226). Finally, a feminist view challenges whether consent between men and women is possible at all given the inherent inequality and exploitation of women in society (MacKinnon, 1989).

Clearly, sexual ethics is complex intellectual terrain. Consent is, after all, just one of many ethical issues regarding sexuality. Therefore, it was not the goal, nor was it deemed possible, to create an educational strategy that would consider sexual ethics holistically. Rather, the goal was to create an educational strategy that was highly relevant to learners and potentially encourage their intellectual development. This paper describes the development of the strategy that began with discovering the sexual ethics issues of interest to learners.

Selecting the Strategy of a Sexual Ethics Continuum

Discussion continuums are a fairly common educational strategy. The basic approach is to pose a series of questions or statements to learners and have them physically and intellectually “take a stand” by positioning themselves in the room. Portions of a wall or each corner of the room are designated with Likert scale responses (Strongly Agree, Agree, Disagree, Strongly Disagree). Learners have to move to the position in the room that reflects their opinions, and then the instructor can lead a discussion to elicit the reasoning of learners for their opinions.

Reducing the Risk (Barth, 2004) and *Becoming a Responsible Teen* (St. Lawrence, 1998) are sexuality education curricula for adolescents that use continuums “to help students apply their knowledge about HIV transmission and identify which behaviors put them at greatest risk for exposure to HIV” (Barth, 2004, p. 177). Each learner is provided a behavior card, given some time to determine where he or she thinks the behavior fits along a risk continuum, and place the card in that spot. Examples of behaviors in *Reducing the Risk* include “unprotected oral sex,” “sharing needles for injecting drugs, steroids, or vitamins,” and “breastfeeding by an infected mother.” By placing the risk behaviors along the continuum, learners demonstrate their understanding of relative risk for contracting HIV and allow real risk to be clarified through class discussion. Cards will often be moved from where they were originally placed in order to reflect more accurate risk.

The continuum strategy can generate a great deal of discussion, but there are always a host of other issues swirling around the deliberations of HIV risk behaviors. For example, if the aforementioned behavior of “unprotected oral sex” is being discussed, learners often express thoughts on the appropriateness and implications of the behavior. The nature of the relationship between the partners, perspectives about a seeming double-standard for men and women when it comes to engaging in the behavior, and shifting cultural attitudes about whether oral sex is sex easily enter the discussion. Considered this way, the continuum engages learners in thinking about ill-structured, ethical problems. Many learners welcome deliberations on the ethics of sexual behavior, not just the physical risk of being exposed to HIV.

Methods and Results

In response to this interest, over the course of four semesters a continuum of sexual ethics teaching strategy was developed. Two sections of a freshmen-level general education course and four sections of a health education professional preparation course were the settings wherein the development took place. The number of sexual issues that have a potentially ethical component is vast, but the goal, as described above, was to identify ethical issues that would be most compelling to students. It was obvious early on in the development of the strategy that relational aspects of sexual behavior were of greatest interest to students. Therefore, for the purpose of developing this strategy, the realm of sexual ethics that became the greatest focus was how a person treats or considers another person within an intimate relationship or other, more distant, social relations.

Three phases of developing the strategy included 1) generating behaviors for the continuum, 2) obtaining ethical ratings of the behaviors, and 3) clarifying the ratings.

Phase One: Generating Behaviors for the Continuum

During the four semesters of developing the strategy, six classes participated in formative versions of the strategy, and from this, a thorough list of behaviors was created. Efforts at conducting the strategy over the three semesters focused on generating a thorough list of behaviors that were used for constructing and discussing the sexual ethics continuum. The goal was to create a student-generated list of behaviors expressed in their language so as to make items as relevant and authentic as possible. The initial iterations of the strategy involved introducing the continuum concept to students by first conducting the HIV risk behavior strategy with them, then during the next class period having small groups of students come up with behaviors they would place along a sexual ethics continuum. The continuum was labeled “ethically forbidden,” “ethically allowed,” and “ethically ideal.”

The small groups of students were asked to produce at least two behaviors for each category. Students wrote each of the behaviors on a standard-sized piece of paper and

taped the papers along the continuum. Analysis of the behaviors followed. Behaviors listed more than once by different groups such as “abstaining from sex” were grouped together. Then learners explained why they chose the place for the behaviors on the continuum. Often during this explanation and discussion other behaviors would be identified and added to the continuum.

Phase Two: Obtaining Ethical Ratings of the Behaviors

In order to obtain a better understanding of student thinking about the behaviors than could be determined from class discussion, additional analysis was completed. The papers listing the behaviors were collected after the strategy was conducted during the first three semesters. A total of 52 behaviors were identified and a random list of the behaviors was created. During the Spring, 2005 semester the strategy was conducted with a class of pre-professional health education students (n=31). The strategy was conducted in the same way as described above but this time, on the day after the sexual ethics continuum strategy was conducted, the 52-item list of behaviors was provided to members of the class, and they individually rated each of the behaviors. Each member of the class rated every item as ethically forbidden (wrong in their opinion), ethically allowed (socially acceptable though not necessarily personally preferred), or ethically ideal (highest standard in their opinion). For the purpose of analysis, these ratings were assigned the numbers 3, 2, and 1 respectively. Responses were recorded on a scantron form and percentages and averages for all items tabulated.

Results for Phase Two

The results for Phase Two (obtaining ethical ratings of the behaviors) are presented in Tables 1-4. Tables 1 and 2 include items that at least 70% of students rated as ethically ideal or ethically forbidden respectively. The selection of 70% as a point to separate the categories was somewhat arbitrary, but seemed, after studying the results, to represent a conceptually-logical demarcation between categories. The exact percentage of students who rated the items as ethically ideal or forbidden and the average rating for each item is presented. In both of these tables, the percentages of responses not shown were rated by all other students as ethically allowed. No behavior listed in these two tables had responses from all three response options.

Table 1 includes 13 of the 52 behaviors that were rated as ethically ideal by at least 70% of the students. Two items, “Having open and honest communication about sexual desires” and “Monogamy – being faithful to one’s partner,” were unanimously rated as ethically ideal.

Table 2 includes all items that were rated as ethically forbidden by at least 70% of students. Seventeen items from the list met this threshold. Seven items were unanimously rated as ethically forbidden, including behaviors such as child molestation, having sex while infected with a sexually transmitted disease and not telling one’s partner, and using date rape drugs to get sex.

Table 3 includes a list of ten behaviors that at least 70% of learners considered ethically allowed. A variety of opinions were expressed. For all but three of these items, some students rated the behaviors as either ethically ideal

Table 1

Behaviors Rated as “Ethically Ideal”

Behavior	Percent of students rating behavior as ideal	Average rating for behavior ^a
Having open and honest communication about sexual desires	100	1.00
Monogamy – being faithful to one’s partner	100	1.00
Getting tested for sexually transmitted infections	96.8	1.03
Respecting one’s partner	96.8	1.03
Waiting until married	96.8	1.03
Abstinence	93.5	1.06
Confidentiality – not sharing intimate details about one’s partner with others	93.5	1.10
Protecting one’s partner from undesirable effects of sexual behavior	90.3	1.10
Treating sexual issues maturely	90.3	1.10
Using anatomically and physiologically correct terms to describe sex	87.1	1.13
Consistently using condoms during sex	83.9	1.16
Giving and receiving affection appropriately	80.6	1.19
Mutually consensual sex	74.2	1.26

^a 3 = ethically forbidden, 2 = ethically allowed, 1 = ethically ideal

Table 2

Behaviors Rated as “Ethically Forbidden”

Behavior	Percent of students rating behavior as forbidden	Average rating for behavior ^a
Group sex	74.2	2.74
Statutory rape – a person 18 years or older having sex with someone under 18	77.4	2.77
Sex with someone who is under the influence of alcohol and/or drugs	83.9	2.84
Pressuring another person to be sexual	87.1	2.87
Using sex to manipulate another person	90.3	2.90
Trying to make one’s partner feel guilty for not having sex	93.5	2.94
Hiring a prostitute	96.8	2.97
Not telling a partner about an STD that one has	96.8	2.97
Prostituting – accepting money for sex	96.8	2.97
Viewing child pornography	96.8	2.97
Child molestation	100	3.0
Having sex with someone who is passed out	100	3.0
Having unprotected sex while infected with an STD and not telling one’s partner	100	3.0
Incest	100	3.0
Rape	100	3.0
Sex with children	100	3.0
Using date rape drugs to get sex	100	3.0

^a 3 = ethically forbidden, 2 = ethically allowed, 1 = ethically ideal

Table 3

Behaviors Rated as “Ethically Allowed”

Behavior	Percent of students rating behavior as ideal	Percent of students rating behavior as allowed	Percent of students rating behavior as forbidden	Average rating for behavior ^a
Masturbation	19.4	71.0	6.5	1.87
Oral sex	16.1	77.4	6.5	1.90
Telling sexual jokes	12.9	80.6	6.5	1.94
Fantasizing about a person who is not your partner	9.7	83.9	6.5	1.97
Serial monogamy (sexual relationship with one person, break up, then another person, etc.)	16.1	71.0	12.9	1.97
Using birth control but not condoms	3.2	90.3	6.5	2.03
Having sex before marriage	0	90.3	9.7	2.10
Homosexual sex	3.2	71.0	25.8	2.23
Viewing pornography	0	77.4	22.6	2.23
Sexual innuendo – to hint at or allude to sex without clearly talking about it	0	74.2	25.8	2.26

^a 3 = ethically forbidden, 2 = ethically allowed, 1 = ethically ideal

Table 4

Behaviors Where No Response Option Reached 70% or Above

Behavior	Percent of students rating behavior as ideal	Percent of students rating behavior as allowed	Percent of students rating behavior as forbidden	Average rating for behavior ^a
Accepting consequences of sexual behavior	61.3	35.5	3.2	1.42
Acting in a way that brings pleasure to one's partner	58.1	41.9	0	1.42
Flirting	51.6	48.4	0	1.48
Placing the other person's needs above your own	38.7	45.2	16.1	1.77
Anal sex	3.2	64.5	32.3	2.29
Making sexual comments about other people's bodies	0	64.5	35.5	2.35
Unprotected sex	0	54.8	45.2	2.45
Consuming alcohol or drugs to "get in the mood"	3.2	45.2	51.6	2.48
Promiscuity – having sex with multiple partners	0	51.6	48.4	2.48
Consenting to have sex while under the influence of alcohol or drugs	0	45.2	54.8	2.55
Making pornography	0	38.7	61.3	2.61
Sharing rumors about other people's sexual behavior	0	38.7	61.3	2.61

^a 3 = ethically forbidden, 2 = ethically allowed, 1 = ethically ideal

or forbidden. Behaviors with the highest ratings included using birth control but not condoms (90.3%), having sex before marriage (90.3%), and fantasizing about a person who is not your partner (83.9%).

The final group of behaviors is presented in Table 4. Behaviors that did not have at least 70% of responses of one type are included and could therefore be considered the most ethically debatable from the perspective of the respondents. Of the twelve items, four had at least one response in each of the three response options.

Phase Three: Clarifying selected ratings

Results from the rating process included several items that did not generate a clear consensus among respondents. Behaviors that were not rated by at least 70% of respondents as ethically ideal, allowed, or forbidden were considered to fall into this category. The behaviors are listed in Table 4.

To clarify what learners thought about these behaviors a follow up discussion was completed during a class session one week after the ratings were obtained (phase two). By this time the results had been tabulated and students were provided a list of all behaviors with average ratings. During the discussion students were asked to explain their rating the behaviors listed in Table 4. Several students participated in this discussion and provided reasons for the ratings. The

instructor took notes during the discussion to capture the reasons provided as accurately and thoroughly as possible. During the last ten minutes of the class period students were given a list of behaviors and were asked to indicate their rating for the behavior and to anonymously write why they chose that rating. The notes from the discussion and written comments were reviewed with the goal of trying to understand the ethical reasoning of the students.

Results for Phase Three

Phase Three of the methods involved a process of clarifying the results that appear in Table 4. Details for why students rated the behaviors the way they did was obtained through class discussion and written feedback by students. The results included the following:

Accepting consequences of sexual behavior

Ideal: Most interpreted the behavior as an ethical ideal because it involves "being responsible for sexual behavior" and "is a mature attitude a person should have."

Allowed: The primary reason given for rating this behavior as ethically allowed was that people do not always have control in sexual relationships. If true, and they are uncomfortable with what happened or even forced into a

sexual behavior against their will, it would not be ethically ideal to accept the consequences, but could be allowed.

Acting in a way that brings pleasure to one's partner

Ideal: Placing the needs of one's partner above one's own needs was the reason for the behavior being ideal.

Allowed: Several participants were hesitant to consider this behavior ethically ideal due to the fear of being taken advantage of in a relationship. They considered it to be ethically allowed but if practiced too frequently it could lead to the possibility of being taken advantage of by one's partner.

Flirting

Ideal: Flirting was considered ethically ideal because "this is most people's way of expressing emotion and feelings towards another person" and "it's a natural thing if you're single."

Allowed: Flirting was considered harmless and allowable "as long as both people are comfortable" with the behavior.

Placing the other person's needs above your own

Ideal: In instances where the student read the statement and interpreted it within the context of a committed relationship, they were inclined to rank the behavior as ethically ideal because it represented altruistic behavior.

Allowed: The behavior was thought of as ethically allowed because it is a good thing to do as long as the other person does the same.

Forbidden: Some learners had a very negative reaction to the behavior and viewed it as ethically forbidden. The reasons provided reflected the fear of being taken advantage of within a relationship. The need to protect oneself from emotional harm caused some learners to rank the item as ethically forbidden.

Anal sex

Allowed: Participants considered the behavior ethically allowed so long as "it isn't hurting either partner" and "only if that's what both parties want." Several people qualified their answer by expressing that they would not want to engage in the behavior but they still consider it ethically allowable for others. "Personally I don't agree but some people may find pleasure or satisfaction in it."

Forbidden: Personal aversion toward the behavior was the primary reason given for considering it ethically forbidden.

Making sexual comments about other people's bodies

Allowed: Reasoning about the behavior included perspectives that thought of the behavior as normative. "It's not looked upon as wrong. Everybody makes comments." "It is a social norm, so many people do it." Another perspective reported was that making sexual comments about other people's bodies is not only normal but inherent in human behavior. "People tend to observe other people's bodies regularly, sometimes unconsciously, and we tend to

stare at what we like, hate, or want in someone else." One participant indicated that making comments about others can reflect bias. "People become upset, but when someone makes fun of a fat person 98% of the group will laugh."

Forbidden: Reasons given for considering the behavior ethically forbidden centered on the harm that can be caused. For example, a participant reported, "There is no time when this is necessary or okay. It can hurt people even when unintentional." Another participant noted how the behavior can be both unethical and illegal. "It's sexual harassment. If a comment is made in the work place a lot of problems can occur for the company if they don't do something about it."

Unprotected sex

Allowed: The behavior of engaging in intercourse without protection (i.e., condoms) was thought of as ethically allowed under certain circumstances. "In a committed relationship where both partners have been tested then it is okay." Another point of view expressed saw the behavior as typical and socially accepted and therefore ethically allowed. "[Educators] preach and promote to use protection but many don't and are still accepted 100% in society."

Forbidden: Those who thought the behavior was ethically forbidden considered the risks too great and that unprotected sex should only be practiced when a couple is trying to conceive a child.

Consuming alcohol or drugs to "get in the mood"

Allowed: The primary reason given for considering the behavior ethically allowed was that this is a common behavior, especially consuming alcohol, and that as long as substances or people using them are not abused it can make relations more fun. For example, participants stated that, "It is common for parties, especially in college, and the people know what they are doing and choose to do it." And, "It shouldn't be used as a form of seduction, but it can be used to lower inhibitions. We have no problem using medicine and food to alter mental states."

Forbidden: Participants who viewed the behavior as ethically forbidden thought the use of alcohol or drugs impairs judgment and indicates weakness in a relationship. "If a relationship is really healthy people shouldn't need to use substances to get in the mood." Participants also thought the behavior was ethically forbidden because "it is used by some people as an excuse to engage in behaviors they may not normally."

Promiscuity

Allowed: As with several other behaviors participants who thought promiscuity was ethically allowed did so based on reasons that it is common ("Many young people are promiscuous") and acceptable given certain circumstances ("As long as the person is using protection and the activity is not done outside of a supposed monogamous relationship.").

Forbidden: The behavior was considered ethically forbidden because "The risk involved in this situation is

extremely high,” and “I believe everyone should only have sex with one partner and that is their spouse.” One participant considered promiscuity ethically forbidden because of the sexual double standard, that “Girls are sluts for doing this, guys are cool.”

Consenting to have sex while under the influence of alcohol or drugs

Allowed: Similar to the reasoning about the behavior of consuming substances to “get in the mood,” participants viewed this behavior as ethically allowed because it is common and “is for adults to decide.”

Forbidden: Risk of contracting a sexually transmitted infection, the potential for emotional regret, and avoiding responsibility for behavior were the reasons given for thinking that the behavior was ethically forbidden. For example, a participant considered the risk too high and stated, “After thinking about it I’ve decided that more bad consequences are likely to occur than good while consenting to sex while under the influence.” The potential for regret was noted by another participant so, “Both partners should consent with a clear mind to avoid regrets.” The behavior was also considered ethically forbidden because, “We may not take full responsibility for our actions.”

Making pornography

Allowed: Because the behavior is legal for adults and there is an economic incentive for those who make pornography, the behavior was considered ethically allowed.

Forbidden: Participants who thought the behavior was ethically forbidden thought it had a “lack of taste and decency.”

Sharing rumors about other people’s sexual behavior

Allowed: Paradoxically, several participants who rated the behavior as ethically allowed considered it wrong, but still allowable. Reasons included, “Although it is wrong to spread rumors, society thrives on the intimate stories in people’s sex lives.” “Though not right, people will still talk.” And, “People talk all the time about other’s personal lives even though it’s wrong, it doesn’t stop them.”

Forbidden: A participant who considered the behavior ethically forbidden stated, “Although freedom of speech is involved it involves cruel intentions and therefore isn’t ethical.”

Summary and Reflection

The development of the sexual ethics continuum strategy occurred over the course of four semesters and attempted to meet a need of learners who expressed interest in examining the ethical dimensions of sexual behavior. It is a strategy that could be used in courses from a variety of disciplines such as health education, philosophy, sociology, theology, and psychology. The procedure for conducting the strategy is relatively simple however the challenge for

the instructor is in skillfully guiding discussion about behaviors.

To conduct the strategy an instructor could print the behaviors listed in Tables 1-4 individually on standard sized paper. A large font size should be used so the behavior can be seen by all members of the class when posted on the white board or wall. Place green (ideal), yellow (allowed), and red (forbidden) signs on the board or wall or simply write the words ethically ideal, ethically allowed, and ethically forbidden on the board. Then the instructor distributes as many of the behaviors to students as he or she would like to discuss and ask students to decide where the behavior should be placed along the continuum. Each student may be given more than one behavior. Alternative approaches include having students work in small groups to discuss the behaviors before posting them on the board or assigning behaviors to students sometime prior to the day the strategy is conducted and have them write a rationale for their chosen placement of the behavior. When the strategy is conducted, have learners tape the sheet with the printed behavior on the board or stand at their chosen place along the continuum.

Discussion about how students decided on the placement of the behavior and different perspectives on the placements follows. Instructors should be prepared for this to generate a great deal of debate and even controversy. Care in conducting the discussion, like establishing ground rules of civil and mature dialogue, is needed. Instructors can serve as valuable role models for students in this regard. The discussion can take a fair amount of time. Two 50-minute class periods can easily be spent constructing and discussing the continuum.

While conducting the discussion, the instructor has the opportunity to probe for depth of learners’ understanding and challenge their thinking on the issues. As learners express their thoughts they may reveal characteristics of their intellectual development. Follow-up questions that help reveal potential weaknesses in their reasoning may help learners make incremental progress in their intellectual development (King & Kitchener, 1994). Of course, great care must be taken with this approach because having one’s reasoning questioned can be very threatening (Palmer, 1998). A full description of discussion strategies or the Socratic method that can improve the quality of discussion is beyond the scope of this paper but other resources are available to teachers if they would like further guidance (e.g., Overholser, 1992; Paul, 1995; Paul & Elder, 2001).

A goal of developing the sexual ethics continuum was to identify behaviors that were relevant to undergraduate college students. All of the behaviors appearing in Tables 1-4 came directly from students during the development of the strategy. The behaviors reflect student interest in the ethics of how people regard and treat each other in sexual relationships.

Discussion and written responses from learners were used to better understand reasoning about behaviors that were not rated by at least 70% of participants as ethically ideal, allowed, or forbidden. Participant reasoning about

these behaviors reflected pre-reflective and quasi-reflective thinking. For example, learners often provided reasons with absolute certainty, especially for ethically forbidden ratings. This is characteristic of pre-reflective thinking (King & Kitchener, 1994, p. 14) though when it comes to several of the forbidden behaviors, absolute certainty is expected and desirable. The underlying issue pertaining to intellectual development is if learners can explain their decisions with deep and logical reasoning.

The perception that behaviors were common among young people was often given as a reason for rating behaviors as ethically allowed. Participants also thought that various “situational variables” determined the ethics of a behavior. These contextual factors are consistent with quasi-reflective thinking (King & Kitchener, 1994, p. 15). When these sorts of reasons are expressed by learners during discussion, the instructor has an opportunity to probe for understanding and challenge learners’ reasoning.

The process used to develop the sexual ethics continuum strategy is limited in some ways. The actual ratings listed in Tables 1-4 represent the perspectives of a small number of students (n=31) from one course. While this is fitting for the purpose of developing the strategy, it certainly does not mean that the ratings have any sort of generalizable meaning. In other words, the behaviors have not been shown to be validly placed in their respective categories. Rather, the purpose was to have learners rate a list of behaviors that was provided to them and then to clarify their reasoning about some of those behaviors. The behaviors listed are also limited in that they reflect the thinking of the students in general education and health education courses described above. It is certainly possible that other types of students and instructors would be able to come up with different behaviors for consideration.

Sexual ethics is an area of significant controversy and educating about this topic requires sensitivity and skill from teachers. Learners and teachers can have a difficult time discussing these topics. It is hoped that the sexual ethics continuum teaching strategy will provide structure for the discussions and an opportunity for teachers to guide learners through a more thoughtful exploration of the ethical dimensions of sexual behavior. The strategy cannot replace more in-depth study of sexual ethics from various perspectives but may serve as a good complementary strategy to that study. Future research on the strategy could include generating additional behaviors for the continuum, collecting data from a larger number of participants to gain a better understanding of opinions about where the behaviors rate along the continuum, and pedagogical studies that would measure the effect of the strategy on intellectual development as measured by the Reflective Judgment Model.

References

Barth, R. P. (2004). *Reducing the risk: Building skills to prevent pregnancy, STD and HIV* (4th ed.). Santa Cruz, CA: ETR Associates.

- Centers for Disease Control and Prevention. (1997). Youth Risk Behavior Surveillance: National College Health Risk Behavior Survey-United States, 1995. *Morbidity and Mortality Weekly Report CDC Surveillance Summaries*, 46(SS-6), 1-56. Retrieved May 18, 2005, from: www.cdc.gov/mmwr/preview/mmwrhtml/00049859.htm.
- Centers for Disease Control and Prevention (2004). Youth Risk Behavior Surveillance—United States, 2003. *Morbidity and Mortality Weekly Reports CDC Surveillance Summaries*, 53(SS-2), 1-96. Retrieved May 18, 2005, from: <http://www.cdc.gov/mmwr/PDF/ss/ss5302.pdf>.
- King, P. M., & Kitchener, K. S. (1994). *Developing reflective judgment: Understanding and promoting intellectual growth and critical thinking in adolescents and adults*. San Francisco: Jossey-Bass.
- MacKinnon, C. A. (1989). *Toward a feminist theory of the state*. Cambridge, MA: Harvard University.
- O’Neill, O. (1985). Between consenting adults. *Philosophy and Public Affairs*, 14(3), 252-277.
- Overholser, J. C. (1992). Socrates in the classroom. *College Teaching*, 40(1), 14-19.
- Palmer, P. J. (1998). *The courage to teach: Exploring the inner landscape of a teacher’s life*. San Francisco: Jossey-Bass.
- Paul, R. W. (1995). *Critical thinking: How to prepare students for a rapidly changing world*. Santa Rosa, CA: Foundation for Critical Thinking.
- Paul, R., & Elder, L. (2001). *Critical thinking: Tools for taking charge of your learning and your life*. Upper Saddle River, NJ: Prentice Hall.
- Primoratz, I. (1999). *Ethics and sex*. London: Routledge.
- Ryan, S., Manlove, J., & Franzetta, K. (2003, August). The first time: Characteristics of teens’ first sexual relationships. *Child Trends Research Brief* [Pub. # 2003-16]. Washington, DC: Child Trends. Retrieved April 21, 2005 at: <http://www.childtrends.org/Files/FirstTimeRB.pdf>.
- St. Lawrence, J. S. (1998). *Becoming a responsible teen: An HIV risk reduction program for adolescents*. Santa Cruz, CA: ETR Associates.
- Santelli, J. S., Abma, J., Ventura, S., Lindberg, L., Morrow, B., Anderson, J. E., Lyss, S., & Hamilton, B. E. (2004). Can changes in sexual behaviors among high school students explain the decline in teen pregnancy rates in the 1990s? *Journal of Adolescent Health*, 35, 80-90.
- Scruton, R. (1986). *Sexual desire: A philosophical investigation*. London: Weidenfeld and Nicolson.
- Sweaney, A. L. (2001). Fostering critical thinking: Making learning fun. In F. Stephenson (Ed.), *Extraordinary teachers: The essence of excellent teaching* (pp. 21-26). Kansas City, MO: Andrews McMeel.
- Wojtyla, K. (1981). *Love and responsibility*. San Francisco: Ignatius.