

## **Disparities in Sex Education**

Thalliny K. Rocha Moura

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**Instructor:** Ursula Heinrich

## Abstract

**Background:** Disparities in sex education cover a wide range of subjects. These disparities affect human development, Relationships, Personal Skills, Sexual Behavior and Health, and Society and Culture for kids and teens. Over the years, we have improved by providing resources and programs that can help adolescents. Still, we continue to find schools that are not following a proper curriculum in order for kids and young adults to feel more informed, make safer choices, and have healthier outcomes when facing individual decisions.

**Objective:** The aim of this study is to address the disparities within the school system's curriculums and how they are not adequately discussing a broader view of sex education in order for kids and teens to thoroughly learn and develop personal skills that could impact their lives.

**Design and Method:** The research method is based on current literature regarding sex education, peer-reviewed and popular articles related to disparities in sex education, and additional online databases. The research questions are: *What are disparities exist in sex education within public schools in the United States? What are the effects of the disparities in relationships, personal skills, and human development? What disparities in society and culture affect gaining knowledge about sexual behavior?*

**Results:** The significance of this study is to address the disparities within the educational system when it comes to adequately informing children and teens about "Sex Education." There are many factors to be considered within this subject. It has been proven that many teachers and counselors find themselves limited to what they can and cannot teach within the classroom due to the curriculum assigned and parents' views. Lack of sex education leads to teens turning to friends where they receive inaccurate and unsafe information to what they might view as accurate.

**Conclusions:** "Sex Education" provides a life skill, which is an aspect that children and teens can take with them in order to avoid unplanned pregnancies and have protection against sexually transmitted diseases and infection. From review these disparities, the board of education should recognize the significance of this subject on children and teens because it prepares them for a real-world experience. Schools are the best opportunity for adolescents to properly learn sex and health education that can benefit them for tough decisions. Besides the prevention of sexually

transmitted diseases and unplanned pregnancies, it is also essential also to address the aspects that include human development, relationships, personal skills, sexual behavior and health, and society and culture within the classroom.

**Keywords:** Disparities in Sex Education, Schools, Adolescents, sex and health education, human development, Relationships, Personal Skills, Sexual Behavior and Health, and Society and Culture

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## **Chapter 1**

### **Introduction**

Sex education helps adolescents to be informed, make safer choices, and have healthier outcomes in order to better interpretate teenage health literacy. There are state education policies for sex education where the board of education follows a curriculum that mostly focus on the preventing of pregnancy and sexually transmitted diseases. Each state has a curriculum for health education, and most of the restricted information about sex and health is part of the life skills that students need in order to make better decisions. The protective influence of sex education is not limited to the questions of if or when to have sex but extends to issues of partner selection, contraceptive use, and reproductive health outcomes (Lindberg, 2012).

The disparities in the required state health curriculums and how sex education should be addressed. According to Planned Parenthood Federation of America, a nonprofit organization that provides sexual health care in the United States and globally, “Sex education is high quality teaching and learning about a broad variety of topics related to sex and sexuality, exploring values and beliefs about those topics and gaining the skills that are needed to navigate relationships and manage one’s own sexual health” (Citation). Normalizing this subject will impact teens health and decision-making, which in the future could prevent stress about issues regarding sexual health. It requires understanding young persons as sexual beings, which defies long-standing community assumptions about youth’s sexual innocence (Blount, 2016). Without the proper guidelines and information for providing and answering questions, our communities may find ourselves with many issues such as teen pregnancy, adverse health outcomes, sexually transmitted diseases, and much more that can negatively impact their physical and mental health.

This study addresses disparities in sex education and how it affects adolescents' human development, relationships, personal skills, sexual behavior and health, and society and culture. It is essential to address the different factors related to sexual education and how it applies to individuals in certain groups. For example, problems related to the subject of "sex" may be different for males and females, and that can take effect when they find themselves in specific situations where they are in distress (Foshay, 2020). It is crucial to understand how sex education affects and plays a role in talking about "sexual activities" and addressing it to a particular audience.

Relying only on schools to teach young adults is always the perfect solution. Even if young adults spend most of their hours in school, they also spend a significant amount with family or peers within their community. Teachers and counselors' position can garner some pressure because of the guidelines set out by the board of education and how sensitive the subject can be to parents. Working in a state that does not require sex education can put restrictions on how and when to teach adolescents. Encouraging parents and designing programs that prevent some disparities can be a great start to helping children and teens. There are limitations that counselors must follow mainly because of cultural and religious values that complicate the attempts to teach the subject. Some challenges they would have to face would be creating culturally appropriate and relevant programs for the students. For that, they have to rely on the school system to address how to teach sex education (Sinai, 2018).

Disparities in sex education can be a broad subject that can be argued in many ways. From discussing the relevance that is brought up from this research, I chose to narrow them down and focus on three questions:

RQ 1: *What are disparities exist in sex education within public schools in the United States?*

RQ 2: *What are effects of the disparities in relationships, personal skills, and human development?*

RQ 3: *What disparities in society and culture effect gaining knowledge about sexual behavior?*

The organization of the following chapters is as follows Chapter 2 outlines the literature review, Chapter 3 summarizes the methodology for this research, Chapter 4 shares the results, and Chapter 5 conclusions the results of the study with a look towards future research.



## **Chapter 2**

### **Literature Review**

Better comprehensive health education would give students the feeling of being more informed, make safer choices, and have healthier outcomes resulting in being a well-rounded adult. Out of the many sources that young adults can go to, it is best to turn to school education, However, the health education standards may outline an inaccurate and limited curriculum exposing teens to partial or restricted information about sex. There are state policies set for sex education in schools where they mostly focus on the prevention of pregnancy and sexually transmitted diseases. Each state has standards for health education. With each state having their own ideas of what should be taught, there are many disparities. Without addressing these issues, teens find themselves turning to the Internet or older friends for information. The information may be inaccurate, which the teens may view as accurate. Inaccurate information may lead to choices that are not safe. Better health education results in fewer unplanned pregnancies and protection against sexually transmitted diseases and infection.

Sex education is about life skills and a good understanding of how to navigate and manage one's sexual health. History of education has recently been strikingly limited, especially in studies concerning primary and secondary schools, adolescents, and teachers due to the bias towards the general term of sex education (Blount, 2016). The bias deepens the disparities in sex education, which relates much to how we can improve health curriculum in schools by considering discussing all aspects, even the uncomfortable topics.

## **Disparities in Human Development**

Human development includes a broad range of topics, but it all ties down to improving others' wellbeing and yourself. For example, reproduction, puberty, sexual orientation, and gender identity are a part of what gives individuals the freedom and opportunities to choose their own path. In order for that to happen, there needs to be proper guidance in effect. (Foshay, 2020) created a study where the primary objective was determining how home-based sex communication and school-based sexual health education (SHE) were associated with adolescents' issues in sexual functioning and related distress. The study points out that specific problems relate to the subject of "sex" are different for males and females. The effect of the specific problems can surface when the males and females are in distress.

The implications from parents, teachers, and counselors pertaining to sexual functioning, as well as, ways to overcome issues can be problematic. It is more difficult to discuss intimate topics with males than females leading them to rely more on peers for information. This disparity is critical to address due to the lack of communication that goes on in individual households. Within some communities, there may be religions or cultural groups that have difficulty imparting information to teens about sex. Teens will be missing the knowledge they need to have good physical and mental health.

LGBTQ community, minorities, people who have disabilities, and much more face challenges due to the lack of communication and education gave (Blount, 2016). Realizing that we need to look at sex education as a broad term is important because we now live in a society where we have to take the LGBTQ community, minorities, people who have disabilities, and much more into consideration by giving accurate and reasonable explanations. We are affected by events that happen in our lives, which influence our behavior and decision making.

## **Disparities in Relationships**

The relationship is an essential factor in discussing sexual and health education because it explores the emotional, social, and physical aspects of sexual health. Some disparities would be who to turn to explore more about your sexual health. It has shown that females get more support for sexual problems and education than males, even though the information is mostly seen as restrictive (Foshay, 2020). The amount of communication between parents and their children should be looked at and considered since it is primarily common for there to be a difference between the message's parents give for their children from both genders regarding the sexual issues in adolescents. The more teens can access accurate information from a trusted provider, the more prepared they can be when making decisions about their bodies and relationships. When it comes to starting this discussion, usually, the parents turned to teachers (Lindberg 2012). The protective influence of sex education is not limited to the questions of if or when to have sex, but extends to issues of partner selection, contraceptive use, and reproductive health outcomes (Lindberg, 2012).

Lachousse (2014) concurs with other authors that teachers carry a critical role when maintaining the curriculum chosen to address specific subjects to students in schools. In her study, Lachousse (2014) concludes that teacher training is intended to bring high quality comprehensive sexual health education for young adults to be informed. The disparities in sex education cannot be applied to all students. All students have a particular way of learning, and only a few can use these skills and teachings as a part of their lives, which leads them to figure out a way to find information on their own. Teachers, counselors, parents, and doctors should be well informed in terms of moral behaviors in sex education to prepare females and males to be viable sex partners and understand the risks (Lamb, 1997).

## **Disparities in Personal Skills**

Looking at sex education as a broad term is essential in order to better understand and communicate with others about certain situations that they find themselves in. Creating personal skills includes communication and decision makings which is also an important aspect of human development. (Lamb, 1997) provides a moral concept on sex education curriculum and addresses the general treatment of human beings, suggesting that sex that involves coercion or exploitation as well as sex that causes harm is wrong. The disparity would be how educators treat sex education and moral education as separate instead of being taught as a subject of neutrality. The topic of gender role socialization, aspects of deviance, the construction of physical pleasure, and the importance of fantasy are put under moral education, reflecting one's values. From the examples of coercive acts that were immoral and harmful to the victims, sex equity education teaches children about sex, reinforcing double standards, and sex-role stereotypes are wrong and dangerous (Lamb, 1997).

The amount of knowledge given to young adults affects their decision-making skills when it comes to being in situations where they find themselves alone. With the little variation in quantity and quality of the education provided, it is hard to note the type of instructions given to adolescents and the specific kinds of limitations during instruction (Lindberg, 2006). Some challenges that teachers and counselors face would be creating a culturally appropriate and relevant curriculum for the students. For that, they have to rely on the school system to fully address how to teach sex education (Sinai, 2018).

## **Disparities in Sexual Behavior and Health**

Sexual behavior and health can be viewed in many ways, but schools would assign a curriculum that would mostly focus on preventing pregnancy and sexually transmitted diseases. Lindberg (2006) conducted a study of how the support of abstinence-only funding has increased. This study discusses the amount of funding allocated for schools from 1988 to 2002 for curriculum with abstinence and birth control topics. A gap in the literature exists about the positive effects of abstinence-only education. There is a shift away from teaching teenagers about birth control methods. Comparing the change through how sex education was seen from 1988 to 2002 makes a big difference, and it should be seen as an example of how much lack of information was given and the diverse ways they were being given. The study highlights what school systems focus on sex education.

As stated previously, communities may impose restrictions when states include certain sexual behavior and health topics in the curriculum. Teens are curious and want information. Communication is the key to open conversations about health information relating to sexual orientation. When it comes to sexual orientation, teens feel they lack the relationships to comfortably ask parents, teachers, or peers.

There is also little information about young adult's and teen's body types. Teens with disabilities are not mentioned in sexual education literature. The desire for companionship is for everybody, and a teen with disabilities should not be left out. It can be difficult if there are curriculum restrictions and a limit to exploring these areas (Schaffsma, 2016). There are not enough programs that relate sex education and disabilities. Usually, caregivers would not mention "sex" due to the thought about people with disabilities not experiencing sexual-related situations (Schaffsma, 2016). Young adults need education about human development,

relationships, personal skills, health, and sexual behavior. Exposure to this information will strengthen the young adult's decision-making skills.

### **Disparities in Society and Culture**

Sinai and Shehade's (2018) study examined sex education from a multicultural perspective focusing more on counselors who oversee delivering sex education in traditional schools in the Arab communities in Israel. The study examines the issues of sex education in schools in this community from the school counselors' perspective. The study included interviews conducted with counselors who shared their experience when engaging with the students, teachers. Additionally, data was collected about how the school saw its role in teaching sex education. There are limitations that counselors must follow mainly because of cultural and religious values that complicate the attempts to teach sex education. The school counselors are bound by the curriculum and may be restricted by the topics about sex. As a result, school counselors face challenges when creating programs. They have curriculum boundaries that may be influenced by the culture and religion of the community. It seems to be more of a challenge in other countries with strong religious views to focus on the importance of sex education. No sex education means the teens' curiosity about sex will drive them to use online resources and searching for answers themselves. The cause for alarm is that the Internet may not show accurate information about what the teens need to know.

This study illustrates an example of the type of limitations put upon teachers and counselors when it comes to teaching children in school. These interviews were conducted to share what counselors go through in order for them to properly teach the subject, but also follow the rules in order to have a good relationship with parents. Their fight to create programs for

young adults is long due to the lack of interest and strictness there are when it comes to the subject of “sex”.

There are many ways that we can change the way our system is run, but in order to face those changes, we need to bring to light the reasons why there are so many negative approaches when it comes to educating young adults and teens about sex education. It is important to address the level of comfort and the different outcomes that come in order to really understand why these disparities are taken place within our system and that is part of the many discussions that relate to the disparities that are in sex education in general.

## Chapter 3

### Method

The intent of this qualitative research is to investigate the disparities within sex education in public schools. In the United States, education is controlled by the states, and as a result, no national curriculum exists. Therefore, health education may or may not include sex education.

#### Literature Search

The Purchase College Library Discovery Search database was used to search for peer-reviewed and popular articles. The following keywords were used "Sex education" and "Disparities in sex education." Those keywords resulted in appropriate peer-reviewed articles that best fit the five subcategories: Disparities in Human Development, Disparities in Relationships, Disparities in Personal Skills, Disparities in Sexual Behavior and Health, and Disparities in Society and Culture.

Additional online databases were utilized. The keywords mentioned about were used to search American History and Life, EBSCOhost Academic Search Complete, ScienceDirect PTA (SLS), and Psychology Database I was able to generate enough peer-reviewed articles in order to answer my research questions:

**RQ 1:** *What are disparities exist in sex education within public schools in the United States?*

**RQ 2:** *What are the effects of disparities in relationships, personal skills, and human development?*

**RQ 3:** *What disparities in society and culture affect gaining knowledge about sexual behavior?*



The research questions will be answered using the information gained from the literature search.

### **Limitations**

The study had limitations beyond the researcher's control. At this time, funding was unavailable for this study. Funding would have allowed the researcher to interview many different religious and cultural participants, which would have afforded the opportunity for primary research to be completed. COVID-19, a global pandemic, shut down many schools, so school curriculums were not available. Additionally, the Capstone had a page limit, and the semester has a time limit. The Capstone had to be completed in 15 weeks (one semester).

### **Bias**

The school curriculum that I was exposed to had little sex education, which left me seeking information from other sources. I needed to put my bias aside, and see all aspects of the disparities. Additionally, I felt as a teen, I had to find resources to answer questions that I had, which was not always accurate.

## Chapter 4

### Results

The purpose of this study was to address the disparities that take place within our school system relating to sex and health education. These disparities have shown that we focus more on the prevention of unplanned pregnancies and sexually transmitted diseases than exploring other ranges of topics that relate to life skills. An academic literature search was conducted to answer four research questions: *What are disparities exist in sex education within public schools in the United States? What are the effects of disparities in relationships, personal skills, and human development? What disparities in society and culture affect gaining knowledge about sexual behavior?*

#### **RQ 1: *What disparities exist in sex education within public schools in the United States?***

The United States has been dealing with critically important but contentious public health and policy issues. The disparities that exist in sex education within public schools would be the form of restricted information about sex.

Lindberg (2006) Compared the shift through how sex education was seen from 1988 to 2002 making it a big difference and it should be seen as an example of how much lack of information was given and the diverse ways they were being given. Blount (2016) explains that the history of education has recently been strikingly limited, especially in studies concerning primary and secondary schools, adolescents, and teachers due to the bias towards the general term of sex education. The use of human development, relationships, personal skills, sexual behavior and health, and society and culture play a big role in health and sex education, but it is not seen as a beneficial criterion within the subject.

The school takes up a majority of adolescent's lives educating and learning discipline under the directions of teachers. Better comprehensive health education would give students the feeling of being more informed, make safer choices, and have healthier outcomes resulting in being a well-rounded adult. Sinai (2018) created a study on counselors' perspectives on issues of sex education in schools. It is hard to properly teach young adults when you don't have the support of parents and the school. There are limitations that counselors must follow mainly because of cultural and religious values that complicate the attempts to teach the subject.

***RQ 2: What are the effects of disparities in relationships, personal skills, and human development?***

Human development includes a broad range of topics, but it all ties down to improving others' wellbeing and yourself. Those effects in human development also include reproduction, puberty, sexual orientation, gender identity, and much more. Foshay (2020) explains that it has shown that females get more support for sexual problems and education than boys even though the information is mostly seen as restrictive. Home-based sex communication was shared to be seen as more in support of females than males. The implications from parents, teachers, and counselors pertaining to sexual functioning as well as ways to overcome problems can be problematic.

The relationship is an essential factor in discussing sexual and health education because it explores the emotional, social, and physical aspects of sexual health. Linberg (2012) mentions in her study on consequences of Sex Education on Teen and Young Adult Sexual Behaviors and Outcomes, "Receipt of formal sex education before first sex, particularly that including instructions about both delaying sex and birth control methods, was associated with a range of healthier outcomes among adolescents and young adults as compared with not receiving

instruction in either topic". The more teens can access accurate information from a trusted provider, the more prepared they can be when making decisions about their bodies and relationships.

The protective influence of sex education is not limited to the questions of if or when to have sex, but extends to issues of partner selection, contraceptive use, and reproductive health outcomes (Linberg, 2012). This influences personal skills on a level where they make decent decision making where they can address moral behaviors. Lamb (1997) provides a moral concept on sex education curriculum by explaining the topic of gender role socialization, aspects of deviance, the construction of physical pleasure, and the importance of fantasy are put under the category of moral education which involves reflection of one's own values. Disparities in sex education can be seen in many ways and the curriculum in schools are not providing students with the proper information they need in order to face certain situations alone.

***RQ 3 What disparities in society and culture affect gaining knowledge about sexual behavior?***

The purpose of sex education is to improve sexual health and gaining life skills, but it can be difficult when sex education programs or regular teachings are basically set to be shown to a certain targeted audience. Schaffsma (2016) stresses in her study that usually caregivers would not mention "sex" due to the thought about people with disabilities not being able to experience any sexual related situations. Some people go through similar restrictions when it comes down to their own culture or religion. This makes it more difficult to gain knowledge about sexual behaviors.

Sinai (2018) gave a study on examining sex education from a multicultural perspective focusing more on counselors who oversee delivering sex education in traditional schools in the Arab communities in Israel. Some challenges they would have to face would be creating programs that are culturally suited and relevant for the students and for that they have to rely on the school system in order to fully address the problem of how to teach sex education. These disparities relate much to how we need to improve the way we communicate about “sex” and the programs that should be placed in order to make these situations possible.

## **Chapter 5:**

### **Discussion**

The purpose of this study was to address the disparities that take place within our school system. These disparities have shown that we focus more on the prevention of unplanned pregnancies and sexually transmitted diseases, then exploring other ranges of topics that relate to life skills. Throughout the years, sex education has changed due to the amount of STDs that has been happening throughout society. It is important to address all topics related to sex education in order to help children and teens make better decisions that relate to their health. This discussion brings up the important role of how sex education plays a part at the beginning of adolescents' lives.

It is essential to see that school should be the place where teens and kids go in order to get the proper education they need. Realizing the subject of sex education as a broad term is important because we now live in a society where we have to take the LGBTQ community, minorities, people who have disabilities, and much more into consideration by giving accurate and reasonable explanations. These will set them on the right path when making decisions. The purpose of sex education is to improve sexual health. Still, it can be difficult when sex education programs or regular teachings are set to be shown to a specific targeted audience.

Schaafsma (2016) According to the study *People with Intellectual Disabilities Talk About Sexuality: Implications for the Development of Sex Education* Schaafsma (2016) mentions. "Semi-structured interviews were held with 20 people with intellectual disabilities covering topics such as: sex education, relationships, sex, social media, parenthood and support". The study showed that some people did not remember when they took sex education, which could

lead people to depend on social media, books, and many different places to look for sources for finding the answer to their questions. Out of this study, some students had insufficient knowledge of sex education and would find themselves seeking answers by talking with their peers or going online. It has shown that there are not many sex education programs available to teach adolescents about sex education and disability. Usually, caregivers would not mention “sex” due to the thought about people with disabilities not being able to experience any sexual related situations.

Sex education should be medically accurate in order for students to be and feel more informed. It should also be taught by those who are fully informed about the subject. Adolescents usually pick-up sexual health information from sources other than school, for example, parents, peers, medical professionals, social media, and pop culture. However, public school is the best opportunity for adolescents to access formal information, but that can cause a problem when teachers are left to interpret vague legislative guidelines (Department of Nursing, 2013).

### **So, What – Future Research**

In terms of future research, disparities in sex and health education should be more looked at and further discussed in order to create a better curriculum for schools. The board of education should review and consider a change where students could be better educated by those who are qualified to teach the subject. It is essential to address the level of comfort and the different outcomes that come in order to understand why these disparities are taken place within our system.

It can take a while to review and go over creating a new curriculum, but it is vital to address the whole student and consider improving the system. The more students can access accurate information from a trusted provider, the more prepared they can be when making decisions about their bodies and relationships.



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