

**SCHOOL-BASED SEXUALITY EDUCATION: A REVIEW AND
CRITICAL ANALYSIS OF RELEVANT LITERATURE**

by

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A Research Paper

**Submitted in Partial Fulfillment of the
Requirements for the
Master of Science Degree
With a Major in**

Guidance and Counseling

Approved: 2 Semester Credits

Investigation Advisor

**The Graduate School
University of Wisconsin-Stout
December, 2002**

ABSTRACT

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School-Based Sexuality Education: A Review and Critical Analysis of Relevant Literature
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| <u>Guidance and Counseling</u> | <u>Dr. Denise Zirkle</u> | <u>December, 2002</u> | <u>39</u> |
| (Graduate Major) | (Research Advisor) | (Month/Year) | (No. of Pages) |

Publication Manual of the American Psychological Association (APA), Fifth Edition
(Name of Style Manual Used in This Study)

School-based sexuality education continues to be a controversial topic in the area of public education. While adolescents need information to make educated, healthy decisions about their own sexuality, where that information should come from is a topic of much debate. Many believe that any information about sexuality should be provided only by parents or family members, while others believe that sexuality education is a vital part of the instruction students receive in school. The consequences of adolescent sexual activity are serious, with the adolescent birth, abortion, and AIDS case rate all considerably higher among adolescents in the United States than in other industrialized nations. This investigation will include a review of literature relevant to a variety of topics within school-based sexuality education, a critical analysis of reviewed literature, and recommendations for further research and practice.

Acknowledgements

I would like to offer my sincere thanks and appreciation to the following individuals for their help in making this project possible:

my Dr. Denise Zirkle. Thank you for the time spent on this project. Also, thank you for your patience and encouragement, not only with this project but throughout time here at UW-Stout.

Phil, Ruth, and Heather Hartmann. Thank you for your constant support throughout the process of completing not only this project but my entire journey to this point, as well as always being just a phone call away whenever needed.

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CHAPTER ONE

Introduction

The National Guidelines Task Force (1996) of the Sexuality Information and Education Council of the United States (SIECUS) made the following observation regarding comprehensive sexuality education in its *Guidelines for comprehensive sexuality education, 2nd edition*:

Almost 9 in 10 parents want their children to have it. 23 States require it and 13 others encourage its teaching. Over 90 national organizations believe that all children and youth should have it. Yet, only 5% of children in America receive it. (p. 4)

In the United States, few sexuality education programs are implemented until middle or high school, and even when implemented, less than one third cover anything besides abstinence behavior (National Guidelines Task Force, 1996). SIECUS has examined the research on sexuality education and devised guidelines for comprehensive, school-based sexuality education. The guidelines are based on the following four goals: information; attitudes, values, and insights; relationships and interpersonal skills; and responsibility. Klein, Goodson, Serrins, Edmundson, and Evans (as cited in Eisenberg & Wagenaar, 1997) found in their evaluation of sexuality education curriculums that many programs fail to meet the SIECUS guidelines.

The consequences of not addressing sexuality issues with adolescents in a comprehensive manner are serious. The United States' teenage birthrates and rates of sexually transmitted diseases (STD) are among the highest of all industrialized nations. Main teen health indicators in the United States also show cause for concern when compared to those of European industrialized nations. In the United States, the adolescent birthrate, the teen abortion rate, and the AIDS case rate are all considerably higher than nations like the Netherlands, France, and

Germany. The age of first intercourse is also lower (Huberman, 2001). Twenty-five percent of the AIDS cases in the United States are found in the 25-30 year old age range and the incubation period is generally between 10 and 15 years. This would indicate that many of these individuals are contracting HIV in their adolescent years (Relic, 2001).

There is one aspect that critics and advocates for the provision of sexuality education in schools can agree on: The importance of communication between adolescents and their parents about sexual issues. Unfortunately, it should not be assumed that all adolescents are receiving positive and ongoing communication with their parents regarding such difficult issues (Jordan, Price, & Fitzgerald, 2000). Price, Robinson, Thompson, and Schmalzried (as cited in Jordan, Price, & Fitzgerald, 2000) concluded that when there is no parent-child communication, adolescent peer norms are likely to be accepted by teens as their standard for sexual behavior because of the lack of standards being taught in many schools.

Snegroff (2000) indicated the difficulty parents have discussing sexuality comfortably with their children, even when they recognize the importance of such communication. Even parents who do not discuss sexuality with their children still project their feelings about sexuality to them through their behavior. If the message young children get about sexuality from their parents is negative, then they are less likely to discuss sexuality issues with parents when they are older. As the title of Snegroff's article states, "No sexuality education *is* sexuality education"

(p. 1).

The federal government has also established federal funding for sexuality education curriculums, but the funding is limited to abstinence-only curriculums, causing some controversy (Wiley & Terlosky, 2000). PL104-193, passed in 1996, provided \$50 million per year for five

years to schools whose sexuality education curriculums met the guidelines set forth by the legislation. A sample of the guidelines from PL104-193, the Personal Responsibility and Work Opportunity Reconciliation Act (1996), stated that an abstinence-only curriculum is one that:

- (B) Teaches abstinence from sexual activity outside of marriage is the expected standard for all school age children...
- (D) teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity;
- (E) teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects. (n.p.)

While there are some quality abstinence-only materials available, these curriculums are still providing incomplete information about sexuality to adolescents. The assertions made in PL104-193 include opinions of lawmakers that are not necessarily based on research. These lawmakers also may not have the proper credentials or experience in the fields of education and curriculum development to be making such policy decisions. In contrast with abstinence-only curriculums, there are abstinence-based or abstinence-plus programs. Abstinence is presented as the most effective option for adolescents, but information on and discussion of issues such as STDs and contraception are also included in the curriculum. Many national health-education associations, such as the American School Health Association and the American Public Health Association, have recommended abstinence-plus curriculums be used in school-based sexuality education programs (Wiley & Terlosky, 2000).

One of the most revealing sources of information regarding the effectiveness of school-based sexuality education is the students themselves. Hammond and Schultz (as cited in Eisenberg & Wagenaar, 1997) found that when taking part in sexuality education, students preferred certain instructional techniques such as discussion, guest speakers, and role-play.

Significant differences were also found between the preferences of students and teachers for different teaching methods in sexuality education lessons. Eisenberg and Wagenaar's (1997) study, which will be discussed further, found that when asked, students preferred their sexuality education instruction to include components such as openness and honesty, qualified teachers, and relating the instruction to their lives.

Statement of the Problem

The issue of school-based sexuality education is controversial, and the consequences of not providing adequate education to adolescents are serious. The purpose of this study will be to review research relevant to the topic of school-based sexuality education and offer critical analysis of relevant research. Recommendations for future research and practice will also be offered.

Research Questions

There are five research questions this analysis will address. They are as follows:

1. What are the characteristics of effective school-based sexuality education and what are the recommended national guidelines?
2. What are some sexuality education programs currently in use and what have evaluations of those programs shown?
3. What are some international perspectives on sexuality education?
4. How do parents relate to the process of sexuality education?
5. How do students perceive school-based sexuality education?

Definition of Terms

Three terms need to be defined for the understanding of this study. They are:

Abstinence-Only Curriculums-“teach that abstaining from sexual activity is the only

acceptable choice for unmarried adolescents. In many such programs, contraception is usually not mentioned or is discussed only in terms of the failure rates of contraceptive devices” (Wiley & Terlosky, 2000, p. 79).

Abstinence-Plus Curriculums-“discuss abstinence from sexual activity as the first and best choice for adolescents, yet include a scientific discussion of contraception, sexually transmitted diseases, and other sexuality issues as crucial elements of lifetime-sexuality information” (Wiley & Terlosky, 2000, p. 79).

Sexuality Education- “is a lifelong process of acquiring information and forming attitudes, beliefs, and values about identity, relationships, and intimacy. It encompasses sexual development, reproductive health, interpersonal relationships, affection, intimacy, body image, and gender roles” (SIECUS, 1996, p. 6).

Assumptions and Limitations

It is assumed that there has been enough research conducted on school-based sexuality education to complete an adequate review of literature related to the five research questions this analysis seeks to address. The validity of previous research is also assumed.

The main limitation of this investigation is that no actual data collection will be taking place. This analysis will be based on previous research, and conclusions could be drawn from research that is flawed or invalid.

CHAPTER TWO

Literature Review

Introduction

This chapter will provide an overview of sexuality education and will begin by covering the characteristics of effective sexuality education programs. Ethical implications of abstinence-only sexuality education will then be presented. A discussion of the SIECUS guidelines for school-based sexuality education will follow, along with case examples of different sexuality education curriculums and activities. International perspectives on sexuality education will then be presented. The involvement of parent and teacher perceptions of this issue will be discussed, and the chapter will conclude with an examination of students' viewpoints towards school-based sexuality education.

Characteristics of Effective Sexuality Education Programs

Kirby (2000) provided an overview of different methods of sexuality education and endorsed an abstinence-plus approach. In his own examination of over 30 programs, it was found that abstinence-plus programs do not increase rates of sexual activity in adolescents who participate, and also do not increase the number of sexual partners or lead to adolescents engaging in sexual activity sooner. Kirby listed ten key characteristics of effective sexuality education programs. The first is that effective programs focus narrowly on one or more sexual behaviors to reduce unintended pregnancy and sexually transmitted diseases (STDs). Effective programs also are grounded in theoretical approaches that have shown success in reducing other risk behaviors. The third listed characteristic is that such programs have a clear stance on sexual

behaviors, rather than discussing both sides and letting students choose what is right for them. The fourth characteristic states that students are provided with accurate information regarding the risks involved in unprotected sexual activity and how to stay away from unprotected intercourse. For a program to be effective, it must also include instruction for dealing with social pressures related to sexual activity. Related to this topic, programs should also provide modeling and practice in these social skills. Students need to practice skills such as negotiation, refusal, and communication issues. Personalizing the information is also an important aspect of reaching adolescents in sexuality education programs. Developmentally and culturally appropriate goals and materials are also important aspects in providing an effective sexuality education program. In order to be effective, sexuality education programs also need to last long enough to adequately cover information and complete activities. The final characteristic of effective programs identified by Kirby was that the teachers involved in the sexuality education program believe in it, and these teachers are provided training to present the instruction.

Kirby (2000) concluded his review stating that he believed abstinence-plus programs were the most effective route for schools to take in implementing a sexuality-education program. Because of the variety of abstinence-only curriculums and limitations of studies, it is difficult to know whether or not these curriculums are effective at achieving the desired effect of delaying the onset of intercourse or increasing the use of contraception. Abstinence-plus programs, however, have a large base of research to demonstrate their effectiveness.

Ethical Implications

Wiley (2002) provided a commentary on the ethics of abstinence-only and abstinence-plus sexuality education. He points out several ethical questions that have been brought up by abstinence-only programs:

First, is it ethical to intentionally withhold sexuality information from students?...Second, is it ethical to present contraceptive information exclusively in terms of failure rates?...Third, what are the implications of educating students that the only acceptable form of sexual expression occurs in marriage?...Fourth, is it ethical to use a curricular approach that lacks scientific data? (p. 164-165)

Wiley points out that important health information students may need to make healthy decisions is withheld from students when methods of contraception are not discussed. In response to the second question, “scare tactics” are sometimes used by health educators (e.g. smoking, drinking, drug use), but it is important to provide students a balance between contraceptive failure rate information and how to prevent failure by proper use of contraceptives. Teaching that the only socially acceptable means of sexual expression is within marriage also poses a dilemma. How would such a message affect students who were gay or lesbian, who don’t plan on marrying, or plan on postponing marriage? Increasing numbers of students are also coming from homes with parents who were never married or are divorced, gay, lesbian, or bisexual. This communicates conflicting messages to students about their own families. Finally, using a curricular approach that has limited research support raises another ethical dilemma. There is limited data regarding the effect of abstinence-only education, but federal funding is available solely for abstinence-only sexuality education making it a much more accessible choice for schools.

Wiley points out that there are four ethical principles that should guide ethical inquiry: Nonmaleficence, beneficence, autonomy, and justice. He focuses on nonmaleficence-teachers must do no harm, and beneficence-teachers must contribute to students’ welfare. It could be argued that not providing students with information about the use of contraceptives is harming them by withholding potentially lifesaving information from them. However, the opposing

viewpoint states that presenting information on anything but abstinence is harmful, as abstinence is the only 100% effective form of pregnancy and STD prevention. Using an educational approach that does not have research-based support could also be considered harmful. The principle of beneficence requires that educators make a decision after weighing the benefits and potential risks of certain instruction. Research has consistently supported that abstinence-plus programs provide students with important information, and do not lead to an increase in sexual activity as many critics have charged.

SIECUS Guidelines

The first edition of the SIECUS guidelines was published in 1991 partly in order to address the need for a consensus on what information should be part of a sexuality education program. This lack of a consensus was, in large part, due to the gap between what the public wanted and what the actual policies and practices were in sexuality education. The *Guidelines for Comprehensive Sexuality Education, 2nd ed.* (National Guidelines Task Force, 1996) are not meant to serve as lesson plans or as a curriculum. SIECUS provides the information as a guide for those involved in the development of school-based sexuality education. These guidelines are intended to be a vehicle for discussion and assist in curriculum development or improvement. Individual school districts and communities must examine the specific needs and values of the area they live in and develop a curriculum that best serves their students. The guidelines are based on six key concepts. These six key concepts are then broken down into specific topics and subconcepts, with levels of developmental messages under each subconcept.

The first key concept of the guidelines is human development. According to SIECUS (National Guidelines Task Force, 1996), “Human development is characterized by the interrelationship between physical, emotional, social, and intellectual growth” (p. 13). The

topics under the concept of human development are reproductive anatomy and physiology, reproduction, puberty, body image, and sexual identity and orientation.

Key concept two under the SIECUS guidelines (National Guidelines Task Force, 1996) is relationships. The guidelines state that “Relationships play a central role throughout our lives” (p. 18). Under the concept of relationships are the topics of families, friendship, love, dating, marriage and lifetime commitments, and raising children.

The third key concept is personal skills. According to SIECUS (National Guidelines Task Force, 1996), “Healthy sexuality requires the development and use of specific personal and interpersonal skills” (p. 24). Topics under the concept of relationships include values, decision-making, communication, assertiveness, negotiation, and looking for help.

Key concept four is sexual behavior, which is included in the guidelines because “Sexuality is central to being human and individuals express their sexuality in a variety of ways” (National Guidelines Task Force, 1996, p. 29). Topics under this concept include sexuality throughout life, masturbation, shared sexual behavior, sexual abstinence, human sexual response, sexual fantasy, and sexual dysfunction.

The fifth key concept of the SIECUS guidelines (National Guidelines Task Force, 1996) is sexual health. According to the guidelines, “The promotion of sexual health requires specific information and attitudes to avoid unwanted consequences of sexual behavior” (p. 34). Topics under the concept of sexual health include contraception, abortion, sexually transmitted diseases including HIV, sexual abuse, and reproductive health.

The sixth and final key concept of the SIECUS guidelines (National Guidelines Task Force, 1996) is society and culture. Understanding society and culture is important in sexuality education because “Social and cultural environments shape the way individuals learn about and

express their sexuality” (p. 40). The topics under this concept are sexuality and society, gender roles, sexuality and the law, sexuality and religion, diversity, sexuality and the arts, and sexuality and the media.

Sexuality Education Programs and Curriculums

The following section will address reviews of various sexuality education programs, including Safer Choices, Reducing the Risk, Values and Choices, Teen Aid, Sex Respect, and Baby Think it Over.

Safer Choices

Coyle et al. (1999) examined the effectiveness of a school-based sexuality education program called Safer Choices. Safer Choices is a two-year program, with the main goal being to reduce the number of students having sexual intercourse in their high school years and increase condom use among those who already were engaging in sexual activity. The theoretical basis for Safer Choices is rooted in social cognitive and influence theories, and it incorporates models of school change. The main components of the program are “school organization, curriculum and staff development, peer resources and school environment, parent education, and school-community linkages” (p. 182). In the Safer Choices program, students participated in ten lessons and school-wide events that were organized and sponsored by peers. Safer Choices has many of the characteristics previously identified as part of an effective sexuality education program, such as focusing on specific behaviors, a theoretical basis, covering a long enough span of time, and involving trained staff and peers who believe in the program. The study involved ten schools in California and ten schools in Southeast Texas during the 1993-1994 and 1994-1995 school years. Five schools in each state were randomly selected to have the Safer Choices program implemented. The five schools in each state not selected received a comparison program.

The following are some of the results of the evaluation of Safer Choices done by Coyle et al. (1999). The study first examined the change in students' knowledge after being exposed to the two programs. While both programs increased students' knowledge regarding HIV and other STDs, the increase among the Safer Choices students was significantly greater, with the difference between the two groups greater in Texas. Students in the Safer Choices program also had significantly more positive attitudes and expressed more positive normative beliefs about condom use than those in the comparison program. The Safer Choices participants also reported slightly higher levels of communication with parents than the comparison groups about how to prevent STDs. Neither program was shown to significantly reduce initiation of sexual behavior, but the Safer Choices program was shown to reduce unprotected intercourse. Also, students in Safer Choices who were already sexually experienced were more likely to use condoms along with a pregnancy prevention method. The first year of the program did not, however, affect how the students' perceived their ability to refuse intercourse or communicate with a partner about issues related to using protection. The evaluation results at the end of the first year of the program also did not show a delay in the beginning of sexual intercourse.

Reducing the Risk

Kirby and Barth (1991) detailed the implementation of a sexuality education curriculum called Reducing the Risk in 13 high schools located in California. Reducing the Risk is an abstinence-plus curriculum, emphasizing that delaying sex is a positive choice for teenagers, while providing information regarding contraceptives for those who still choose to engage in sexual intercourse. 46 classrooms were included, with 23 receiving the curriculum being studied, and the other half receiving the sexuality education that was in place at the school. Students in both groups completed surveys before and immediately after participating in the

program, as well as six and 18 month follow-ups. Reducing the Risk is taught over 15 sessions, and provides students instruction in decision-making training and assertiveness training through activities that make situations more personal to the students, . Opportunities are also provided to practice ways of gaining information about contraceptives from local resources. When asked about contraceptive knowledge, both groups showed improvement, but the Reducing the Risk group showed a significantly higher degree than the control group. The treatment group also showed an increase in communication with parents about abstinence and contraception, but this did not lead to an increase in communication about other topics related to sexuality. At an 18 month follow-up, students who had not initiated intercourse at the time of the curriculum presentation were less likely to have begun. At the same follow-up, only 3% of students who were sexually inexperienced at the time of instruction had had unprotected intercourse, while 11% of the control group had. However, no significant changes were found for frequency of sexual intercourse or use of birth control for students who were already sexually active at the time of the curriculum presentation.

Hubbard, Giese, & Rainey (1998) published a replication study examining the influence of Reducing the Risk, with subjects drawn from a southern, rural state. The curriculum was implemented as part of a required health education class for the students. Twenty-nine percent of teachers completed all of the lessons, down to 28% teaching only 11 of the lessons. Teachers completed a questionnaire and most frequently cited community standards as a reason for not including some of the activities. In order to collect the data, 22 items from the Youth Risk Behavior Survey were used. Items about religious affiliation and attendance, and communication with parents were adapted from a previous evaluation of Reducing the Risk for this study. Ten districts were involved in this study; five received Reducing the Risk instruction

and five received the usual sexuality education instruction for their district. When given a pretest, no statistically significant differences were found between the comparison and treatment groups. After completion of the program, an 18 month follow-up was conducted. Students in the group that received Reducing the Risk instruction showed a statistically significant reduction in the initiation of intercourse, a significantly higher use of STD and pregnancy prevention, and a significant increase in communication with parents about sexual issues.

Values and Choices, Teen-Aid, and Sex Respect

Olsen, Weed, Ritz, and Jensen (1991) conducted an evaluation of three different sexuality education curriculums. Values and Choices, published by the Search Institute, is a video-based program with an affective education component. Teen-Aid, published by Teen-Aid Incorporated, uses traditional classroom instruction along with a series of half-hour videos. Sex Respect focuses on issues of teen sexuality such as dating and peer pressure, and promotes abstinence as a part of respecting oneself and others.

Sex Respect and Teen-Aid were presented to suburban districts in the state of Utah. Values and Choices was also presented to a district in Utah, but in a rural setting. The schools that participated included nine junior high and five senior high schools. Pretests were given at the beginning of the programs, with posttests being administered as soon as the programs were complete. Students completed a 105-item survey. Positive changes were reported by students who had participated in all three programs. Females reported a more positive attitude towards abstinence in all three programs. The most positive attitude change occurred with the Sex Respect program. A correlation between sexual attitudes and behavior was also found. The authors felt that this supported the belief that a more positive attitude towards abstinence would lead to students choosing to abstain from sexual activity as adolescents.

Baby Think it Over

Baby Think it Over (BTIO) is a program that uses an infant simulator to teach adolescents about the responsibilities involved in parenting. A computer chip instructs the doll to cry and a specially designed plug must be inserted to stop the sound. In most schools, students are given the dolls around 24-48 hours. BTIO is designed to impress on students the significant challenges and personal sacrifices that are involved in caring for an infant. It is usually used in conjunction with another sexuality education curriculum. BTIO is also quite expensive to implement. The Wisconsin-based company that manufactures the dolls indicated that over one million had been sold at a cost of approximately \$250-\$500 each (Somers, Gleason, Johnson, & Fahlman, 2001). Somers and Fahlman (2001) conducted an evaluation of the BTIO program and found little existing research determining effectiveness of it, while research did show teacher and parent support for the program. Their investigation used a sample of 213 high school students from the suburbs of a large midwestern city. 151 students received a BTIO doll, while 62 were part of a control group. A pre and post test design was used. The results of the study were inconsistent, however, some results did support certain trends. Most responses indicated that BTIO made them either a little more concerned or totally afraid of having a child as a teenager. Only 17% of students indicated that the program had no effect of them, and 4% indicated that they were more confident in their parenting skills or wanted to have a child even more. The authors discussed several factors that could have contributed to the lack of significant results. The instrument used for data collection was new to this investigation and may have needed further revisions. A large number of students also failed

to answer many of the survey questions. Another influencing factor may have been a time lapse between program implementation and evaluation due to the school year schedule. The authors did also point out the possibility that BTIO was not an effective enough program to produce significant results, and recommended further evaluation, especially for cost-conscious schools, as the program is somewhat expensive to implement.

Tingle (2002) conducted another evaluation of Baby Think it Over in North Carolina. 25 counties in the state were randomly selected to participate; one teacher from each county implemented the program. Students were asked basic demographic information and filled out a survey measuring their perceptions of teenage parenthood, family communication, and their own intentions regarding sexual activity. A pre and post test design was used. 431 students completed the surveys, with 186 of them being part of a comparison group. Parents filled out surveys regarding family communication and perceptions of the BTIO program, while teachers filled out a survey about their perceptions of the intervention. Results indicated that both parents and teachers supported the program and felt that it was effective in changing students' attitudes towards adolescent pregnancy. Parent surveys also showed that parents felt the program increased communication regarding teenage parenting with their children. Results from student surveys did not indicate this change. Student surveys also showed only a minimal change in attitudes regarding teenage parenting. It is important to note that many of answers to pre test questions already indicated that students were aware of the issues related to teenage pregnancy and understood consequences, so changes would likely be minimal.

European Approaches to Sexuality Education

Huberman (2001) discussed policies and practices in Europe, specifically the Netherlands, Germany, and France, that have contributed to more effective sexuality education

and lower rates of teen pregnancy and STDs. In these nations, adolescent sexual development is seen as both normal and healthy. The education provided to these students involves instruction in making informed choices and engaging in sexual behavior in a responsible manner. In the United States, sexuality education frequently involves conflict between schools, parents, and the community regarding moral issues, such as premarital sex and sexual orientation. In the Netherlands, Germany, and France, public education campaigns work with school programs, providing condom and contraceptive access, with very few topics forbidden from classroom discussion. These three governments work with the media, rather than viewing it as a source of the problem, as often happens in the United States. Radio and television advertisements, billboards, and health care professionals are all part of a network committed to providing long-term education regarding safe sexual practices to the public. National health insurance for all three countries also provides youth free access to contraception. Even though these youth use condoms at a rate consistent with use in the United States, significantly more youth in these countries use other effective methods of contraception, such as oral contraceptives. Huberman (2001) also includes extensive recommendations for public policies, reproductive health services, sexuality education, mass media and public education, families and communities, and religious institutions, based on the examination of a European approach to sexuality education.

Australian Approach to Sexuality Education

The nation of Australia has become known internationally as an innovator in using education to curb the spread of HIV/AIDS (Mitchell, Ollis, & Watson, 2000). While still in its early stages, Talking Sexual Health has been received favorably and has shown significant success in the primary grades. Secondary schools have recently begun to show successes with the program as well. This program is part of the Health Promoting Schools (HPS) model, which

is a whole-school approach to health. The HPS framework was not designed to replace the needs of individual schools in addressing these issues, but rather to help in providing information to schools in a variety of areas using recent research, curriculum development, and including parents and local agencies in programs. The HPS model is based on these five key components:

1. Taking a whole school approach: Developing partnerships;
2. Acknowledging that young people are sexual beings;
3. Acknowledging and catering to the diversity of all students;
4. Providing an appropriate and comprehensive curriculum context; and
5. Acknowledging the professional development needs of the school community. (p.264)

The HPS model recognizes that professional development and staff training is necessary for teachers to help students in HIV/AIDS prevention programs, so a professional development package was developed. The package focuses on the general issues of attitude change, gender and power, and sexual diversity, along with harm-minimization approaches. A similar booklet has been put together for parents. It is important for schools to have parents well informed and work to keep them as valuable helpers in the sexuality education of their children (Mitchell, Ollis, & Watson, 2000).

Parent and Teacher Involvement in Sexuality Education

One aspect that both critics and supporters of sexuality education agree on is that communication between parents and teens about sexual issues is important. Jaccard, Dittus, and Gordon (1998) studied mothers' and adolescents' reported communication about sexuality related issues. 745 African American adolescents (373 males, 372 females) and their mothers participated. The ages of the adolescents ranged from 14-17, with the mean age being 15. Because all participants were African American, the measurement devices used were carefully

reviewed to ensure cultural relevance. Mothers significantly underestimated their adolescents' sexual activity. A large discrepancy was found in that almost 72% of mothers indicated they had talked with their child about sex, while only 45.4% of the adolescents reported such communication. Mothers who had not talked with their child about sex also were more likely to underestimate their child's sexual activity. Adolescents also were likely to underestimate their mother's disapproval of sexual intercourse, and a weak correlation (.28) was found between what the mother believes and what the adolescent perceived to be the mother's attitude. Mothers who were more disapproving of their teenager having sex were also more likely to report that their child was not engaging in sexual activity. Mothers may be making the assumption that their children are accepting of their values. Adolescents whose friends were accepting of premarital sex were also more likely to underestimate their mothers' disapproval of sexual activity. These results indicate the importance of parent-child communication regarding issues related to sexuality.

Jordan, Price, and Fitzgerald (2000) examined the communication of rural parents with their adolescent children regarding sexuality. 374 parents in a rural Ohio community returned surveys, most being white and female, with full time employment and at least one year of post-secondary education. Ninety-four percent of the parents who returned the survey reported having talked with their child about sex, but only 9% felt that other parents also communicated well with their children regarding the topic. Eighty percent of those who responded felt that sexuality education should mainly be provided by the family, with outside organizations supplementing this process. Seventy-nine percent of parents believed that their child had not yet had sex. Parental support for sexuality education was found to increase with the age of the child. Most of the parents also felt that it was important to include information on methods of

contraception in sexuality education, which is contrary to the policies of the state of Ohio, where the sample was drawn from.

Brock and Beazley (1995) examined parent participation in sexuality education using the framework of the Health Belief Model (HBM). Students were provided instruction in school using a program called Skills for Healthy Relationships (SHR). This particular curriculum included a parent/guardian guide to provide information about the program and suggestions for helping parents communicate about sexual issues with their adolescent. The guide also included six activities for the parent and adolescent to complete together. The HBM predicts that for parents to participate in these at-home activities, they would first have to believe that their child was at risk for premature sexual intercourse and the consequences of such actions. Parents would also have to believe that consequences were significant and that the at-home activities would be effective in reducing the risk to their children. Finally parents would have to see few barriers to their participation and would have to feel that they had the skill to achieve the desired results of the activities. 218 parents of students in the Nova Scotian district where the program was implemented participated by completing surveys, a majority being mothers. Parents who reported being highly involved in the program also reported better communication about sexuality with their children. Uninvolved parents did not report this improvement, and also perceived their children to be at higher risk for premature sexual activity, even though they did not participate in the at-home activities. The authors reported that the HBM only accounted for 21% of variation in parental involvement in the at-home activities that accompanied SHR. While the HBM did not completely explain parent participation, it did provide a framework for the investigation that provided useful information. Some suggestions provided to help parents were: Engage community support and provide information while sexuality education is being

taught, using the media and marketing, and further research on the topic of parental involvement.

Haignere, Culhane, Balsley, and Legos (1996) examined the receptiveness and comfort level of teachers with non-traditional strategies of providing sexuality education instruction. Both a survey and focus group discussions were utilized to collect data. 97 surveys were returned to the researchers. 19 eighth grade teachers who had participated in a Reducing the Risk curriculum training were recruited to make up the focus group. Overall, 60% or more of teachers who responded to the survey indicated that they felt confident in their ability to provide sexuality education to students. Sixty-one percent responded that they either strongly agreed or agreed that they felt comfortable discussing nonsexual ways of displaying affection with students. Teachers were also asked to rate the value they placed on different aspects of sexuality education: Abstinence education, HIV/AIDS and STD prevention education, and pregnancy prevention education. Teachers gave HIV/AIDS and STD prevention education the highest value rating, while they gave abstinence education the lowest value rating. The teachers were also asked to rank eight different perceived barriers to providing instruction in sexuality education. Lack of materials was ranked as the most significant barrier, and lack of time was ranked second. The focus group responses were similar. Group members reported being very comfortable with the Reducing the Risk program and were enthusiastic to implement it. However, time and materials became significant barriers to implementation, especially within the traditional 45-minute class period. Pregnancy prevention information was perceived to have the most barriers by teachers, while abstinence education was perceived to have the fewest barriers. The respondents were also asked about specific types of teaching strategies. Roleplay was the least used instructional technique. Difficulty facilitating the activity was the most common reason given. While teachers had overall expressed comfort in teaching about sexuality, the

second most common reason given for not using roleplay was discomfort with facilitation. Over 25% indicated that they did not use small group activities as part of their own sexuality instruction. The reasons why were the same for not using roleplay: Difficulty facilitating and personal discomfort. Only 8% of the respondents indicated that they rarely or never used lecture when providing sexuality instruction.

Student Perceptions of Sexuality Education

The following will cover various studies that have examined the thoughts and feelings of students towards the sexuality education they received. Eisenberg and Wagenaar (1997) interviewed Minnesota students on their views regarding school-based sexuality education. Six focus groups were conducted with 29 participants (24 female and 5 male) in the Minneapolis/St. Paul area. Some general themes in the responses given by students were: More material should be covered regarding sexuality education to adequately answer questions all students might have; sexuality education should be required for all students; and students are more prepared to learn information about sexuality than schools are prepared to teach it. Students also identified several topics that they felt should be covered in an ideal sexuality education course. Participants indicated that information about preventing unwanted pregnancy and STDs was something they wanted covered in-depth in sexuality education. While they recognized abstinence as one option, all students expressed a need for more information on contraception. Students also wanted information about issues of sexual violence included, such as incest, rape, and sexual harassment. Another topic students included in the ideal sexuality education class was information regarding referral resources outside the school. Participants also expressed a need for parent involvement in the classroom as well as at home. However, students also expressed discomfort in talking about sexuality with their parents, so another topic students wanted

included in sexuality education was advice on communicating with their parents about the subject. The participants favored a comprehensive approach to sexuality education that, in addition to the topics already discussed, covered social and emotional aspects of sexuality, along with values-related discussions. As far as the timing of sexuality education instruction, students expressed the need to start early, as they felt their schools' programs began too late. Students also felt that teachers should be specially trained before teaching sexuality education courses, as many of the participants received instruction from physical education teachers and were not comfortable getting information from coaches. The need for openness and honesty within the sexuality education class, as well as a non-judgmental atmosphere was also discussed. Students did not want an instructor who wasn't straightforward with them or who spent time lecturing rather than talking with students. Students also felt that including guest speakers with relevant, real life experiences would be an effective instructional technique. Three suggestions the students had for relating to teenagers were: Respecting personal decisions, providing younger guest speakers closer to the age of students, and avoiding unrealistic videos or materials that offend the common sense of students. The authors also pointed out that it is important to take into consideration that their research only identified student perceptions and opinions. It does not indicate whether or not the topics and methods of instruction preferred by students would actually make an effective sexuality education curriculum.

Lupton and Tulloch (1996) also conducted focus group discussions with groups of high school students in Australia, a country already noted for its approach to HIV/AIDS education policy. 138 students participated (65 females, 73 males) in 17 single-sex discussion groups. This study was conducted prior to the study on the Health Promoting Schools model in Australia by Mitchell, Ollis, and Watson (2000). As in previous research (Eisenberg & Wagenaar, 1997),

the students who participated in this study also indicated that they wanted openness and honesty in their sexuality education instruction. Students indicated a tendency for teachers to “beat around the bush” rather than provide direct information. Participants also indicated that they felt their teachers lacked the training necessary to present the material, relying too much on textbooks. Embarrassment on the part of students, teachers, and parents when discussing sexuality also was a common theme with these focus groups. Teachers who were embarrassed while teaching about sexual issues led to a more tense rather than open atmosphere for the students. Students also were reluctant to talk about sexuality with their parents because of their own embarrassment as well as their parents’ discomfort with the topic. Both male and female students reported that times when they didn’t feel tension or embarrassment when discussing sexuality were when outside professionals in the field, such as sexual health counselors, came in to discuss issues with them.

The Kaiser Family Foundation (1996) conducted a survey of American teens regarding sexual issues, revealing important information about what teens feel they need to know about sex and who they would listen to in order to gain that information. Seventy-six percent of those who responded indicated that the average teen knows enough about how females get pregnant, but 58% say that teens do not have enough information regarding different kinds of birth control and how to use them. Forty-seven percent of teens surveyed said that they needed more information on the subject of preventing AIDS as well as other STDs. This percentage includes teens who have had sex and those who haven’t. Students surveyed also expressed a need for more information about situations that teens face that often involve or lead to sex, such as drug and alcohol use and peer pressure. Girls especially felt pressure to have sex from boyfriends.

The Kaiser Family Foundation (1996) survey also asked students about where they get

information about sexual issues. Forty percent of participants indicated that they get a lot of information from teachers, school nurses, and sex education classes, and 36% indicated they get a lot of information from parents. While 55% of teens considered their parents a reliable information source, only 46% have talked to parents about birth control and 55% say they have talked with them about STDs. Both of these topics were areas that students indicated a need for more information in. The consequences of unintended pregnancy were also underestimated by students. Ninety-four percent indicated they felt they could complete high school after having a child, while in reality, only 70 % of teen mothers do so. Fifty-one percent said that they would marry the mother or father of their child, when 81% of teen births are to unmarried mothers.

Woodcock, Stenner, and Ingham (1992) talked to 100 students regarding the sexuality education that they received. Responses were collected through small group discussions and individual appointments for those who volunteered to do so. Comments made by the participants were grouped under six categories of responses: receiving and missing sex education, reported quality, timing, classroom contexts, mixed versus single sex classes, and techniques. Of the 100, only eight indicated not receiving any sexuality education. Seven of the eight were females and of those seven, four began intercourse before age 16, three reported seven or more partners, and four reported not using any method of contraception in their first sexual experience. While seven is too small a number to draw conclusions from, these seven women indicate a pattern worthy of further study. Comments regarding the quality of education received included remarks that it was positive due to having parents who had not discussed topics related to sexuality with them. Instead of criticizing sexuality education completely, many students indicated the content was lacking in certain areas. Students commented on the focus on anatomy and reproduction rather than more in-depth issues related to sexuality, like interpersonal

relationships. A female participant stated that they were told not to do things, but no explanations as to why these behaviors should be avoided were given. Some students discussed contraceptive information, saying that they were told about different methods, but not given instruction in how to use them or their effectiveness. The authors also reported that comments in the quality category seemed to show a pattern along gender lines. Females tended to express a need for more relational instruction, rather than just biological, where males tended to criticize material as being too basic or not providing enough information on contraception. Under the category of timing of sexuality education, almost 90% who commented on the topic felt that instruction came too late. Those who indicated that the timing was right often qualified their responses by saying the time was right for them personally, but perhaps not for everyone. A frequent comment regarding the classroom context of sexuality education was that there was frequent giggling and other disruptive classroom behavior, along with embarrassment on the part of the teacher. The authors also found an overlap between those who said that sexuality education came too late for them and those who participated in disruptive behavior in the classroom. A theme that arose in discussing same sex versus mixed sex sexuality education classrooms was that the views of the male students often prevailed, and females felt social pressure to conform to male ideas about sexual pleasure. The most frequent teaching method cited by students in the sample was video. Many students saw this as an easy way out for embarrassed teachers who did not feel prepared to teach the subject. Students frequently criticized the use of videos without follow up discussion, and many of the videos were viewed as laughable or insulting to the students' level of understanding about sexuality.

Conclusion

This chapter covered information relevant to several areas of sexuality education.

Characteristics of effective programs along with national standards were discussed, leading to an endorsement of abstinence-plus sexuality education. Abstinence-only education raises several ethical concerns that were addressed in this chapter. Evaluations of several sexuality education programs were presented, and the chapter concluded with a discussion of the viewpoints of different groups of people who are important to the success of school-based sexuality education.

CHAPTER THREE

Summary, Critical Analysis, and Recommendations

Introduction

This chapter will include a summary of the main findings covered in the literature review in chapter two. The summary will be followed by a critical analysis of reviewed research. The chapter will conclude with recommendations for school-based sexuality education practice and further research.

Summary

School-based sexuality education continues to be a controversial topic. Many individuals involved in the debate fall within one of two categories, favoring either abstinence-only or abstinence-plus curriculum. Kirby (2000) identified several characteristics of effective sexuality education programs, and concluded that abstinence-plus curriculums were the most effective. Wiley (2002) discussed the ethical implications of abstinence-only versus abstinence-plus sexuality education. He indicated that several ethical questions were raised by the use of abstinence-only curriculums. The Sexuality Information and Education Council of the United States (SEICUS) developed a guide for comprehensive sexuality education for schools to use as a tool in developing their own sexuality education curriculum. After presentation of the guidelines, evaluations of several different sexuality education and pregnancy prevention programs were discussed. In contrast to many approaches in the United States, some

international approaches to sexuality education were covered, indicating significant differences in the way sexuality is discussed with adolescents. The feelings and opinions of parents and teachers are also important to the discussion of school-based sexuality education, as they are also an important source of information about sexuality for their child(ren) or students, and research articles related to this topic were reviewed. Ultimately, one of the most important aspects of sexuality education is how students feel about it, as they are the ones who will have to make the choice whether or not to engage in sexual activity. Chapter two concluded with a discussion of research related to student perceptions of the sexuality education they had received.

Critical Analysis

Whenever reviewing research related to sexuality education, it is important to keep several points in mind. The topic of sexuality is very much connected to personal values, and it is difficult for authors not to indicate in some way their own values and opinions related to the topic when reporting their research. It is also possible for teachers to communicate their own values when providing instruction related to sexuality. This can create conflict when the values of teachers run in conflict with the curriculum, or the personal values of students conflict with the curriculum being presented. There is concern over whether students may be indicating their own opinions on surveys or what they feel their teachers would want them to say.

As a majority of the research reviewed in chapter two involved self-report data, it is important to also take into consideration the issues that could affect such research. There is always a concern about whether or not participants are answering entirely truthfully, or if they answered in a manner that they felt someone else wanted them to answer. Student participants may have been answering in a manner they felt their teachers or parents would like them to answer.

Much of the research reviewed indicated that abstinence-plus curriculums were the most effective because of the broad research base indicating effectiveness. It is important to note that while research has not shown abstinence-only programs to be effective, there is also a much more limited base of research to draw conclusions from. As proponents of abstinence-only programs point out, continuing evaluation may indicate more success with these programs. However, when the research on student perceptions of sexuality education is taken into consideration, this may not be likely. In reviewed research, many students indicated preferences for their sexuality education that were much more in line with an abstinence-plus philosophy.

Conclusions and Recommendations

One of the main conclusions that can be drawn from the review of relevant literature is that abstinence-plus curriculums should be the preferred route for schools who wish to provide effective school-based sexuality education with a solid research base. However, there are many roadblocks to this approach, including financial incentives for abstinence-only programs and pressure from parents and community members to provide abstinence-only education. Students also favor non-conventional teaching techniques, which many teachers may not feel comfortable with, or perceive barriers to providing.

The following are recommendations for schools wishing to provide quality sexuality education as well as for further research:

1. Until a more solid foundation of research can be established for abstinence-only programs, it is recommended that schools adopt abstinence-plus programs. Research has consistently shown that these programs are more effective, and provide more information that students express a need for.
2. It is recommended that schools provide training for teachers who will be providing sexuality

education instruction so teachers have adequate knowledge to draw from without relying too much on instructional materials, as well as addressing their own feelings of embarrassment. In the research reviewed for this investigation, students indicated that they wanted teachers who were knowledgeable about the subject matter and could answer their questions. Teacher embarrassment also has a significant impact on how students feel in the classroom. If students are aware that the teacher is uncomfortable, that feeling of discomfort can be transmitted to the students, leading to a tense and closed off atmosphere in the classroom rather than one that invites discussion and questions.

3. It is recommended that schools engage in some form of evaluation of their sexuality education program. This does not have to be a formal investigation. Students can be asked through informal in-class surveys or other means of providing feedback regarding the instruction they have received. This would allow schools to make changes to make their programs more responsive to the needs of students.
4. It is recommended that schools develop ways to include parents and perhaps the community in providing sexuality education to students. Communication between parents and children regarding sexuality is very important, yet both parents and children often feel uncomfortable discussing the topic with each other. Information for both students and parents regarding communicating about sexuality can be very beneficial to both groups. The community can be included in providing sexuality education by bringing in guest speakers and providing information about local resources available to students.
5. It is recommended that further evaluations be done on abstinence-only sexuality education programs. More funding is available for these programs, yet there has been limited research and research that has been done has concluded that these programs are ineffective. A larger

base of research might either continue to find these programs ineffective, or may begin to find positive results.

6. If possible, it is recommended that further research be done on the attitudes and sexual behavior of those who never received any form of sexuality education. Woodcock, Stenner, and Ingham (1992) found a high rate of sexual activity among seven women in their sample who had never received sexuality education. While sexuality education has since become more prevalent, there still may be students who never received any instruction due to parental opt-out or absence. These students would be difficult to find, but they might provide valuable information regarding the effects of no education about sexuality.

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