A descriptive analysis of sexuality education in the state of Iowa: what content is being delivered to secondary students?

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A DESCRIPTIVE ANALYSIS OF SEXUALITY EDUCATION IN
THE STATE OF IOWA: WHAT CONTENT IS BEING
DELIVERED TO SECONDARY STUDENTS?

An Abstract of a Thesis
Submitted
In Partial Fulfillment
Of the Requirements for the Degree
Specialist in Education, Educational Psychology: School Psychology

Brian Poncy
University of Northern Iowa
May 2002
Abstract

The present study investigated what content in the area of human sexuality was being delivered to secondary students in the state of Iowa. The study was a descriptive study, which investigated the lesson plans used by the teacher(s) who delivered the participating school's sexuality education component. Specifically, the study compared what information schools cited that they were delivering to secondary students with a preset coding system developed by Ogletree, Rienzo, Drolet & Fetro (1995) to evaluate sexuality education curricula. Three areas were looked at which included sexually related content, skill building strategies, and teaching strategies. Results indicated that the participating schools reported, on average, using well under half of the best practice criteria. Further analysis of the submitted lesson plans suggested that the content delivered was primarily biologically based with an emphasis on disease prevention. The skill building strategies that were reported being used were lecture-based examinations of decision making and perceived STD/HIV risks. The instructional strategies reported that were used by a majority of the schools included lecture format, audiovisual materials, and large group discussion. How the results reflect best practice is discussed with an emphasis of how people, specifically adolescents, learn, process, and generalize information about human intimacy and sexuality in their everyday lives.
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Entitled: A Descriptive Analysis of Sexuality Education in the State of Iowa: What Content is Being Delivered to Secondary Students

Has been approved as meeting the thesis requirement for the Degree of Ed. S. Educational Psychology; School Psychology

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I would emphatically like to thank Dr. Donald Schmits for his assistance and guidance in the completion of this thesis. The journey through this has been a long, trying, and educational experience. In hindsight, the most important aspect of the experience was not that the paper was a quality, finished product but the rich discussions that prompted an enormous amount of disclosure, self-reflection, and self-examination. The experience has ignited an intense lifelong hunger to put together the psychological puzzle that underlies all individuals and in turn all relationships. The fact that this paper prompted more questions than answered questions is representative of the nature and beauty of psychology - if you are not asking a question then you are not thinking deep enough.
# TABLE OF CONTENTS

CHAPTER I--INTRODUCTION ...................................................................................... 1

Purpose ................................................................................................................... 2

Statement of the Problem ....................................................................................... 3

Research Questions ................................................................................................ 4

Importance of the Study ......................................................................................... 4

Limitations of the Study ........................................................................................ 6

CHAPTER II--LITERATURE REVIEW .......................................................................... 9

Sexuality Education Curricula .................................................................................. 9

Comprehensive Sexuality Education Curricula ...................................................... 10

Research Findings on the Effectiveness of Abstinence-Only Programs .................. 15

AIDS/STD and Pregnancy Prevention Curricula ................................................... 18

STD/AIDS and Pregnancy Prevention Education .................................................. 19

Birth To Adolescence: How Individuals Learn to Interact in Relationships .......... 22

Ages 1-11: Gender Role Development .................................................................... 25

Adolescent Informational Sources About Human Relationships and Sexuality: Society's Teachers ................................................................. 29

The Peer Group ..................................................................................................... 34

The Mass Media .................................................................................................... 37

The Internet ........................................................................................................... 43

Obstacles to Presenting a Comprehensive Sexuality Education Curricula .......... 46

The Preparation of Teachers .................................................................................. 46

Who Teaches Sexuality Education ........................................................................ 49
CHAPTER III--METHODOLOGY ................................................................. 53

Participants .......................................................................................... 54

Materials .............................................................................................. 54

Letter of Information/Introduction to the Study ................................. 55

Permission Form .................................................................................. 56

Phone Call ............................................................................................ 57

Task Checklist for Participating Schools .............................................. 58

Coding System .................................................................................... 59

Procedures .......................................................................................... 61

CHAPTER IV--RESULTS AND ANALYSIS ............................................. 64

CHAPTER V--DISCUSSION AND CONCLUSIONS ................................. 71

Implications for Future Research ......................................................... 71

Concluding Reflections ........................................................................ 82

REFERENCES ....................................................................................... 87
CHAPTER I
INTRODUCTION

Perceptions concerning human intimacy and sexuality are an integral part of all people. Although all people have attitudes and beliefs concerning human intimacy and sexuality, their philosophies, much like people themselves, vary greatly. Values, thoughts, attitudes, and actions are all impacted by a person's fundamental beliefs about how they should interact with the people they come in contact with. These beliefs, attitudes, and values concerning intimacy and sexuality are the cornerstone to initiating, developing, and maintaining both interpersonal and intrapersonal relationships. The true testament to the complexity of these largely human phenomena is that they are not only contingent on the individuals thoughts, values, and emotions, but also on the individual's cognitive, spiritual, physical, and relational development and their social environment, all of which will invariably change throughout a person's lifetime. The ability of an individual to positively adapt to this myriad of physical, cognitive, emotional, and social changes is instrumental to positive interpersonal and intrapersonal relationships. But how do people learn to understand and adapt to the complex context of their psychological health, intimate relationships, and sexuality?

Research points to many influences, most notably parents, peers, the media, and the importance of cognitive and biological influences. The building blocks to the beliefs, attitudes, and value systems that children and adolescents develop hinge on the perceptions and interpretations that derive from many of these socialized lessons. It is indisputable that biological, emotional, social, and cognitive development plays a major
factor in an individual’s sexuality, and their attitudes and practices in relationships. These factors are largely unchangeable and are essential to the context that children and adolescents interpret the socialized views of human intimacy and sexuality they receive from parents, peers, and the media. Although one of the most universal “socializers” throughout the United States is the nation’s schools, schools are rarely mentioned as being an important informational source in the area of human intimacy and sexuality. This is an especially odd phenomena since many schools are required to comprehensively teach children and adolescents about these topics. Since schools have been, and continue to be, one of America’s most influential socializing agents, they could potentially play a role in disseminating accurate and useful information concerning human intimacy and sexuality. However, before this can be assessed, the content they are presenting students concerning human sexuality and intimacy, and the context in which it is being delivered, needs to be known. From the literature review used for this paper, very little information concerning what is being taught to students was available. This constitutes a major missing piece in understanding what the school systems present role is and where it needs to go to become a more effective tool in teaching children and adolescents about human intimacy and sexuality.

**Purpose**

The purpose of the study was to describe the information being delivered to secondary students throughout the selected schools in the area of human sexuality. From obtaining the lesson plans from randomly selected schools across Iowa, a description of what was actually being presented to students could be better understood. There were
three major aspects of a sexuality education curriculum that were investigated: sexuality-related content, skill-building strategies, and teaching strategies. From the aforementioned data, the strengths and weaknesses in Iowa schools’ sexuality education curricula was described in a more complete manner. Educators can take a systems level look at what content is being delivered in the state, how it is being delivered, and how closely that aligns itself with empirically backed practices. This will present schools with a “baseline” of where they are in delivering an empirically sound comprehensive sexuality education curriculum and, through the literature review, a blueprint of how to improve and/or refine their current practices.

Statement of the Problem

According to the Iowa Administrative Code (2000) all schools are mandated to deliver sexuality education to students from grades kindergarten through 12th grade. Unfortunately, no descriptive data were found for not only schools in Iowa, but also across the United States that described what content was being delivered to students throughout the classrooms in our country in regard to sexuality education. Consequently, without this information, it is not know if content concerning human sexuality and intimacy is being delivered in a manner that complements the literature pertaining to human development, intimacy, and sexuality. It is also not known if the content is being delivered in a manner which can be effectively retained, and more importantly, internalized, by children and adolescents in their current biological, cognitive, cultural, and social context. Research is needed for educators to see how information in human sexuality is being disseminated and if it is consistent with what empirical evidence has
deemed to be effective when delivering information to students. Empirically effective practices are delineated by Ogletree et al. (1995) through three global areas that are essential in maximizing the effectiveness of instruction. These included content areas, skill building strategies, and teaching strategies. Other dimensions that need to be taken into consideration are the biological, cognitive, and social contexts and/or developmental levels of the group being taught.

Research Questions

1. What content is currently being disseminated by a random sample of secondary schools in the state of Iowa in the area of human sexuality?

2. What content should be in a comprehensive human sexuality curriculum based on empirical data and sound psychological theory?

3. What sexuality education curricula have been empirically proven to be, and not to be, effective and beneficial for the students who receive them?

4. What are the problems and issues effecting sexuality education and ways that educators can take a proactive approach to minimizing these barriers to delivering quality comprehensive sexuality education programs to students?

Importance of the Study

Rates of divorce, sexually transmitted infections, and teen pregnancy along with confusion about biological issues such as conception/pregnancy, ovulatory cycles, puberty, and relational issues such as effective communication styles, gender roles, values concerning sexual behavior/addressing peer norms, refusing unwanted sexual advances, and conflict management are all aspects about today's youth that raise the concern that
more could be done to allow them to better deal with the many pressures facing them during adolescence and adulthood. However, in order to accomplish this goal there needs to be a baseline of where sexuality education is, what is being done, and how it is being done. Unfortunately, no studies have been published that can contribute insight and data to assist in answering these questions. The importance of this study is that it will describe what content is being delivered to students at the secondary level, straight from the lesson plans. From this information, educators can investigate the strengths and weaknesses of what a random sample is doing and use the information from the literature review and the results of the study to evaluate and refine their practices as well. Although the results are only a global indicator of the current practices across the state, it will present educators with a reference point to become knowledgeable about what is going on across the state. From the results, and the literature review, educators could begin to reflect on their practices and possibly refine them to be more effective to their secondary students. Other aspects of the literature review that would be useful to teachers delivering the sexuality education curriculum would be the information related to the different “socialization” agents and how they effect children and adolescents’ views and interpretations of human intimacy and sexuality. This would help educators to construct lessons that could combat and challenge many of the stereotypical and untrue views that are emitted from many of the sources that children and adolescents receive information about human sexuality and intimacy. Information about the biological and cognitive contexts that adolescents are receiving and interpreting are also imperative to effective instruction. A last important topic discussed in the literature review is the importance of the participation, input, and
cooperation from parents and the larger community—admittedly one of the largest barriers to delivering an effective, long-term, comprehensive sexuality education curriculum.

**Limitations of the Study**

Limitations of the present study lie in the validity and extrapolation of the results and the nature of the data submitted to the researcher. The random sample was selected from schools in the state of Iowa. Of the 80 contacted only 9 agreed to participate and respond. Due to this there is a chance that the sample was biased and the results should be interpreted with extreme caution. This can be observed when comparing the participating schools with the predetermined strata. Out of the four strata 66% of the participants fell into strata one with six schools. The second, third, and fourth strata all had one participant. This skewed the data to over-represent small rural schools.

Another limitation of the study is the data collection method. Information from the schools was collected through the acquisition of the identified teachers lesson plans. Although this was thought to be an effective way to see what was being done in the classroom, the information in the lesson plan(s), could reflect the educators ability and desire to write comprehensive lesson plans, not the content of what was presented to students in the classroom. Principals were essentially gatekeepers of the study who asked a faculty member or members to submit their lesson plans. Given the comprehensive nature this could have excluded important and valuable content being disseminated to students.

An aspect of the study that needs to be taken into account is the broad definition used to define a comprehensive sexuality education curriculum. In this paper, the
description of what is recommended to be in a comprehensive sexuality education curriculum includes many aspects dealing with relationships, psychological health, and intimacy. Many of these areas could be covered in other curricula areas. However, it is the view of the author that children and adolescents spend a majority of their time in the concrete operational stage. Because of this it would not be educationally efficient or effective to expect children and adolescents to extrapolate topics from several different curricular areas to form a useful and coherent knowledge base from which to critically think and reason when facing challenges that force adolescents to synthesize and understand multiple perspectives at once. One of the major goals of a high quality comprehensive sexuality education curriculum should be to model the critical thinking process in order to broaden and improve their ability to master formal operational thinking at a quicker pace. The inability of adolescents to effectively make decisions is often overlooked by many curricula, as they fail to teach with the cognitive development of the adolescent driving the instructional presentation. This is a major downfall in the effectiveness of many sexuality education programs. The students can have a strong knowledge of the facts, but if the biological, cognitive, and social contexts of their lives are ignored and not understood, little progress will be made, and they will fail to internalize and extrapolate the facts they learn to a meaningful piece of prior knowledge from which to interpret new and ambiguous situations. This is unfortunate because a majority of adolescents are entering romantic relationships for the first time, making the nature of a majority of their situations new and ambiguous.
Another problem came in the lesson plans used for the data. There was a discrepancy between how the lesson plans were written and organized. Some were very detailed and some consisted of very broad descriptions of what was in the lesson and how it was presented. The coding process was completed without inference so if it was not on the lesson plan it was not coded. This probably caused an under-reporting of what was being delivered in the classroom.
CHAPTER II
LITERATURE REVIEW

Much has been written about the socialization agents of children and adolescents as well as the biological, cognitive, and social contexts within which they behave, think, and feel. This chapter is designed to review the literature related to how individuals develop their beliefs, attitudes, and value systems from birth through adolescence. It also investigates the literature concerning the interaction with their social environment taking into consideration the influences of their biological and cognitive developmental level. This will provide readers with an empirically-based backdrop from which to interpret the current practices identified through the data collection. First, however, the literature investigates the major sexuality curricula available to educators and the discussion and conclusion on their effectiveness.

Sexuality Education Curricula

A potentially important and influential source of information about human sexuality is the schools. Schools have the potential to be a place where students of all ages can receive accurate information and discuss human relationships and sexuality. This is especially pertinent since 95% of all U.S. youth, ages 5-17, are enrolled in schools (National Center for Educational Statistics, 1993). The data on the attitudes concerning the availability and content areas of sexuality education in the schools are clear, with 96% of students, 94% of teachers, and 85% of parents reporting that sexuality education should be a part of schooling (Greydanus, Pratt, & Dannison, 1995; Silverstone, 1992). Although a majority of people throughout the United States are in favor of sexuality
education in the schools, the topic is still a volatile issue. At the core of the dissension regarding sex education is how it should be taught and who should teach it.

Three types of curricula that will be examined in this paper: (a) comprehensive sexuality education curricula, (b) abstinence-based sexuality education curricula, and (c) STD/AIDS and pregnancy prevention curricula.

Comprehensive Sexuality Education Curricula

Sexuality education curricula are geared to teach the individual about human sexuality, but all are unique in their approach and, ultimately, their emphasis on what should be taught. Before investigating these different types of curricula, it is necessary to delineate the key concepts of a superior comprehensive sexuality education program.

According to the Sexuality Information Education Council of the United States (SIECUS) Guidelines for Comprehensive Sexuality Education: Kindergarten-12th Grade (National Guidelines Task Force, 1991), the key concepts that a quality comprehensive sexuality education program must include are:

- human development;
- relationships;
- personal skills;
- sexual behavior;
- sexual health; and
- society and culture.

These are broad categories that cover a myriad of different specific topics which provide a foundation for what should be taught in a good sexuality education course. However, due to their broad nature, these general content areas are of little use for delineating the more specific topics that should be taught, nor do they help teachers in the investigation
or evaluation of what constitutes a good sexuality education curriculum. Ogletree et al., (1995) developed a more detailed set of criteria based on the “concepts and subconcepts as outlined in the SIECUS Guidelines for Comprehensive Sexuality Education” (p. 187) and present a detailed description of what they believe should be taught in the schools as well as how it is to be taught. Their criteria were also developed for helping professionals in the selection and/or evaluation of sexuality education curricula. They created three main categories: sexuality related content, skill building strategies, and teaching strategies.

1. The sexuality-related content category largely dealt with content areas that promoted information about the various topics seen below:

- puberty;
- body image;
- gender roles;
- reproductive anatomy and physiology;
- conception and birth;
- sexual identity and orientation;
- relationships;
- parenting;
- sexual expression;
- STD transmission;
- HIV transmission;
- abstinence;
- pregnancy prevention;
- STD prevention;
- HIV prevention;
- sexual exploitation; and
- reproductive health.

2. The skill building strategies stress the importance of students participating, or watching others, in role playing situations which combine the behavioral skills indicated below with the content areas covered to identify the consequences of possible decisions:
• examining personal values;
• increasing self-awareness/building self-esteem;
• examining influences on decisions;
• addressing peer norms;
• examining perceived pregnancy risk;
• examining perceived STD/HIV risk;
• accessing community resources;
• building general communication skills;
• building assertiveness skills;
• building refusal skills;
• building conflict-management skills;
• building decision making skills; and
• building planning/goal setting skills.

3. The teaching strategies include various methods to help educators find new ways of disseminating information and involving students and their families in the sexuality education course:

• ground-rules;
• anonymous questions box;
• teacher lecture;
• large group discussion;
• student worksheets;
• journals/story writing;
• cooperative learning small/large group;
• case studies/scenarios;
• skills practice and rehearsal;
• audiovisual materials;
• community speakers/involvement;
• peer helper component; and
• parent/guardian involvement. (Ogletree et al., 1995, p. 188)

The above lists present educators with an extensive and detailed description of topics that, according to SIECUS, should be included in a comprehensive sex education curriculum. The SIECUS recommendations corroborate the view that an educator must deal with a wide variety of topics, processes, and teaching strategies that are pertinent and
important to an individual when trying to fully understand the intricacies of human sexuality. However, along with this large amount of content comes an enormous amount of responsibility to properly implement these curricular areas to maximize students’ knowledge about the topics that surround human sexuality.

Because of human sexuality’s complexity and extensive content base, it is important to note that curricula are only as effective as the people who use them. It is also important to note the amount of time and effort that must be given to properly implement a quality sexuality education curriculum. Presently there are two major obstacles that sexuality education faces: a shortage of qualified professionals to teach human sexuality; and too little time spent directly teaching about topics which fall under the above categories (Ogletree et al., 1995; SIECUS, 1999).

Abstinence-Based Sexuality Curricula

Within the public education system the most financially backed ideology of sexuality education is abstinence-based sex education. This is due to Public Law 104-193 which awarded public schools nationwide over 88 million dollars in federal and matching state funds (Daley, 1997; Edwards, 1997; SIECUS, 1999). However, this money is only accessible by public schools that adhere to federally set criteria, which dictates what constitutes the school’s sexuality education curriculum. These programs were defined in, Public Law 104-193 as an educational or motivational program which:

- has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
- teaches abstinence from sexual activity outside marriage as the expected standard for all school age children;
• teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;
• teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity;
• teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;
• teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child’s parents, and society;
• teaches young people how to reject sexual advances and how alcohol and drug use increase vulnerability to sexual advances;
• teaches the importance of attaining self-sufficiency before engaging in sexual activity; and
• cannot provide information about contraception or the prevention of Sexually Transmitted Diseases. (as cited in Daley, 1997, p. 3)

Furthermore, Public Law 104-193, (as cited by Daley, 1997) gives individual communities, schools, or teachers little flexibility, “It is not necessary to place equal emphasis on each element of the definition, however, a project may not be inconsistent with any aspect of the abstinence education definition” (p. 8). Not only does Public Law 104-193 disallow any contributions to refine this preset criteria, the government definition of abstinence-only programs also became law without the benefit of public input or Congressional debate (Edwards, 1997). The government in essence passed an entitlement program funded by United States tax dollars which utilizes a purely abstinence-based ideology to teaching about human sexuality, a stance which contradicts popular opinion.

SIECUS (1999) published a report reviewing the changes encouraged by the federal funding of abstinence-only-until-marriage education entitlement programs. The ways that this legislation has changed and continues to change the face of sex education in America’s schools include (SIECUS, 1999):
• All but two states used federal funding for a new abstinence-only effort in 1998;
• state health departments retained authority over the program in a majority of states, despite strong efforts by the proponents of abstinence-only to have state governors take primary control (coincidentally a Republican majority);
• states awarded 698 new abstinence-only grants nationwide;
• 27 states used the funds for abstinence media programs, 20 of which began new abstinence media programs; and
• five states have now passed state laws requiring that sexuality education programs teach abstinence-only-until-marriage as the standard for school aged children. (p. 2)

SIECUS president Haffner (SIECUS, 1999) comments on the results, “This new report demonstrates that the federal abstinence-only program is beginning to change the landscape of sexuality education. Too many American young people are now being denied life-saving public health information” (SIECUS Fact Sheet, 1998a) Haffner further states that, “There are no published studies in the professional literature indicating that abstinence-only-until-marriage programs will result in young people delaying intercourse” (SIECUS Fact Sheet, 1998a). Haffner’s commentary leads to a very important issue that forces an 88 million-dollar question. What does the research literature report about the effectiveness of abstinence-based curricula which adhere to these or similar guidelines?

Research Findings on the Effectiveness of Abstinence-Only Programs

Kirby (1997) reported that only six studies of abstinence-only programs had been published prior to 1997, none of which found consistent and/or statistically significant program effects related to the delayed onset of intercourse or reduced pregnancy rates. A study of abstinence-based sex education curricula was conducted on 7,326 seventh and eighth graders in California who participated in an abstinence-only program (Cagampang,
Barth, Korpi, & Kirby, 1997). The results found that the program did not have a measurable impact upon either sexual or contraceptive. The study concluded that the abstinence-only initiative did not increase the number of young people who abstained, but in one school, more students reported having sexual intercourse after having participated in it. The research is consistent that abstinence-based sexuality education curricula are ineffective in promoting abstinence and delaying the onset of first intercourse and decreasing the frequency of intercourse or pregnancy rates behaviors (Cagampang et al., 1997).

Studies which examine student attitudes towards abstinence-only programs are mixed. In the book, *Teens Talk About Sex: Adolescent Sexuality in the 90s*, it is reported that nearly two-thirds of the adolescent respondents stated that teaching “just say no” is an ineffective deterrent to teenage sexual activity (Roper Starch Worldwide, 1994). However, Eisenman (1994) suggested that students did develop conservative attitudes toward sex, as indicated by increases in agreement with conservative values on four areas of sexual behavior after receiving materials from Sex Respect (an abstinence-based curriculum). Eisenman went on to describe the narrowly focused curriculum as “better thought of as persuasion or propaganda” (p. 77), and stated that there is no evidence that this increase in conservative attitudes precedes any behavior change nor was there any measurement of long-term attitudes. McKay (1993) corroborates these statements when citing previous research:

In all cases, attitudes became significantly less accepting of premarital intercourse in the short term. However, these effects may have been produced primarily by response biases, and the studies either did not measure long-term effects or,
alternatively, they measured long-term effects and found the effects had greatly diminished. (Kirby, 1992, p. 282)

The results touch on the important point of the accuracy of evaluations of sexuality education programs. There are companies that produce abstinence-only curricula who claim they have conducted studies showing that these programs have significantly reduced pregnancy rates among students who have taken these courses. However, none of these studies have been reviewed by outside/independent scientists and some of the claims for their effectiveness in reducing pregnancy rates have apparently been found to be fraudulent (Elmer-Dewitt, 1993). In sum, there is little scientifically credible data to support the claim that abstinence-only sex education reduces adolescent pregnancy rates (Haffner, 1997).

Abstinence-only sex education programs are frequently criticized on the grounds that they present a biased perspective of adolescent sexuality, provide selective and sometimes inaccurate information, rely on fear to shape adolescent behavior, and violate students' rights to a comprehensive educational program upon which to base their personal decisions (Haffner, 1997; Kantor, 1993; Sanderson & Wilson, 1991; Sedway, 1992; Trudell & Whatley, 1991; Whatley & Trudell, 1993). Other criticisms are that they do not teach about contraception and they often suggest that condoms are not effective. Bringing the use of condoms into question could unfortunately reverse the significant strides sexually active American youth have made toward having safer sex during the last two decades. In 1979, fewer than 50% of adolescents used a condom at first intercourse compared to over 70% who used them in 1990 (Haffner, 1994). An abstinence-based approach to sexuality education also opposes the research by Mauldon and Luker (1996)
which reports that teenagers who receive contraceptive education in the same year that they become sexually active are 70-80% more likely to use contraceptive methods such as condoms and more than twice as likely to use the birth control pill.

There were no published studies identified in the professional literature indicating that abstinence-only programs will result in an alteration in adolescent sexual behavior, most notably delayed onset of first intercourse and delayed pregnancy rates. It seems clear that these curricula do not accomplish any behavioral goals and at best the research only backs the claim that they will transmit and strengthen a conservative ideology. Haffner (1997) quotes the National Institutes of Health's Consensus Panel on AIDS concerning the abstinence-only approach to sexuality education, when writing that abstinence-only sexuality education, "places policy in direct conflict with science and ignores overwhelming evidence that other programs are effective" (p. 9). Haffner's comments become especially important when looking at the United State's adolescent pregnancy, STI, and abortion rates compared to other countries. Adolescents are having sex at similar rates, but with far different outcomes. According to the Alan Guttmacher Institute's extensive study of teenage pregnancy in 37 countries, the U.S. has an astonishingly high teenage pregnancy rate; twice as high as the next highest country, England, and seven times that of the Netherlands, both of which also have drastically lower STD and abortion rates (Alan Guttmacher Institute, 1986; Jones et al., 1985).

AIDS/STI and Pregnancy Prevention Curricula

Sexually transmitted infections are a major health concern throughout the United States. SIECUS (1998b) reports:
Of the top ten most frequently reported diseases in the United States in 1995, half—accounting for 87 percent of all cases—were STDs. With approximately 12 million new cases occurring annually, rates of curable STDs in the United States are the highest in the developed world. (p. 1)

Sadly, approximately 3 million of the infected individuals are teenagers. The primary STIs include: the bacterial STIs (chlamydia, gonorrhea, urinary tract infections, and syphilis) and the viral STIs (genital warts, genital herpes, hepatitis A or B, and HIV/AIDS). HIV/AIDS is a relatively new health concern. It is transmitted through HIV-infected semen, blood, or vaginal secretions. As of 1999, there has been no cure found for this fatal disease. According to the Centers for Disease Control and Prevention (CDC; 1993), there had been 1,167 reported cases of AIDS among individuals ages 13-19. Although this number is relatively low, it masks the true depiction of adolescent HIV infection. Given that people infected with HIV are asymptotic for 3-10 years, with half of the people infected with HIV being asymptotic for 10 years, it is probably more useful to look at the AIDS rate of the 20-29 year old age group to ascertain how infections in the teen years are likely to contribute to AIDS cases. The CDC (1993) reported that there were 10,949 AIDS cases reported among 20-24 year olds and 44,171 among 25-29 year olds and insinuated that the adolescent infection rate could be from 10 to 40 times higher than that of reported cases. Not only are STIs affecting more than 12 million Americans each year, they also cost the country, publicly and privately, 10 billion dollars (SIECUS, 1999).

STD/AIDS and Pregnancy Prevention Education

In 1981, HIV (human immunodeficiency virus), which causes AIDS (acquired immune deficiency syndrome), was identified and changed the face of human sexuality.
Since then unprotected intercourse has been understood to be potentially fatal. However, as HIV/AIDS began to spread, so did an emphasis on sexual health. The renewed emphasis on sexual health can be seen in state legislation. As of 1998, 36 states mandated that accurate information must be taught concerning STIs and AIDS (SIECUS Public Policy Department, 1998). STIs and AIDS are a major health concern for the United States and a sensible and far-reaching approach to educating people about AIDS and other STIs can effectively and efficiently be done through the U.S. school system. The National Commission on AIDS (1994) states that to halt the spread of HIV among America’s adolescents; teenagers must obtain, at the minimum, a clear understanding of the following:

- the range of sexual and drug-taking activities in which young people engage;
- recognition of these issues;
- the health and social service needs of adolescents;
- the social and economic contexts in which many young people live;
- the range of values and attitudes that individuals associate with drug-using and sexual behavior;
- the combination of knowledge, attitudes, skills, and services necessary to influence behavior change; and
- the role of parents, schools, and other youth-serving organizations, as well as young people themselves, in prevention. (p. 39)

These goals can be met by using a variety of quality sexuality education curricula designed to teach students about AIDS and STIs. A few AIDS/STDs curricula which were identified included: Act SMART: An HIV/AIDS Education Curriculum for Three Age Groups; Becoming A Responsible Teen (BART): An HIV Risk Reduction Intervention for Adolescents; Be Proud! Be Responsible! Strategies to Empower Youth to Reduce the Risk for AIDS; Choosing Health-High School: STD & HIV; POWER Moves:
A Situational Approach to HIV Prevention for High-Risk Youth; and Safer Choices (Sexuality Education Curricula: A SIECUS Annotated Bibliography, 1998). The curriculum that is being used to represent HIV/AIDS and pregnancy prevention sexuality education programs in this paper is Safer Choices, due to its comprehensive nature and multicomponent approach.

Safer Choices was developed to reduce risk behaviors and/or increase protective behaviors to prevent HIV infection, other STIs, and pregnancy in students ages 14-18 (Coyle et al., 1996). Safer Choices seeks to reduce the number of students engaging in unprotected sexual intercourse by reducing the number of students who begin or have sexual intercourse during their high school years, and by increasing condom use among these students who have sex. Secondary purposes include reducing the number of students who have multiple sex partners or who use drugs, particularly injectable drugs, and increasing the number of students who seek HIV/AIDS counseling, testing, and consultation of those students whose past or current behavior put them at risk for HIV/STI infection. Safer Choices includes five primary components: school organization, curriculum and staff development, peer resources and school environment, parent education, and school-community linkages. The curriculum uses a multicomponent approach that addresses change at the student, school, and community level. Coyle et al. further describe the curriculum:

The curriculum consists of separate 10-lesson series for ninth and 10th grade students. The 10th grade series reinforces and builds on the ninth grade lessons . . . Consistent with social cognitive theory and social influence models, the lessons address attitudes and beliefs (including self-efficacy), social skills (particularly refusal and negotiation skills, functional knowledge, social and media influences, peer norms, and parent-child communication. (p. 92)
The curriculum is behaviorally-based and uses skill training and modeling. It is a unique curriculum because it goes beyond a knowledge-based curriculum only and adds skill training and getting the community physically involved through different community interventions, such as parental letters and student projects which investigate different community resources. The curriculum also pushes for staff training and curriculum development, a process which gets teachers involved (Coyle et al., 1996).

Safer Choices is basically a HIV/AIDS and pregnancy prevention curriculum that is easily transformed into a comprehensive sexuality education curriculum due to its broad nature and flexibility. It seems to have a strong theoretical background and uses research to support its different components. However, it should be noted that Safer Choices only recommends 10 lessons per year for two years (Coyle et al., 1996). Is it possible that all the goals of the curriculum could be met in this restrictive time set-up?

Birth To Adolescence: How Individuals Learn to Interact in Relationships

The relational development of the individual from early childhood, through middle and late childhood, and into the adolescent years is complex and can be tied to the biological, social, and psychological evolution of the individual and its effects on attitudes towards relationships, friendships, intimacy, and human sexuality. To aid in the understanding of the development of relationships and sexuality in individuals, a social cognitive perspective is taken (Bandura, 1986), which states that “behavior, cognitive and other personal factors, and environmental factors all operate interactively as determinants of each other” p. 23). Social cognitive theory views the development of human
relationships, intimacy, and sexuality as a result of an interaction between a person’s environment, which includes a myriad of rewards and punishments which are contingent on socially constructed value systems, and the individual’s cognitions, or perceptions, of past and future interactions with different environments and their perceived consequences. These aspects include societal, community, and familial value systems as well as human intimacy, gender roles, interpersonal and intrapersonal communication, and human sexuality. This information is instrumental in understanding the learning process that is developmentally appropriate for the individual learning about human sexuality and gives a logical foundation from which a professional can make sound judgments about what should be taught and how it should be taught. Without an accurate background of information about how an individual learns about human sexuality and the ecological (i.e., societal, community, parental, media, peer influences) and/or biological effects (i.e., genetics, body shape/size, cognitive development) that influence the individual's social-sexual development, it is difficult for professionals to knowledgeably disseminate comprehensive information on topics dealing with human relationships, intimacy, and sexuality.

From the moment of birth, the social environment gives people a multitude of examples that help define what behaviors are and what behaviors are not appropriate (Bandura, 1986). Some of the behaviors that children learn include gender roles, appropriate or inappropriate touch, giving and receiving love, communication, and relationships. Parents and others close to children model, and subsequently teach, their beliefs to children in everyday life by how they talk to them, dress them, show affection,
and teach them about their body parts. From the moment of birth, it is important for the child to experience the involvement, concern, tenderness, and awareness of others. It is here that the child begins to learn the meaning of love and develops attitudes about intimacy. This early interaction with parents and others close to the child is essential in the development of the child. This critical time, which takes place during infancy and early childhood, begins to give the individual a cognitive foundation of intimate knowledge. Bandura (1986) elaborates, “Children learn to encode, organize, and retrieve information about themselves and others in terms of a developing gender schema” (p. 97). Individuals, throughout their lifetime continually learn, both experientially and vicariously, about the meaning of love and intimacy, how to demonstrate it from the interactions with those around them (i.e., their parents, siblings, and peers), and from the general culture in which they are raised.

An important aspect in the relational development of the child is the perceptions of self-efficacy within the individual. Self-efficacy is defined as, “people’s judgments of their capabilities to organize and execute courses of action required to attain designated types of performances” (Bandura, 1986, p. 391). Feelings of self-efficacy give an individual confidence to approach and positively interact within different and new environments. Self-efficacy is largely nurtured through the environment and can be assumed to be instrumental in how an individual interacts within their present and, subsequently, future relationships. It is through these perceptions of the self, the environment, and the interaction between the two, which individuals symbolically assess,
that they gain insights about, the possible repercussions of their behavior within the various environmental contexts (Bandura, 1986).

The experiences a child has in their first years of life present them with a foundation of ideas and expectations which molds their attitudes and behavior. Thus, the way people express love and what they define as love are the product of perceptions about past experiences and future interactions. Children learn not only through direct interaction, but also by watching other people in different contexts and situations, a term Bandura (1986) refers to as “vicarious learning” (p. 20). Bandura (1986) discusses learning, specifically vicarious learning, and its essential role within the social and physiological evolution of the individual:

Humans come with few inborn patterns. This remarkable plasticity places high demands on learning. People must develop their basic capabilities over an extended period, and they must continue to master new competencies to fulfill changing demands throughout their life span. It therefore comes as no surprise that humans have evolved an advanced vicarious learning capability. (p. 20)

As children interact within relationships with their primary referent groups they continually receive messages, both vicariously and experientially, about sexually appropriate, gender-typed, and intimate behaviors, attitudes, and values from their siblings, parents, and peers (Bandura, 1986; SIECUS Fact Sheet, 1998a).

Ages 1-11: Gender Role Development

Childhood is a time of self-exploration and an essential part of the formation of an individual’s perception of the self. As noted in Bandura (1986), children are socialized and subsequently learn about many things that begin to define their attitudes, values, and beliefs through direct experiences, vicarious learning, and modeling. Some of the social
and personal issues confronted by individuals include gender roles, communication styles, relational behavior, and their biological attributes. During early and middle childhood children are reinforced through their environment and begin to learn the masculine or feminine roles that are associated with their biological gender. Although these roles are assigned by the biological anatomy of the individual, sex-typing behavior is largely a result of socialization, Bandura (1986) explains:

Although biological characteristics form a basis for gender differentiation, many of the social roles that get tied to gender are not ordained by biological differences. Thus, biology confines gestation to women, but it does not confine women to a permanent homemaking role. Gender-role development is, therefore, largely a psychosocial phenomenon. (p. 92)

Bandura (1977) stated that children learn culturally defined gender roles through observations of adults and older siblings and through the reinforcement and punishment of gendered behaviors. Children start out displaying similar behaviors, but parents and other referent groups reward them for conforming to the socially constructed gender roles that correspond to their biological sex and/or punish them for contradictory behavior (Beal, 1994).

Gender roles are very important in the individual’s formation of attitudes concerning human intimacy. Bandura (1986) adds:

Some of the most important aspects of human functioning, such as the interests and competencies people cultivate, the occupational paths they pursue, and the conceptions they hold of themselves and others are prescribed by cultural sex-typing. The stereotypic gender conceptions that people adopt have lasting effects on how they perceive and process social information and how they use their capabilities. (p. 92)

The gender roles that people learn are important determinants of their definitions of love and an important influence on the relational behaviors that they adopt. This can be
observed in how it is a feminine trait to show tenderness and how sexual aggressiveness is considered masculine (Beal, 1994).

As the number of referent groups associated with by individuals increase, children begin to confront and experience new value systems and learning environments, which expands their foundation of knowledge concerning intimacy, communication, and relationships. Not only are children exposed to sexual attitudes and values by their families, they begin to be exposed to the social attitudes modeled through the media’s portrayal (books, television programs, advertisements, etc.) of human intimacy, relationships, and sexuality (Cox, 1999). The above description of the environmental influences emphasizes one of the components of Bandura’s (1986) model of reciprocal determinism. More specifically, Bandura (1986) describes this as triadic reciprocal determinism in which, “behavior, cognitive and other personal factors, and environmental influences all operate interactively as determinants of each other” (p. 23). In essence, reciprocal determinism emphasizes the transactional process between the environment, the individual’s cognitions, the person’s behavior, and how they continually interact and influence each another. Through this ever evolving process of social learning, individuals formulate and subsequently refine the cognitive schemas that assimilate, accommodate, or reject information regarding the sexual, communicative, intimate, and relational attitudes and behaviors that are used throughout their life-span (Bandura, 1986).

A relational schema plays an important part in an individual’s expectations concerning what constitutes appropriate or inappropriate intimate behaviors. However, these schemas are not unchangeable foundations, but are cognitive tools that aid in the
interpretation of one’s environment. Thus, by their very nature, relational schemas both transform and are transformed by the environments they interact within, which can be observed in the plasticity of value systems in differing environmental contexts. As a child, information about human relationships, intimacy, and sexuality are transmitted on several planes (the media, friends, parents, etc) and are largely reinforced throughout American society. As a child enters their teen years, educational sources about what proper relational, intimate, and sexual behaviors are continues to diversify with an increased influence of the peer group. At this time children and young adolescents begin to use their peer group as a major resource in refining their attitudes about approaching and maintaining relationships as well as appropriate ways to show love and caring in acceptable ways. However, since both boys and girls mostly associate with their own gender in late childhood, a heavily gender-biased notion of what delineates a positive relationship is continually reinforced as they enter adolescence (Bandura, 1986; Beal, 1994).

Bandura (1986) discusses research conducted on sexual behavior; more specifically, presenting what the research states concerning the effects of how people learn about and display sexual knowledge:

Sexual behavior has been subject to many cultural taboos. Consequently, the effects of sexual modeling on sexual arousal and behavior have only recently received systematic study. Sexual modeling can effect sexual behavior in several ways. It can teach amorous techniques, reduce sexual inhibition, alter sexual attitudes, and shape sexual practices in a society by conveying norms about what sexual behaviors are permissible and which exceed socially acceptable bounds. (p. 293)

Bandura (1986) goes on to talk about the effects of socialization on human
sexuality:

... most cultures, including our own, present discontinuities in the socialization of sexual behavior. Overt sexual expression is prohibited during childhood and adolescence, yet it is not only expected but considered essential to a satisfying heterosexual relationship in adulthood. Therefore, the more successfully inhibitory training is achieved in early formative years, the more likely is heterosexually behavior to serve as a source of guilt and anxiety in adulthood. (p. 296)

These two statements about the socialization and learning of sexual attitudes and behaviors are essential in explaining and emphasizing the importance of sexuality education in the schools, involving parents, in a nonjudgmental, realistic, and meaningful context that centers around human relationships and intimacy.

Adolescent Informational Sources About Human Relationships and Sexuality:

Society’s Teachers

Adolescents in the United States continue to learn about human sexuality through many of the same sources as their younger counterparts. However, adolescents relate and often times confuse issues of human intimacy (love, gender roles, communication, and relationships) with human sexuality. This happens because of the onset of physiological changes which bring on a new set of developmental and emotional issues they encounter (Strong & DeVault, 1997). A particular developmental issue encountered is the construction of their self-identity (Beal, 1994). Individuals reassess their self-identity because they begin to experience a confusion of roles. In childhood, relationships and self-esteem are largely associated with evaluations from people of the same sex (Beal, 1994; Strong & DeVault, 1997). However, as adolescence begins, individuals confront confusion due to their new found role expansion and sexuality. Adolescents begin to
formulate their identity by gauging how they are perceived by various groups (peers, parents, males, females, etc.) which creates a particular susceptibility to experimental behaviors, especially in the areas of human intimacy and sexuality which they have little direct experience with or accurate information about. This uncertainty that accompanies adolescence manifests itself as a curiosity to seek answers to questions that surround the various topics central to understanding human relationships and sexuality (e.g., gender roles, interpersonal relationships, intrapersonal relationships, dating, overt sexual behavior, and healthy communication strategies; Beal, 1994).

Adolescents not only begin to deal with the social-emotional aspects of their sexuality, but also to confront the physical changes that accompany puberty. Hormonal changes early in adolescence have direct biological influence on sexual interest and motivation. These changes not only effect the individual internally, but also have an indirect influence on sexual involvement by altering the adolescent’s physical appearance and attractiveness (Miller, Christopherson, & King, 1993). As adolescents begin to confront the biological pressures to engage in overt sexual behaviors such as kissing, petting, and/or intercourse, they encounter conflicting messages from parents, religion, and schools, which largely ignore and/or condemn adolescent sexuality, while encountering social pressures from their peers and the media, which often reaffirm human sexuality. Uncertainty with their sexual identity coupled with a variety of conflicting messages leave adolescents confused and unsure about the appropriate ways to approach, initiate, and maintain intimate and/or sexual relationships (Beal, 1994; Cox, 1999; Strong & DeVault, 1997). Cox (1999) explains:
What we find in America is a society that supposedly prohibits premarital sexual relations, yet actually encourages them through the mass media and the support of early boy-girl relations. Young people are often thrown completely on their own resources to determine what their sexual behavior will be. In the end they will make the decision about the extent of their sexual relationships, based on their attitudes, peer influences, and the pressures of the moment. (p. 91)

Adolescents are given information through various sources, but from which ones do they want to receive information, and to whom do they end up listening? When it comes to topics about human sexuality and relationships, adolescents want to first and foremost receive information from their parents (White & DeBlassie, 1992). Other popularly sought out informational sources include siblings, peers, school courses, magazines, books, movies, and television. Although adolescents receive information from many different sources and contexts, rarely do they have access to a consistent source of accurate information about human sexuality. In fact, the research reports that adolescents receive a majority of their information from either their peers or the media, both of which too commonly give false and unreliable information and/or stereotypes about human sexuality and relationships (Davis & Harris, 1982; Strasburger, 1990; Thornburg, 1981).

Parents

The information about human sexuality that children receive from their parents is usually learned indirectly through observations (King, Parisi, & O’Dwyer, 1993). Children commonly learn what activities, attitudes, and values are appropriate for what genders. They learn patterns of affection, touch, and communication; and they learn very important lessons from the silence that accompanies topics such as intercourse, nudity,
and most overt sexual behaviors (Roberts, 1983). This type of non-confrontational communication style carries over into the parent-adolescent relationship. Furthermore, the sexual behaviors that parents are usually silent about are very similar to the behaviors that adolescents are most interested in learning about: birth control, sexual intercourse, sexually transmitted diseases, and pregnancy (McCormick, Folcik, & Izzo, 1985). When topics that deal directly with these issues are discussed, it is usually done without going into much depth or breadth and is usually not brought up again. This less than desirable communication can be attributed to many factors, including parental ambivalence toward the adolescent’s developing sexuality, the parental belief that their children (daughters especially) will become sexually active if they acquire information about human sexuality, parental embarrassment, a perceived incest barrier between parents and their child, and a parental lack of information concerning human sexuality and intimacy (Rice, 1996). A reason that parents lack the information is the fact that few of them, less than 15%, received sexuality education in junior high or high school (King & Lorusso, 1997). It is very possible that uncomfortable feelings about their own sexuality prevent parents from having positive and open discussions concerning human sexuality with their children (King & Lorusso, 1997). The effects of communication about human sexuality that is of limited breadth, depth, and frequency present in most parent-adolescent relationships were reported in a study by Newcomer and Udry (1985) involving 500 adolescents and their mothers. Newcomer and Udry (1985) found that whatever parent-child communication about human sexuality took place had no measurable effect on teenager’s subsequent sexual and contraceptive behaviors. Newcomer and Udry (1985)
interpreted their results as being due to the superficial nature of the discussions.

LoPiccolo (1973) found that parents were not only uncomfortable with discussing human sexuality with their children, but they also most likely lacked an understanding about adolescent attitudes towards human sexuality.

An example of how parents’ discussions and teachings are effected by their misconceptions can be observed by their emphasis on adult concerns about sexuality instead of listening to and discussing the problems and issues faced by adolescents (Campbell & Campbell, 1990). Campbell and Campbell (1990) illustrate the difference in cognitive development between adults and adolescents when perceiving the consequences of sexual behavior:

Adults understand that early pregnancy can restrict or severely limit educational opportunities, career development, financial independence, and the resources available to children of adolescent parents. The adolescent may be relatively unconcerned with such abstract issues. From the perspective of the adolescent, more immediate and concrete concerns may loom largest. Current behavior may be guided primarily by the current emotional state, current group norms, and the short-term consequences of actions. (p. 189)

Confounding the fact that parents and adolescents think about human sexuality differently is the fact that parents think they do an adequate job in disseminating their views about sexuality to their children. This phenomena of parent-child miscommunication was reported in a study by King and Lorusso (1997) in which 530 students and at least one parent for each student responded to similar questions about meaningful discussions they had about human sexuality with each other. Of the 530 students for whom at least one parent responded, 315 (59.4%) said that they had never had a meaningful discussion
about sex with either parent. In contrast, 394 (66.8%) of the 530 parents reported that they had meaningful discussions about sex with their children (King & Lorusso, 1997).

Although a positive parent-child relationship which promotes open discussion about human sexuality can be difficult to achieve and maintain, its effects are well documented and encouraging. Open communication between parents and their children about human intimacy and sexuality has been documented to positively influence adolescent sexual behavior, decrease permissive sexual behavior, and increase the level of sex education in the home (Baldwin & Baranoski, 1990; DiBlasio & Benda, 1992; Lewis, 1973; Mueller & Powers, 1990). Children want to be educated about human sexuality by their parents, but are obviously not receiving “meaningful information” from them. There are many obstacles impeding an open parent-adolescent relationship that achieves and maintains open communication about sexual behaviors such as pregnancy, intercourse, masturbation, birth control, and sexually transmitted diseases in the meaningful context of adolescent life. Because of this, adolescents seek out alternative informational sources, namely their peers and the media (Beal, 1994).

The Peer Group

Adolescents look to their peers as a referent group with whom they identify. Peers are seen as vital informants about human sexuality and relationships during adolescence in order to diminish the level of confusion concerning romantic relationships, gender roles, and sexual thoughts, sexual feelings, and overt sexual behaviors (Beal, 1994). Another factor in the communication about topics concerning human sexuality is that adolescents think that they understand what each other is going through as compared to
discussions with older people with whom they do not relate as well. Adolescents use their friends to get feedback about different ideas, thoughts, and feelings that they encounter. Collectively these discussions represent adolescent folklore (Henken & Whatley, 1995).

Folklore is described by Henken and Whatley (1995) as a “part of every single person’s everyday life no matter how ‘civilized,’ westernized, urbane or mainstream... Folks are the unofficial culture of a group, the means by which information and attitudes are transmitted and interpreted within the group” (p. 47). Adolescent folklore represents the stories told that allow information about sexuality and relationships to be shared by peers (Henken & Whatley, 1995). It is from this knowledge that adolescents begin to formulate many aspects of their self-development (sexual identity, self-concept, and self-esteem) through their social interactions with both their male and female peers. Although this seems like it could have beneficial effects, the research shows that adolescents are learning false information about human sexuality from their peers. Henken and Whatley (1995) reported that a few of the beliefs about how a woman could avoid pregnancy held by middle school, high school, college students, and adults included:

- The first time she had intercourse.
- She holds her breath when the man comes.
- She douches with any of the following: a commercial preparation, ice water, Coca-Cola, 7-Up (either before and/or after), 5-Alive (either before and/or after), or vinegar.
- She has intercourse standing up, in a hot tub, in water, in the shower, or with the woman on top.
- She jumps up and down after intercourse.
- She only has sex a few times.
- She takes a long hot bath immediately.
- She urinates after intercourse.
Ways that the sample of people thought women could get pregnant included:

- kissing,
- sitting on a boy’s lap,
- from a toilet seat,
- going to the bathroom after a boy,
- from a swimming pool,
- dancing too close to a boy,
- sperm getting on the woman’s leg,
- sperm touching the woman anywhere,
- lying on top of a boy while naked,
- rubbing genitals together while wearing underwear,
- and only during the girl’s period. (p. 54)

Other studies identified some of the same misconceptions, as well as some new ones. Zelnik and Kantner (1979) reported that over half the teenage women surveyed who did not use contraception during intercourse did so because they thought they could not get pregnant. Frequent reasons specified included that they were too young, they had intercourse only a few times, and because of "the time of the month." In a different study using focus groups of teenagers, Kisker (1985) reported that adolescents specified many myths, including not getting pregnant the first time of intercourse or if intercourse was infrequent. Furthermore, a majority of teenagers did not know when the most fertile phase of a woman's menstrual cycle is likely to occur. In fact, very few students had a clear grasp of the menstrual/ovulatory cycle, even after sexuality classes.

The list of sources of faulty information includes sex education materials, many of which have been aided by the brief and uncomprehensive abstinence-based curriculums endorsed and funded by Public Law 104-193 and implemented by the U.S. education system (Daley, 1997; Edwards, 1997; SIECUS, 1999). Since adolescents hold and
disseminate these erroneous beliefs among their peers, there is a good possibility that they both fear situations they should not and simultaneously believe that they are safe in much riskier situations (Henken & Whatley, 1995). Such incomplete or erroneous beliefs could be an essential part why approximately three million teenagers are infected with a sexually transmitted infection each year (SEICUS, 1998, Sexually transmitted diseases in the United States) and more than one million American adolescent females become pregnant each year (Strong & DeVault, 1997).

The Mass Media

Peers often misinform each other about the facts and consequences of sexual behaviors such as intercourse. In the 1990s, peers not only share misconceptions formed about romantic relationships and intimacy but attitudes that are learned from peers, but also from an increasingly important provider of information about what constitutes appropriate or inappropriate social, relational, and sexual behavior, the media (Greydanus et al., 1995). Adolescents of all ages, races, cultures, and genders are exposed to sexual images, allusions, talk, and themes in the mass media on a daily basis through billboards, talk shows, soap operas, prime time series, movies, music lyrics, magazines (including the popular teen magazines), and the Internet (Brown & Steele, 1996). Television is the most accessible storyteller in American culture and continually reinforces the myths and ideologies that define and legitimize societal attitudes, values, and beliefs throughout a lifetime of television viewing (Brown & Steele, 1996). Brown and Steele (1996) report that “a steady dose of television by Americans, over time, acts like the pull of gravity toward an imagined center” (p. 6). America’s youth spend an average of 23 hours per
week watching television filled with sex references, innuendoes, and jokes but only 1% of that time deals with the realistic aspects of sex and birth control, sexually transmitted infections, or abstinence (Strasburger, 1990) and they are exposed to, on average, between 1,900 and 2,400 sexual references per year which focus on promiscuous sexual behavior while ignoring contraception use (Brown, Childers, & Waszak, 1990). In a study of prime time television programming, Lowry and Shidler (1993) found an average of 10 instances of sexual behavior per hour, a slight decrease from earlier studies. However, the majority of the decrease was represented in the least explicit sexual category, physical suggestiveness, and was offset by a 50% increase in the rate of heterosexual intercourse.

The findings of increased exposure to sexuality are important because of television’s potential to shape the expectations and value systems of its viewers, especially children and adolescents. The effect that the mass media, and largely television, has on children and adolescents is not exactly known. However with the mass media’s overrepresentation of sexually provocative behaviors and stereotyped gender roles paired with a gross under-representation of contraceptive use and normal body types, it has been hypothesized that the myriad of conflicting messages are both confusing and misleading (Strasburger, 1995). A study by Brown and Newcomer (1991), which surveyed 391 adolescents commented on the relationship between watching sexually provocative television programming and overt sexual behavior:

... the relationship between viewing a high proportion of sexy television and engaging in sexual intercourse even after controlling for the perceived influence of male and female friends and previous non-coital sexual experience. Although this is not a conclusive test of the causal sequence between television viewing and adolescent sexual behavior, it does suggest that teenagers who selectively view sexy television are more likely to have had sexual intercourse, regardless of their
friends' encouragement or discouragement to have sex and regardless of their previous sexual experience. (p. 87)

Television not only deals with overt human sexuality, but also portrays males and females in stereotypical roles, reinforcing traditional stereotypes. For example, one study found that teenage girls on television were depicted as being primarily concerned with dating, shopping, and their appearance while rarely discussing academic or career goals (Campbell, 1988). Television programming also conveys highly stereotypical images of how the sexes relate to each other (Hansen & Hansen, 1988). Such images should be of special concern when they are being viewed by adolescents who are forming and refining their notions and expectations about what delineates appropriate sexual behaviors and romantic relationships.

A longitudinal study by Kimball (1986) investigated the attitudes of residents of a small town in western Canada which had not yet acquired television and compared it to two other towns selected as comparison groups. The initial assessment concluded that gender stereotyping and television viewing were correlated. Kimball (1986) then investigated children's stereotyping two years after television had been introduced to the town. The results showed a significant increase in gender stereotyping after exposure to television programming, with the effect being particularly large for boys. These results strongly suggest that watching television actually caused children to become more stereotypical in their ideas about how men and women should behave.

Television offers viewers a variety of different program genres to choose from. Some of the more popular, for adolescents, include soap operas and talk shows. What are such programs teaching adolescents about human relationships, sexuality, and human
intimacy? Soap operas, which are popular with adolescents and women, have received substantial research attention. Greenberg and Busselle (1996) found that soap operas averaged approximately 5 sexual incidents per hour in 1994, up from a 1985 sample which contained 3.7 sexual incidents per hour. Almost two-thirds of the sexual references made were to intercourse. The people being represented as having intercourse the most were people not married to each other, 2.4 times per hour and often in the form of extramarital affairs, compared to married couples who were depicted having intercourse .72 times per viewing hour. Even though there was an exaggerated emphasis on intercourse, safe sex and contraception were topic areas that were rarely encountered, only six references in 50 episodes, even though there were 15 different story lines about pregnancy over a two-month period.

Although a majority of the content of soaps was negative, positive trends in soap opera programming were observed by Greenberg and Busselle (1996). They reported that soap operas were beginning to cater towards their younger audience by dealing with issues such as date rape, pregnancy, and learning to say no to sexual relations. However, this content is monstrously overshadowed by the traditional lusty sexual relationship that was, and still is, consistent with soap operas in the 1970s, 1980s, and the 1990s. There is no doubt that soap operas focus on human sexuality. In fact, the plots revolve around sexual activity and relationships. However, relational intimacy in soap operas is usually intense, unstable, and desperate and relationships are usually stormy and short-lived, setting the scene for jealousy and revenge, sending viewers atypical messages about how these aspects of human life really occur. Even though the vast negative overrepresentation
of human sexuality is definitely present in soap opera programming, Greenberg and Busselle (1996) concluded that both accurate and inaccurate depictions of sexual behavior are presented in daytime soap operas and which message was perceived more strongly by viewers was unknown without further investigation.

Another genre of television programming that frequently explores human sexuality is talk shows (e.g., Jerry Springer, Montel Williams, Sally Jesse Raphael, Rikki Lake). Greenberg, Rampoldi-Hnilo, Sherry, and Smith (1997) investigated 200 episodes of 11 different talk shows and found that topics most often dealt with were family-related topics that highlighted sexual relationships 33% of the time, infidelity 20% of the time, and gay and lesbian relationships 12% of the time. Talk shows over-represent negative conflicts in familial, dating, and sexual relationships, but also confront many of the issues that parents and the schools are afraid to discuss, even though they bring negative behaviors to center stage. However, Greenberg et al. (1997) concluded that there were some positive educational effects of talk shows:

. . . these shows provide a unique—if not intelligent—source of sexuality information. The shows are taking a position on these behaviors that is consistent with social norms. Guests taking part in questionable sexual practices (such as cheating on their spouse) are most often treated with disdain by both host and audience. (p. 8)

Although talk shows present viewers with rather extreme examples of human behavior which can distort perceptions of what is normal, the guests are perceived as being real people with real problems. Similar to soap operas, talk shows present viewers with a mix of positive and negative depictions of human sexuality and relationships. Which messages viewers take from watching these programs needs to be further researched.
Human sexuality has permeated American popular culture via television, but different informational sources commonly accessed by adolescents include magazines and most recently the information superhighway, better known as the Internet. A readily accessible informational source of the mass media are magazines. Adolescent males often peruse the pages of Sports Illustrated’s annual swimsuit edition as well as the popular adult magazines Playboy and Penthouse. In these magazines adolescent males read little literature about human sexuality. However they are given other ways to formulate attitudes and opinions about human sexuality—mainly through pictures.

Not only male-oriented magazines focus on human sexuality. Adolescent females also are submersed in discourse that deals with human sexuality and gender roles through magazines such as Redbook, Playgirl, Seventeen, Glamour, and Cosmopolitan. McMahon (1990) investigated the articles in Cosmopolitan magazine over a 12-year period and reported that almost all the articles reviewed dealt directly or indirectly with sex. These articles often present readers with conflicting messages about what sexual behaviors are acceptable and what sexual behaviors are not. A discourse analysis of the popular teen magazine, Seventeen, by Carpenter (1998) corroborated this view, stating that in the 1990s, Seventeen magazine began to recognize female desire, ambivalence about sexuality, homosexuality, masturbation, oral sex, and even recreational sexual activities. However, the articles in Seventeen generally resolved controversies in ways that reinforced dominant gender and sexual norms. Although the pluralistic trend regarding female sexuality could be a positive attribute in exposing adolescents to a more
realistic and well rounded depiction of human sexuality, the magazine’s effort to favor traditional sexual scripts may discourage challenges to the sexual and gender status quo.

The Internet

The Internet is a relatively new medium through which information can be shared, people can communicate, and individuals can entertain themselves. Its popularity and usage has grown enormously. As of the spring of 1998, approximately 62 million American adults had home access to the Internet compared to only 46 million who had access in 1997 (Portelli & Meade, 1998). The Internet has not only expanded across the homes of the U.S., but also throughout educational institutions, both schools and colleges, and is quickly becoming a very important and influential informational source to evolving computer literate generations. Since families often find sexuality to be an extremely difficult topic, children and adolescents can use the Internet for information and guidance about the subjects that are rarely confronted in the home or schools. It offers them a readily accessible informational source which provides them an anonymous and relatively risk free opportunity to satisfy their sexual curiosity. Internet sites revolving around topics that deal with sex are frequently searched for on the web and offers users a wide array of sexual content to sample, from credible educational sites to sites crammed full of explicit pictures and stories. But what exactly does this mean to the development of children and adolescent sexual identity and to their knowledge about human sexuality?

The relative newness of the Internet has prohibited the scientific investigation of its long-term effects on children and adolescents developing sexuality. However, both its
potential positive and detrimental effects have been recently discussed in the sexuality research. The group most excited about the Internet are sexuality educators. The Internet is viewed as having endless potential due to the vast amount of information it could offer children and adolescents about human sexuality. But, at the same time, the amount of contradicting information could be even more prevalent. Roffman, Shannon, and Dwyer (1997) report:

For American adolescents, the sudden, easy, and ubiquitous availability of unrestrained sexual content through the Net is a monumental and exquisitely ironic development, and a striking new example of the dramatically mixed messages the culture conveys about the appropriateness of sexual openness. (p. 52)

This is consistent with the large amount of conflicting messages they get at the present time. However, the Internet, unlike the mass media and many parents, gives sexuality educators direct access to the content and the ability to keep information factual and current. Another positive aspect of the World Wide Web is its potential to provide a simple and flexible way to offer people of all ages instant access to curriculum materials of various media types—including text, graphics, sound, and video—at the individual’s discretion and pace (Shannon & Dwyer, 1996). This medium will be able to reach some individuals of all ages that have previously never received accurate information about sexual health and human sexuality and present them with life enhancing information in a non-threatening and somewhat personal format.

Although the Internet has the potential to present adolescents with an informational source that disseminates accurate and up-to-date information, it also presents individuals with an added option of receiving false information. The sheer
quantity and array of sexual information accessible on the Internet is mind-boggling (Roffman et al., 1997). The Internet provides ready, private access to pornography, but unlike movie houses and video stores has a more difficult time accurately screening participants. Children and adolescents have an enormous amount of curiosity about human sexuality. Schnarch (1997) makes an interesting statement in which he discussed his experiences as a child and how they related to the formation of Schnarch’s sexual identity:

   When I was in second grade, looking up forbidden words in the school library’s massive dictionary was a thrill. Now our dictionary is the library’s of the world—but whether the person doing the looking is acting more adult is very much at question. (p. 16)

This statement puts a child’s developmental level in perspective and gives insight into the kinds of questions which are asked. The anatomical or slang words entered on an Internet search engine could offer children information that will not be conducive to positive growth and personal development.

   A misconception that is fueling the celebration of the Internet as a truly effective sexuality education tool is that people get too carried away about the power of information about sexual health, when it comes to human sexuality. The Internet could adversely effect adolescent perceptions about what constitutes proper sexual behaviors and healthy relationships. The Internet presents its viewers with, at the least, contradictory information and, at the most, a large amount of potentially harmful information. It must be remembered that a purely informational source—whether in a book, on a video tape, or on the Internet—is simply not enough to alter adolescent sexual behavior. However, if children and adolescents know, and use, the scientifically credible
sites from which to obtain sexual information, its potential to disseminate accurate and current information can be a valuable contributor to individual’s sexual and relational development (Roffman et al., 1997; Schnarch, 1997;).

The mass media is one of the major contributors to what expectations and ideas individuals develop regarding human sexuality. These influential mediums could be valuable tools in disseminating accurate information about topics such as contraception, STI prevention, sexual orientation, body image, and depicting sexual relationships positively. Sadly, these topics are rarely dealt with (Strong & DeVault, 1997).

Obstacles to Presenting a Comprehensive Sexuality Education Curricula

There are various problems and issues facing the implementation of sexuality education programs throughout schools across the nation. One of the largest problems facing quality sexuality education programs is the number of differing agendas in the school as well as throughout the community. Strong and DeVault (1997) write, “Among parents, teachers, and school administrators, there is substantial disagreement about what a comprehensive course in sex education should include” (p. 177). This reflects the complexity of human sexuality and the myriad of differing value systems that accompany the topic. These value judgments largely influence what concerned parents and community members think should be taught in their schools.

The Preparation of Teachers

Another issue that is affecting sexuality education is the availability of teachers who have received substantial training in the different topics which are advised to be included in a comprehensive sexuality education program. Although a majority of
teachers who disseminate information about human sexuality and relationships want to assist students in acquiring accurate information and developing skills which will help them deal with the myriad of relationships they will encounter throughout their lives, many teachers do not feel adequately prepared to do this. This becomes especially true when teaching about topics central to human sexuality, Ogletree et al. (1995) state, “Specifically, teachers claim they need more information on many topics, better instructional materials, and better teaching strategies” (p. 186). Other studies have found similar results with teachers, who are teaching sexuality education, expressing their concern about their ability to teach and their knowledge base about subjects such as HIV/AIDS, STIs, sexual orientation, and risk behaviors that include drug use and safe sex practices (Ballard, White, & Glascoff, 1990; Kerr, Allensworth, & Gayle, 1989; Levinson-Gingiss & Hamilton, 1989). A reason for this could be the lack of focus on the preparation for teachers of sexuality education. In a study, “What Public School Teachers Teach About Preventing Pregnancy, AIDS and Sexually Transmitted Diseases” by Forest and Silverman (1989), a majority of the professionals teaching sexuality education reported receiving their education about HIV/AIDS prevention and other topics within sexuality education in short workshops or seminars. This limited amount of instruction about human sexuality restricts teachers overall understanding of human sexuality, decreases the accuracy, depth, and breadth of the information that teachers present students, and also prevents them from confidently choosing the best available curricula, not only for their teaching styles, but also for the correct developmental stages for their students. In an article titled, *Teaching Our Teachers to Teach: A SIECUS Study on*

The teaching of comprehensive sexuality education from kindergarten through 12th grade begins with the proper training of the teachers. Too often, they do not have the skills, knowledge, or inclination to teach such courses. Few have received training in sexuality education, and even fewer have received certification as sexuality educators. . . . the nation's elementary and secondary school teachers are not adequately prepared at the pre-service level to provide HIV/AIDS prevention and sexuality education. (p. 1)

These statements are generalized from the results of a review of course catalogs for 169 collegiate institutions offering undergraduate preparation for teachers. The study (Rodriguez et al., 1999) addressed three questions:

1. Do teacher certificate programs offer courses designed to prepare pre-service teachers to teach health education, sexuality education, and HIV/AIDS prevention education?

2. Are courses required or elective?

3. Are sexuality education programs comprehensive? (p. 1)

The findings support the hypothesis that pre-service teachers are not adequately prepared to teach HIV/AIDS prevention and/or comprehensive sexuality education. This is alarming when taking into account that both parents and various governments support and through laws, often, require comprehensive sexuality and HIV/AIDS prevention education (Daley, 1997; Edwards, 1997; Haffner & DeMauro, 1991; Kenney, Guardado, & Brown, 1989; Portelli, 1998; SIECUS, 1999). Ultimately, the people who are put in charge of teaching about human sexuality lack the necessary training to feel comfortable teaching topics dealing with human sexuality. This statement makes sense when
reviewing the results found in *Teaching Our Teachers to Teach: A SIECUS Study on Training and Preparation for HIV/AIDS Prevention and Sexuality Education* (Rodriguez et al., 1999). According to the SIECUS publication, only 14% of the surveyed institutions required health education courses for all of their pre-service teachers and none required a course in human sexuality (Rodriguez et al., 1999). Sadly, this translates into elementary, secondary, or physical education programs offering teaching certification requiring courses in human sexuality only 2%, 1%, and 6% of the time, respectively (Rodriguez et al., 1999).

**Who Teaches Sexuality Education?**

In the elementary schools, classroom teachers are most likely the people providing health-related instruction (Hausman & Ruzek, 1995). However, elementary teachers rarely are exposed to course work in human sexuality. Rodriguez et al. (1999) elaborate, “A survey of 156 inner-city elementary teachers showed that only 19 percent report any pre-service training in health education. Only one had received training within five years” (p. 3). In fact, results reported few required courses in the areas of health education, human sexuality education, or HIV/AIDS prevention education for a majority of the elementary teacher certification programs with less than half of the colleges (48%) requiring a health education course which dealt with human sexuality topics, only two percent requiring a sexuality course, and only three percent requiring courses covering HIV/AIDS for pre-service elementary teachers (Rodriguez et al., 1999).

At the middle and high school level, pre-service classroom teachers are taught even less about human sexuality with only 16% of the institutions requiring a health
education course which dealt with human sexuality, 1% requiring course work in human sexuality, and 2% requiring classes dealing with HIV/AIDS (Rodriguez et al., 1999). These figures look worse than the elementary pre-service teachers. However, the people who educate about human sexuality at the middle and high school level tend to be more specific to a particular teaching field. Physical education teachers account for the largest number of individuals providing sexuality education in middle and high school levels, followed by health educators, biology teachers, home economic teachers, and school nurses (Forest & Silverman, 1989). Although having professionals who are specialized in teaching sexuality education is a step in the right direction, the most educated about the topics surrounding human sexuality, health educators, are not teaching about human sexuality as often as physical education teachers, which does not reflect their required course work. Eighty-six percent of schools required a general health education course (of which a part dealt with human sexuality) for pre-service health educators and 61% required a course in human sexuality for pre-service teachers (Rodriguez et al., 1999). Pre-service physical education teachers, who teach about human sexuality more than health educators, were required by 57% of the schools to take classes dealing with health education and only 6% of the collegiate institutions required course work in human sexuality (Rodriguez et al., 1999). Although the percentages for pre-service health educators, and to some extent physical education teachers, regarding educational requirements about the topics surrounding human sexuality are substantially higher than elementary, middle, and secondary education majors, much more progress needs to be made. After all, there are health educators in numerous institutions that can graduate
without ever taking courses that comprehensively deal with human sexuality and the only way physical education majors usually receive sexuality education is through elective course work (Rodriguez et al., 1999).

It seems that much of the blame for the lack of confidence in teachers to teach about topics central to human sexuality is placed upon teacher education programs, but a large reason that these trends have been created is due to administrators and/or policy makers. A majority of the states throughout America mandate that some form of human sexuality be taught in public schools, whether it be based on a comprehensive sexuality education model, STI/AIDS prevention, pregnancy prevention, or abstinence-based approach (Daley, Orenstein, & Wong, 1998; Division of Adolescent and School Health, CDC, 1997). Oddly, only 12 states require any separate certification for people who teach HIV/AIDS or comprehensive sexuality education classes and only 6 states require training for HIV/AIDS prevention education (SIECUS, 1999). It seems counter intuitive to mandate that a subject be taught to nearly every student in the United States, but do not require the professionals who are teaching it to be knowledgeable about topics which deal with human sexuality.

Another social-political factor which influences sexuality education in the schools is the parents and people in the communities. Schools do not operate in a vacuum but in a social context. It is this context that makes it difficult to adopt or create sexuality education programs that will make a majority of the people happy. Since sexuality education can cause disagreement and stir emotions among people in the community
many administrators and teachers probably shy away from confronting these issues (Greydanus et al., 1995).

**Time Restraints on the Dissemination of Information**

Not only does human sexuality reflect the intricacies of the individual, both psychologically and physiologically, it also encompasses the diversity of social and cultural influences as well. This wide spectrum of influences on the development of an individual's sexuality and its impact on relationships can be observed in the complexity of many of the sexuality curriculums on the market. A good “comprehensive” curriculum must deal with human development, relationships, personal skills, sexual behavior, sexual health, and society and culture. Each of these subjects could make up a semester long class on their own, perhaps longer. Since topics dealing with human sexuality are usually taught in physical education, it becomes apparent that time is limited. In a study by Ogletree et al. (1995) 23 different curriculums were investigated. Within their assessment was a delineation of how much time, or lessons, the curricula recommended be taught in order to adequately teach the material. The study found an average of approximately 18 lessons per curriculum be taught, with a range of 5-43 lessons. The range most likely was indicative of the comprehensiveness of the evaluated curriculum (Ogletree et al., 1995).

It is logical to think that the more comprehensive the curriculum the more lessons would be needed to satisfy its criteria. No studies could be located that assessed how long sexuality education was taught to students. However, it is possible that human sexuality is directly taught well under the 18 lessons that the curricula suggests. This reasoning is derived from an assumption that the majority of people who teach about human sexuality
do it in physical education, health classes, family/consumer science classes, or biology, all of which focus on many other topics. Human sexuality most likely takes a back seat to the more traditional lessons in those respective classes. It should be noted that topics dealing with human relationships are often infused throughout much of the course work encountered separate from a class in sexuality education. For example, elementary schools often teach children ways to properly behave within groups and other individuals. These practices include accepting individual differences, respecting others, and positive ways to properly and efficiently communicate, all of which are instrumental in human relationships.

CHAPTER III

METHODOLOGY
The content of this chapter describes the participants and the random selection procedures, the materials used and sent to the selected sample, the coding system used to categorize the results, and the procedure for dispensing, receiving, and coding the data.

Participants

Data were collected from a stratified random sample of secondary schools from the state of Iowa. The responding schools that agreed to present the lesson plans used to deliver their sexuality education curriculum. The secondary schools were stratified into four different groups by student population. The criteria used to define the strata were as follows: strata #1: 80-300 students; strata #2: 301-500 students; strata #3: 501-1000 students; and strata #4: 1001-2272 students. The number of schools selected from each strata was as follows: strata #1 = 24 of 219, strata #2 = 7 of 64, strata #3 = 5 of 46, and strata #4 = 4 of 39. The schools were randomly selected to participate from their strata by assigning them a number based on student population and using a random number table.

A stratified random sample was used in place of a true randomized sample for one primary reason. Due to Iowa's disproportionate number of small schools to large schools, a truly randomized sample could have under-represented or excluded large schools and would have over-represented small schools.

Materials

The literature was reviewed and no similar studies were found. However, a study was found that delineated a method for evaluating and critiquing sexuality education curricula (Ogletree et al., 1993). This system was used to categorize the data obtained from the lesson plans (see coding system).
Permission to access the lesson plans used to deliver the school’s sexuality education curriculum was obtained through an initial letter/permission form, a corresponding phone call, and an instructional sheet/checklist to the participating schools which described the study and what materials they needed to provide.

Letter of Information/Introduction to the Study

Building Principal of school #___,

My name is Brian Poncy and I am a graduate student in the School Psychology at the University of Northern Iowa. I have been conducting research in the area of human sexuality for the last three years. I have made a presentation on this topic at the joint annual meeting for the American Association of Sex Educators, Counselors and Therapists and the Society for the Scientific Study of Sexuality in Washington, DC in November of 1997. I also did my master's research paper on sexuality education in the United States. As a result of my prior work, I know that there is a real need in the state of Iowa to identify what is actually being taught in our secondary schools about human sexuality. Schools are legally required to teach the area, but there is no data on what content is being delivered nor on how it is being taught. For me to be able to accurately describe the teaching of human sexuality in Iowa's schools, I need the participation of Iowa's teachers and administrators. Your school was selected as a potential contributor to this study on a strictly random basis within school size strata. I really would appreciate your cooperation in the study.

All I ask of your school is to receive a copy of the actual lesson plans used by the teachers who deliver your human sexuality component. I will keep the identity of both the
district and the teachers strictly confidential. Participating schools will receive a coded
permission form, the lesson plans will be coded with the same detail, and all other
identifying information will be deleted. As soon as the lesson plans are analyzed
according to the criteria in the study and the chair of the research committee has reviewed
the analysis, the data from each school will have all identifying codes deleted so that only
the lesson plans will remain. At no time will the name of the district, the name of an
administrator, or the name of a teacher be used in the study.

I would like to know if it would be possible to collect this information from your
school. The material has already been sent out to you. I will be contacting you by phone
in the next week. What I would to know by then is if you would be willing to participate
and if you have any questions or comments about the study. I will need to receive the
collected lesson plans by April 15, 2000. Again, I assure you that all information is
confidential and your cooperation is greatly appreciated. If you have any questions at any
time feel free to reach me by phone (402-597-0585) or e-mail
(bponcy@aea13.k12.ia.us).

Thank you very much,

Brian Poncy, M.A.E.

Permission Form

I agree that Brian Poncy may use the information being sent to him concerning the
content of the # High School's sexuality education curriculum as determined by the
obtained lesson plans. Along with this, it is the school's understanding that the data will
be used confidentially and ethically. If this is not returned signed but lesson plans are sent it will be an indication that you have read this and agree to grant permission under the cited terms.

**Phone Call**

*To receptionist:* Hello, My name is Brian Poncy. I am a graduate student at the University of Northern Iowa in the School Psychology program and am conducting a research study on sexuality education in Iowa schools. Could I please speak with the building principal? If he/she is not available is there a time when I could reach him/her?

*To principal:* My name is Brian Poncy and I am a graduate student in the School Psychology at the University of Northern Iowa. I have been conducting research in the area of human sexuality for the last three years. I have made a presentation on this topic at the joint annual meeting for the American Association of Sex Educators, Counselors and Therapists and the Society for the Scientific Study of Sexuality in Washington D. C. in November of 1997. I also did my master's research paper on sexuality education in the United States. As a result of my prior work, I know that there is a real need in the state of Iowa to identify what is actually being taught in our secondary schools about human sexuality. Schools are legally required to teach the area, but there is no data on what content is being delivered nor on how it is being taught. For me to be able to accurately describe the teaching of human sexuality in Iowa's schools, I need the participation of Iowa's teachers and administrators. Your school was selected as a potential contributor to this study on a strictly random basis within school size strata. I really would appreciate your cooperation in the study.
All I ask of your school is to receive a copy of the actual lesson plans used by the teachers who deliver your human sexuality component. I will keep the identity of both the district and the teachers strictly confidential. Participating schools will receive a coded permission form, the lesson plans will be coded with the same detail, and all other identifying information will be deleted. As soon as the lesson plans are analyzed according to the criteria in the study and the chair of the research committee has reviewed the analysis, the data from each school will have all identifying codes deleted so that only the lesson plans will remain. At no time will the name of the district, the name of an administrator, or the name of a teacher be used in the study.

I would like to know if it would be possible to collect this information from your school. The material has already been sent out to you. I will be contacting you by phone in the next week. What I would like to know by then is if you would be willing to participate and if you have any questions or comments about the study. I will need to receive the collected lesson plans by April 15, 2000. Again, I assure you that all information is confidential and your cooperation is greatly appreciated. If you have any questions at any time feel free to reach me by phone (402-597-0585) or e-mail (bponcy@aea13.k12.ia.us).

Task Checklist for Participating Schools

I am a graduate student at the University of Northern Iowa in the School Psychology program and am conducting a research study on sexuality education in Iowa schools. Specifically, I am investigating sexuality education and what content is being disseminated to students at the secondary level. To assess what is presently being done in the schools, I am going to examine the lesson plans used to structure the delivery of
various school sexuality education curriculums. To accomplish this I need your assistance. The following is a checklist that breaks down the tasks involved to gather the lesson plans.

<table>
<thead>
<tr>
<th>STEP #1</th>
<th>Review the sent materials and sign the permission form.</th>
</tr>
</thead>
<tbody>
<tr>
<td>STEP #2</td>
<td>Locate the person(s) in your high school that delivers the sexuality education curriculum.</td>
</tr>
<tr>
<td>STEP #3</td>
<td>Have those individuals access photocopy their lesson plans, from the 1998-1999 school year, that they used to teach the students about human sexuality. Put your school’s ID number on the photocopies.</td>
</tr>
<tr>
<td>STEP #4</td>
<td>Gather the all the photocopied lesson plans and the signed permission form, put them in an envelope, and return the materials to: Brian Poncy; P.O. Box 427; Centerville, Ia 52544.</td>
</tr>
</tbody>
</table>

The materials were sent out to you on ___________ and I will need to receive the collected information by ___________. I will assure you that all information is confidential. The names of the participating schools will be assigned a number. Your cooperation is greatly appreciated. If you have any further questions feel free to reach me by phone (402-597-0585) or e-mail (bponcy@aeal3.k12.ia.us).

Coding System

The coding system being used to evaluate the lesson plans was developed by Ogletree et al. (1995) and is a detailed set of criteria based on the "... concepts and subconcepts as outlined in the Sexuality Information Education Council of the United States (SIECUS) Guidelines for Comprehensive Sexuality Education" (p. 187). This coding system presents a detailed description of the components of a comprehensive sexuality education program. Their criteria were also developed for helping professionals in the selection and/or evaluation of sexuality education curricula. The three main
categories included are: sexuality-related content, skill building strategies, and teaching strategies.

1. The sexually-related content categories largely dealt with content areas which promoted information about the various topics seen below:

   - puberty;
   - body image;
   - gender roles;
   - reproductive anatomy and physiology;
   - conception and birth;
   - sexual identity and orientation;
   - relationships;
   - parenting;
   - sexual expression;
   - STD transmission;
   - HIV transmission;
   - abstinence;
   - pregnancy prevention;
   - STD prevention;
   - HIV prevention;
   - sexual exploitation; and
   - reproductive health.

2. The skill building strategies stress the importance of students participating, or watching others, in role playing situations which combine the behavioral skills indicated below with the content areas covered to identify the consequences of possible decisions:

   - examining personal values;
   - increasing self-awareness/building self-esteem;
   - examining influences on decisions;
   - addressing peer norms;
   - examining perceived pregnancy risk;
   - examining perceived STD/HIV risk;
   - accessing community resources;
   - building general communication skills;
   - building assertiveness skills;
   - building refusal skills;
• building conflict-management skills;
• building decision making skills; and
• building planning/goal setting skills.

3. The teaching strategies include various methods to help educators find new ways of disseminating information and involving students and their families in the sexuality education course:

• ground-rules;
• anonymous questions box;
• teacher lecture;
• large group discussion;
• student worksheets;
• journals/story writing;
• cooperative learning small/large group;
• case studies/scenarios;
• skills practice and rehearsal;
• audiovisual materials;
• community speakers/involvement;
• peer helper component; and
• parent/guardian involvement. (Ogletree et al., 1995, p. 188)

The information obtained from the lesson plans was placed in one of the three categories. After this the classified data were placed in one of the sub-categories under the three main areas, which are presented above. Appropriateness and accurateness of the categorization was examined through interrater reliability.

**Procedures**

The selection of the schools was completed using a stratified random sample of Iowa high schools. The schools were stratified by student population obtained through the Iowa State Department of Education’s enrollment data and assigned a number based on population rank. A random number table was used to select the schools in their predetermined strata. Once the participating schools were randomly selected the
participating schools received, via e-mail, a letter introducing and explaining the study, a permission form, the coding system, and the task checklist. These materials were sent to prepare the principal for a future phone call. The phone call was made to contact them and get an oral response to whether they were interested in participating in the study or not. The initial phone call protocol located in the materials section was used to structure the conversation. After the initial phone call the schools were asked to return the copied lesson plans within three weeks of the phone conversation.

There were a total of two random samples of 40 schools taken. The first sample produced four sets of lesson plans and the second produced five sets of lesson plans. The aforementioned procedure was used for both samplings and a total of nine participants agreed to participate in the study.

The data from the schools were categorized using the criteria developed by Ogletree et al. (1995). To assess the reliability of the coding, interrater reliability was determined. Three schools, 33% of the sample, were used to obtain the interrater reliability information on the three parts of the coding system (sexually-related content, skill building strategies, and teaching strategies). This was done by the author and the committee chair. Initially there was 100% agreement in two of the three coding categories (sexually-related content and teaching strategies) and zero percent on skill building strategies. A discussion took place focusing on the interpretation of skill building strategies. One of the raters was inferring that strategies were being used if the content was in the lesson plans while the other was coding the criteria as met only if it was directly mentioned in the lesson plan. An agreement was reached with both raters coding
based on a literal interpretation of the lesson plans. The skill building strategies category was re-coded and a 100% agreement was reached.
CHAPTER IV

RESULTS AND ANALYSIS

This chapter focuses on the outcomes of the study. It begins by taking a broad examination of the coded data, looking at how many of the possible sub-categories are met in the three major criteria—sexually-related content, skill building strategies, and teaching strategies—by each school. The chapter then concentrates on each of the three major criteria and their specific sub-categories and reports what criteria were being met and which ones were not.

The lesson plans of nine, of 80, randomly selected Iowa schools' were carefully investigated and coded using a system created by Ogletree et al. (1995) that was based on SIECUS's guidelines for a comprehensive sexuality education program. A broad overview can be observed in Table 1 that reports how many of the criteria were met out of the possible number for each school for each coding category.

For sexually-related content the total number of criteria were 17. The school meeting the most of these criteria exhibited 15 of the 17 criteria. There were two schools that met the least of these criteria, meeting 2 of the 17 criteria. The average amount of criteria being met were 7 out of 17.

For skill building strategies the total number of criteria were 13. The school meeting the most of these met 8 of the 13 criteria. There were three schools that met 0 of the criteria. The average amount of criteria being met for skill building strategies were 2 out of 13.
For teaching strategies the total number of criteria were 13. The school meeting the most of these criteria totaled 8. The school meeting the least amount of criteria totaled 1. The average amount of criteria met in the teaching strategies category was 3 out of 13.

Table 1

A Comparison of School Lesson Plans to Best Practice Criteria in the areas of Content, Skill Building, and Teaching Strategies

<table>
<thead>
<tr>
<th>SIECUS Guideline Categories</th>
<th>Schools</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1  2  3  4  5  6  7  8  9</td>
</tr>
<tr>
<td>Skill Building Strategies</td>
<td>2/13 0/13 3/13 0/13 0/13 5/13 5/13 8/13 3/13</td>
</tr>
</tbody>
</table>

The data were also organized in a way that allows the further dissection of the aforementioned data. Specifically, it looks at the three main categories one by one and if the school reported data that matched the criteria in their submitted lesson plans. This reports what content the school is delivering and how it is being delivered. These results can be found in Table 2 which deals with sexually-related content, Table 3 which deals with teaching strategies, and Table 4 which deals with skill building strategies.
Table 2

School Lesson Plans Signifying the Delivery of the Following Sexually-Related Content

<table>
<thead>
<tr>
<th>Sexually Related Content</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Puberty</td>
<td>x</td>
<td>-</td>
<td>-</td>
<td>x</td>
<td>x</td>
<td>-</td>
<td>-</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Body Image</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Gender Roles</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>x</td>
<td>-</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Reproductive Anatomy</td>
<td>x</td>
<td>-</td>
<td>-</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>-</td>
<td>x</td>
</tr>
<tr>
<td>Conception and Birth</td>
<td>x</td>
<td>-</td>
<td>-</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>-</td>
<td>-</td>
<td>x</td>
</tr>
<tr>
<td>Sexual Identity and Orientation</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>x</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Relationships</td>
<td>-</td>
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School Lesson Plans Signifying the Use of the Following Teaching Strategies

<table>
<thead>
<tr>
<th>Teaching Strategies</th>
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<td>1 2 3 4 5 6 7 8 9</td>
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<tr>
<td>Ground-Rules</td>
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<td>Anonymous Questions Box</td>
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<tr>
<td>Teacher Lecture</td>
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<tr>
<td>Large Group Discussion</td>
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<tr>
<td>Student Worksheets</td>
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<tr>
<td>Journals/Story Writing</td>
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<tr>
<td>Cooperative Learning Small/Large Group</td>
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<tr>
<td>Case Studies/Scenarios</td>
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<tr>
<td>Skill Practice and Rehearsal</td>
<td>- - - - - - x -</td>
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<tr>
<td>Audiovisual Materials</td>
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</tr>
<tr>
<td>Community Speakers/Involvement</td>
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<tr>
<td>Peer Helper Component</td>
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<td>Parent/Guardian Component</td>
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</table>
Sexually-related content is the backbone of any curriculum and there was quite a variability in the submitted lesson plans. Table 1 presents an overview of how many of the criteria were met by the submitted lesson plans. Table 2 shows all of the schools and all of the criteria, which topics were covered, and which ones were not. Also, trends in the data were examined by looking at each criteria and if a majority of the schools (5 and up) were implementing those criteria. The combination of the two presents a comprehensive picture of what content the sample was and was not presenting the students.

The content that was presented by at least 5 of the 9 schools included the following areas: reproductive anatomy; conception and birth, STD transmission, HIV transmission, STD prevention, and HIV prevention. This is most consistent with a disease/pregnancy prevention theoretical position. The content areas that were delivered by 4 or less of the 9 schools included: puberty, body image, gender roles, sexual identity and orientation, relationships, parenting, sexual expression, abstinence, pregnancy prevention, sexual exploitation, and reproductive health. Also important in the delivery of a comprehensive sexuality education curriculum is how it is delivered. Table 3 looks at teaching strategies and Table 4 looks at skill building strategies. Also, trends in the data were examined by looking at each criteria and if a majority of the schools (5 and up) were implementing those criteria. The teaching strategies that were used by at least 5 of the 9 schools included the following: teacher lecture, large group discussion, and audiovisual materials. Teaching strategies that were used by 4 or less of the 9 schools included: ground rules, anonymous question box, student worksheets, journals and story writing, cooperative learning with small and/or large groups, case studies and scenarios, skill
practice and rehearsal, community speakers, a peer helper component, and a parent/guardian component.

Skill building strategies are another major component to a quality comprehensive sexuality education program. Table 4 presents an overview of how many of the criteria were met by the submitted lesson plans. Table 4 shows all of the schools and all of the criteria, which skill building activities were used, and which were not. Also, trends in the data were examined by looking at each criteria and if a majority of the schools (5 and up) were implementing those criteria. The combination of the two presents a comprehensive picture of what content the sample was and was not presenting the students.

The skill building activities that were used by at least 5 of the 9 schools included the following: examining influences on decisions and examining perceived STD/HIV risk. The skill building activities used by 4 or less of the 9 schools included: examining personal values, increasing self-awareness/building self-esteem, addressing peer norms, examining perceived pregnancy risk, accessing community resources, building general communication skills, building assertiveness skills, building refusal skills, building conflict management skills, building decision making skills, and building planning/goal setting skills.
### Table 4

School Lesson Plans Signifying the Use of the Following Skill Building Strategies

<table>
<thead>
<tr>
<th>Skill Building Strategies</th>
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<td>Examining Personal Values</td>
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<tr>
<td>Increasing Self-Awareness/Building Self-Esteem</td>
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<tr>
<td>Examining Influences on Decisions</td>
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<tr>
<td>Addressing Peer Norms</td>
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<tr>
<td>Examining Perceived Pregnancy Risk</td>
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<td>Examining Perceived STD/HIV Risk</td>
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<tr>
<td>Accessing Community Resources</td>
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<td>Building General Communication Skills</td>
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<td>Building Assertiveness Skills</td>
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<td>Building Refusal Skills</td>
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<td>Building Conflict Management Skills</td>
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<td>Building Decision Making Skills</td>
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<td>Building Planning/Goal Setting Skills</td>
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CHAPTER V
DISCUSSION AND CONCLUSIONS

Implications for Future Research

There were several pitfalls in this study. One of the major problems experienced was in the area of sampling, with only 9 out of the possible 80 stratified randomly selected schools agreeing to participate in the study. There could be several reasons for this. Some of the hypotheses of why people did not participate include the quality of the lesson plans, a lack of content to present, and using the principal as a gatekeeper. Whichever reason or combination of reasons for the low participation rate, sampling will be a major hurdle for research that deals with human sexuality in the schools. It is very possible that a large segment of the sample was lost due to principals not wanting to exert effort towards the study. To negate this the researcher could directly contact specific predetermined positions (i.e., health teachers, physical education teachers, biology teachers, and family science teachers).

Another problem came in the lesson plans used for the data. There was a discrepancy between how the lesson plans were written and organized. Some were very detailed and some consisted of very broad descriptions of what was in the lesson and how it was presented. The coding process was completed without inference so if it wasn’t on the lesson plan it wasn’t coded. This probably caused an under-reporting of what was being delivered in the classroom in certain cases. However, it may have also been an accurate reflection that the particular schools were doing very little. An alternative way to conduct this study would be to contact fewer schools and conduct a more in depth analysis of the
schools' sexuality education curriculums through a combination of coding, observation, and interviews. However, there could be a high probability that a more in-depth analysis would create a handful of issues with the communities whose programs were being analyzed.

There were several things that could be added to the coding to get a broader picture of the sampled programs without the more intrusive data collection measures that could bring some new and valuable information to the study. Some of the things the author would have liked to have had information about included how many periods were spent teaching about human sexuality, which teacher(s) were teaching what content (i.e., biology teachers, health teachers, physical education teachers), and copies of the tests given to measure what the students learned. Another interesting piece of data would be student opinions on what they learned (i.e., what was the most interesting, what was the most important, what was the most surprising).

What content is currently being disseminated by a random sample of secondary schools in the state of Iowa in the area of human sexuality?

The lesson plans of nine randomly selected Iowa schools' were carefully investigated and coded using a system created by Ogletree et al. (1995) that was based on SIECUS's guidelines for a comprehensive sexuality education program. It was used to decode the school's submitted lesson plans and what criteria they were meeting of three categories: sexually-related content, teaching strategies, and skill building strategies.

Sexually-related content is the backbone of any curriculum and there was quite a variability in the submitted lesson plans. Table 1 presents an overview of how many of
the criteria were met by the submitted lesson plans. Table 2 shows all of the schools and all of the criteria, which topics were covered, and which ones were not. Also, trends in the data were examined by looking at each criteria and if a majority of the schools (5 and up) were implementing those criteria. The combination of the two presents a comprehensive picture of what content the sample was and was not presenting the students.

The content that was presented by at least 5 of the 9 schools included the following areas: reproductive anatomy; conception and birth, STD transmission, HIV transmission, STD prevention, and HIV prevention. This is most consistent with a disease/pregnancy prevention theoretical position. The content areas that were delivered by 4 or less of the 9 schools included: puberty, body image, gender roles, sexual identity and orientation, relationships, parenting, sexual expression, abstinence, pregnancy prevention, sexual exploitation, and reproductive health. The data displayed that the sampled schools were teaching adolescents about many of the more concrete aspects of human sexuality, the physiological anatomy and the diseases, but largely ignored the social and psychological contexts that are instrumental in defining an individual’s values, attitudes, beliefs, and subsequently behavior in their relationships. This has an eerie similarity to the study by (King & Lorusso, 1997) that stated adolescents felt them and their parents did not have meaningful discussions concerning human sexuality.

Also important in the delivery of a comprehensive sexuality education curriculum is how it is delivered. Table 3 looks at teaching strategies and Table 4 looks at skill building strategies. Also, trends in the data were examined by looking at each criteria and
if a majority of the schools (5 and up) were implementing those criteria. The teaching strategies that were used by at least 5 of the 9 schools included the following: teacher lecture, large group discussion, and audiovisual materials. Teaching strategies that were used by 4 or less of the 9 schools included: ground rules, an anonymous questions box, student worksheets, journals and story writing, cooperative learning with small and/or large groups, case studies and scenarios, skill practice and rehearsal, community speakers, a peer helper component, and a parent/guardian component. Skill building strategies are another major component to a quality comprehensive sexuality education program that is instrumental in altering future sexual behavior (Coyle et al., 1996). Table 4 presents an overview of how many of the criteria were met by the submitted lesson plans. Table 4 shows all of the schools and all of the criteria, which skill building activities were used, and which one's were not. Also, trends in the data were examined by looking at each criteria and if a majority of the schools (5 and up) were implementing those criteria. The combination of the two presents a comprehensive picture of how the content was and was not being presented to students. The skill building activities that were used by at least 5 of the 9 schools included the following: examining influences on decisions and examining perceived STI/HIV risk. The skill building activities used by 4 or less of the 9 schools included: examining personal values; increasing self awareness/building self esteem; addressing peer norms; examining perceived pregnancy risk; accessing community resources; building general communication skills; building assertiveness skills; building refusal skills; building conflict management skills; building decision making skills; and building planning/goal setting skills.
The deliveries primarily used were lecture-based and the skill building strategies revolved around self-examination. However, research backed comprehensive sexuality education programs have stressed multi-faceted delivery approaches that use lecture and self-examination accompanied by more developmentally appropriate methods like role playing and journal writing (Coyle et al., 1996; McKay, 1993). These approaches are needed because of the nature of adolescent cognition. Many subjects taught at the secondary level are done successfully in a lecture/notes format because of their static nature, much like the human physiology components delivered throughout the sample. Human sexuality is dynamic and revolves around social and psychological attitudes, values, and behaviors that exist on an ever-changing continuum. Confounding the pure complexity of the subject is the fact that much of the information is relatively new for many of the students. In essence, when teaching adolescents about intimacy and human sexuality the teacher delivers material that developmentally pushes adolescents' ability to use formal operational thought processes. Formal operational thought is generally acquired between the ages of 12 and 16 although there is much variation among individuals (Piaget, 1972). Piaget (1972) further states that formal thought is not automatically attained by adolescents and adults and that it can be facilitated through appropriate educational experiences. This underlies the importance of using a multi-modal teaching approach that uses concrete teaching styles, but also structures critical thinking and formal thought. A majority of the schools in the sample were not doing that. However, this could be because they are delivering more of a human physiology curriculum than a human sexuality curriculum and are subsequently not visiting topics
that would require formal thought. The results of the current study are similar to reports
in the literature which present the idea that there is strong resistance to taking a holistic or
comprehensive approach when teaching about topics central to human sexuality (Haffner & DeMauro, 1991; Roosa & Christopher, 1990). This was suggested in the present study
with the content delivered being primarily biologically-based, consistent with a disease
prevention model of delivery. The skill building strategies that were reported being used
were lecture-based examinations of decision making and perceived STI/HIV risks. In
relying on a lecture-based approach educators may be assuming that adolescents have the
ability to use formal operational thought processes to interpret and synthesize
information, when this is not necessarily the case (Piaget, 1972). Also, they have a
limited amount of prior knowledge to attach new information.

The present sample mainly focused on reproductive anatomy and STD/HIV
transmission and prevention. Schools tended to not account for the social and emotional
context in which human sexuality takes place, nor were they concentrating on the
relational, developmental, and societal processes which socialize and maintain human
intimacy, and from which an individual’s behavior, attitudes, and beliefs about love,
communication, gender and family roles, relationships, and sexuality arise. Confounding
this is the fact that the schools in the study were not delivering the information in a
developmentally appropriate fashion that used the concrete thought adolescents primarily
use. Nor was there sufficient evidence to suggest that they were attempting to build
formal thought through critical thinking activities.
The pedagogical practices present in the sample and most likely in many of today’s schools pave the way for educators to isolate specific topics such as AIDS, STDs, and pregnancy, while not focusing on the myriad of factors, such as gender roles, peer pressure, communication, and intimacy, which play important roles in adolescent relationships (Roosa & Christopher, 1990). This stance on educating teens about human sexuality unknowingly increases the influence of the socialization agents, such as peer groups and especially the media, which disseminate much of the information that adolescents, directly and indirectly, receive. Unfortunately this leaves numerous young people to rely on their own resources to make decisions regarding sexual relationships (Greydanus et al., 1995). Too often they are making decisions about their behavior based on their attitudes, peer influences, and both the biological and societal pressures of the moment. This, often times, leads adolescents to attempt to lessen the confusion about their sexuality and relatively newfound sexual relationships through experimental behaviors. These periods can be especially dangerous because early sexual experimentation can promote future reliance on sexual activity while repressing the healthy development of intimate behaviors. A phenomenon which Cox (1999) corroborates, “Sexual intercourse does not end the preoccupation with sex but exaggerates it” (p. 91).

What content should be in a comprehensive human sexuality curriculum based on empirical data and sound psychological theory?

The lists presented by Ogletree et al. (1995) distinctly outlined what content should be in a comprehensive sexuality education curriculum. The SIECUS recommendations
corroborate the view that an educator must deal with topics that are important to understanding the intricacies of human sexuality. However, along with the content comes the responsibility to properly implement the instruction to maximize students’ knowledge about the human sexuality topics.

Because of human sexuality’s complexity and extensive content base, it is important to note that curricula are only as effective as the people who use them. It is also important to note the amount of time and effort that must be given to properly implement a quality sexuality education curriculum. Presently there are two major obstacles that sexuality education faces, a shortage of qualified professionals to teach human sexuality and too little time spent directly teaching about topics which fall under the above categories (SIECUS, 1999; Ogletree et al., 1995).

There are several psychological theories that confront the issue of intimacy and sexuality in the child and adolescent. The primary theory used for this paper is Bandura’s Social Cognitive Theory. Another theorist who has discussed similar issues is Erik Erikson (1950; 1968). Erikson’s stage that adolescents must pass through was identity versus identity confusion. The empirical link between these theories and school practices is not yet established. However, they do provide conceptual frameworks for considering the question of the psychological corollaries in sexuality education. Coyle et al. (1996) elaborate on Bandura’s Social Cognitive Theory:

Social cognitive theory holds that behavior is determined by interaction of personal, environmental, and behavioral influences. Personal factors include characteristics and cognitions that increase or decrease the likelihood of engaging in a particular behavior, such as level of knowledge, personal values, attitudes and beliefs, and perceived self-efficacy. Environmental factors include any aspect of the environment (social or physical) that supports or discourages a particular
behavior, such as influential role models, social or normative support, and availability of facilities/resources. Finally, behavioral influences affect behavior directly and include factors such as current behavioral patterns and behavioral capabilities. (p. 90)

The article went on to discuss how the three factors constantly interact with each other and how this creates the context of human relationships. Therefore, their researched-backed curriculum, “Safer Choices,” addresses all of these factors presenting students with a realistic and meaningful context.

The literature reviewed for this study did not produce a consensus from the field as to what ought to be taught and the information obtained in this study showed a wide variety of practices being used by teachers. Consequently the study cannot delineate a single effective and empirically proven curriculum. Therefore, teachers are forced to rely on their own curricular designs or upon recommendations from professional societies like SIECUS.

What sexuality education curricula have been empirically proven to be, and not to be, effective and beneficial for the students who receive them?

The present study which investigated 9 Iowa schools did not identify a single nationally modeled sexuality education curriculum in use and no effectiveness data were gathered on the curriculums submitted. The literature reviewed in Chapter II only found data from peer-reviewed sources to support comprehensive sexuality education curricula (Coyle et al., 1996; Greydanus et al., 1995; Haffner & Goldfarb, 1997; McKay, 1993). Kirby (1997) reported that only six studies of abstinence-only programs had been published prior to 1997, none of which found consistent and/or statistically significant program effects related to the delayed onset of intercourse or reduced pregnancy rates. A
study of abstinence-based sex education curricula was conducted on 7,326 seventh and eighth graders in California who participated in an abstinence-only program (Cagampang, Barth, Korpi, & Kirby, 1997). The results found that the program did not have a measurable impact upon either sexual or contraceptive. The study concluded that the abstinence-only initiative did not increase the number of young people who abstained, but in one school, more students reported having sexual intercourse after having participated in it behaviors (Cagampang et al., 1997). The research, while limited, is consistent that abstinence-based sexuality education curricula are ineffective in promoting abstinence and delaying the onset of first intercourse and decreasing the frequency of intercourse or pregnancy rates.

What are the problems and issues effecting sexuality education and ways that educators can take a proactive approach to minimizing these barriers to delivering quality comprehensive sexuality education programs to students?

Several aspects of sexuality education have been identified that need to be improved and changed. In order for schools to properly implement effective, beneficial, and meaningful sexuality education programs, cooperation from multiple groups must be obtained. Among these groups are school personnel, community members, parents, students, training institutions, and state and federal governments (Coyle et al., 1996; Greydanus et al., 1995).

Aspects that limit the effectiveness of sexuality education programs at the present time are the training requirements and certification laws for teachers who teach human sexuality. Research shows that many of the teachers who teach human sexuality feel
under-qualified to teach about human sexuality is a good indicator that improvements must be made (Rodriguez et al., 1999). Improvements could be made by requiring certification, and/or special training or coursework for teachers who teach human sexuality in their school. This would not only increase the pedagogical skill level of teachers in human relationships, intimacy, and sexuality but also allow them to select curriculums dealing with these areas that would compliment the scientific literature and student, community, and parental input.

Human sexuality, and more specifically adolescent sexuality, is largely a taboo subject in our society that evokes highly emotional reactions from many people. Because of this, education is often intimidated and reluctant to challenge the small but loud minority that opposes comprehensive sexuality education (Greydanus et al., 1995). This will always be a problem but educators can reach out to the majority of parents who favor comprehensive sexuality education to discuss sexuality education. It is reasonable that parents know what is being taught and discussed in their children's classes focusing on human intimacy and sexuality. To this end, non-profit organizations like SIECUS provide community start-up kits to help with this process. It is at least wise that decisions and input about sexuality education not be confined to school personnel. Parents and especially students are directly affected by what schools do and those stakeholders need to be consulted and represented in discussions concerning curricular decisions. The research literature has consistently acknowledged the complexity of human sexuality and how its transmission is made on several different planes. Consequently, discussion about what issues might arise is always a positive step. Educators should attempt to openly
communicate with the community and keep parents and students informed and included in decisions about what is being taught (McKay, 1993).

**Concluding Reflections**

A clear indicator to the importance and need for comprehensive sexuality education can be observed by looking at the contextual complexity of human relationships and sexuality. The source that consistently influences peoples’ attitudes, beliefs, and values towards these issues is the family. Families lay the foundation for many of the attitudes surrounding intimacy and subsequently maintain that foundation. However, there are other influences like the peer group, the media, and society which influence the individual in many ways that can considerably influence the value transmissions of families. The information that individuals learn from these different sources continually shapes how they view human intimacy and its role within their relationships. The thoughts, feelings, and beliefs that individuals develop from this plethora of sources about intimacy plays important roles in how people approach, maintain, and improve relationships, both platonic and sexual, and are made up of various components including: gender roles, interpersonal and intrapersonal communication, perceived appropriate intimate and sexual behavior, self concept, and self-efficacy.

Much of the previously reviewed research has suggested that informational sources such as peers and the media can exert a stronger influence over adolescent sexual behavior than either parents or schools, but the research also points out that adolescents are confused and want to learn about human sexuality, in a meaningful and realistic context, from trustworthy and reliable sources, most notably their parents (White &
DeBlassie, 1992). Unfortunately, parents and schools are saying and doing little, while peers and the media constantly disseminate a wealth of information, including much misinformation, concerning human sexuality. Bandura (1986) discusses research conducted on sexual behavior; more specifically, presenting what the research states concerning the effects of how people learn about and display sexual knowledge:

Sexual behavior has been subject to many cultural taboos. Consequently, the effects of sexual modeling on sexual arousal and behavior have only recently received systematic study. Sexual modeling can effect sexual behavior in several ways. It can teach amorous techniques reduce sexual inhibition, alter sexual attitudes, and shape sexual practices in a society by conveying norms about what sexual behaviors are permissible and which exceed socially acceptable bounds. (p. 293)

Bandura (1986) goes on to talk about the effects of socialization on human sexuality:

... most cultures, including our own, present discontinuities in the socialization of sexual behavior. Overt sexual expression is prohibited during childhood and adolescence, yet it is not only expected but considered essential to a satisfying heterosexual relationship in adulthood. Therefore, the more successfully inhibitory training is achieved in early formative years, the more likely is heterosexual behavior to serve as a source of guilt an anxiety in adulthood. (p. 296)

These two statements about the socialization and learning of sexual attitudes and behaviors are essential in explaining and emphasizing the importance of sexuality education in the schools, involving parents, in a nonjudgmental, realistic, and meaningful context that centers around human relationships and intimacy. The lack of education concerning human relationships, intimacy, and sexuality promotes confusion and, most likely, sexual experimentation that can inhibit the development of intimacy and healthy sexual expression, which can result in the association of “guilt and anxiety” with
"heterosexual behavior" in future intimate relationships. Bandura (1986) states that "sexual modeling," which can be interpreted as a mode of teaching about sexuality, can, "effect sexual behavior in several ways. It can teach amorous techniques, reduce sexual inhibition, alter sexual attitudes, and shape sexual practices" (p. 293). This is an essential point in the premise that sexuality education is worthwhile and can, if done properly, influence adolescent relational, intimate, and sexual behavior. Many opponents of sexuality education would scoff at this notion, but it seems that the sources who spend time confronting and providing adolescents with information that they perceive to be genuine and rooted in a realistic context about human sexuality, namely peers and the media, are quite influential. It could be hypothesized that parents and schools effectiveness are minimized because of their reluctance to recognize or acknowledge the complexity of adolescent sexuality, or that it even exists, and to begin to try and relate to the powerfully salient thoughts, feelings, and emotions that are encountered by adolescents on a daily basis. There is an apparent and strong reluctance of adults in society (besides advertisers) to admit the strength and reality of adolescent sexuality. This reluctance to confront these issues by the community, especially schools and parents, feed into the, "discontinuities in the socialization," (Bandura, 1986, p. 296) or contradictory messages concerning sexuality, which occur not only throughout childhood and adolescence, but throughout the life span. This is what pushes teens away from sources that they report they want to receive sexual information from, to rely on the inaccurate informational sources. Until parents and educators understand these complex contextual factors that surround human relationships, intimacy, and sexuality and their
influence on the individual and his/her interaction with the environment, it will be
difficult to expect to adequately teach children and adolescents

The results of the present study reinforce the notion that schools are delivering
very little information concerning intimacy and human sexuality. Although schools are
indirectly teaching about human relationships and intimacy as well as offering occasional
courses dealing with sexuality education, the depth, breadth, and intensity of these are
usually unsatisfactory. This can be noted in the presence of day long, possibly week long,
units in biology, health, or physical education classes that, much like the sample in the
study, present a curriculum consisting of the sexual anatomy, STDs, AIDS, and/or
contraceptive education. The schools in the sample also tended to use pedagogical styles
revolving around a lecture format that focused on narrow aspects of human sexuality. If
the sample is indicative of what other schools are doing then rarely is information about
the role of communication, peer pressure, self-esteem, or relationships in human sexuality
nor are the thoughts, feelings, and pressures that students face being discussed in a
realistic context. There was no evidence of the sexuality education courses discussing the
feelings, attitudes, and opinions of students in a serious and meaningful manner. Also, the
contexts of their relational interactions are most likely being ignored. Sadly, this type of
education only adds to the ignorance and confusion about human intimacy and leads
adolescents to try and work through many difficult decisions on their own. This,
undoubtedly, confounds many of the problems present in the U.S. which happen within
the context of intimate relationships, such as maladaptive communication practices,
divorce, verbal, physical, and emotional abuse, teenage pregnancy, STD, abortion rates,
and overall happiness to the individual. This cycle will most likely continue until some of the deficiencies in the education of children and adolescents about human relationships, intimacy, and sexuality are improved.
REFERENCES


